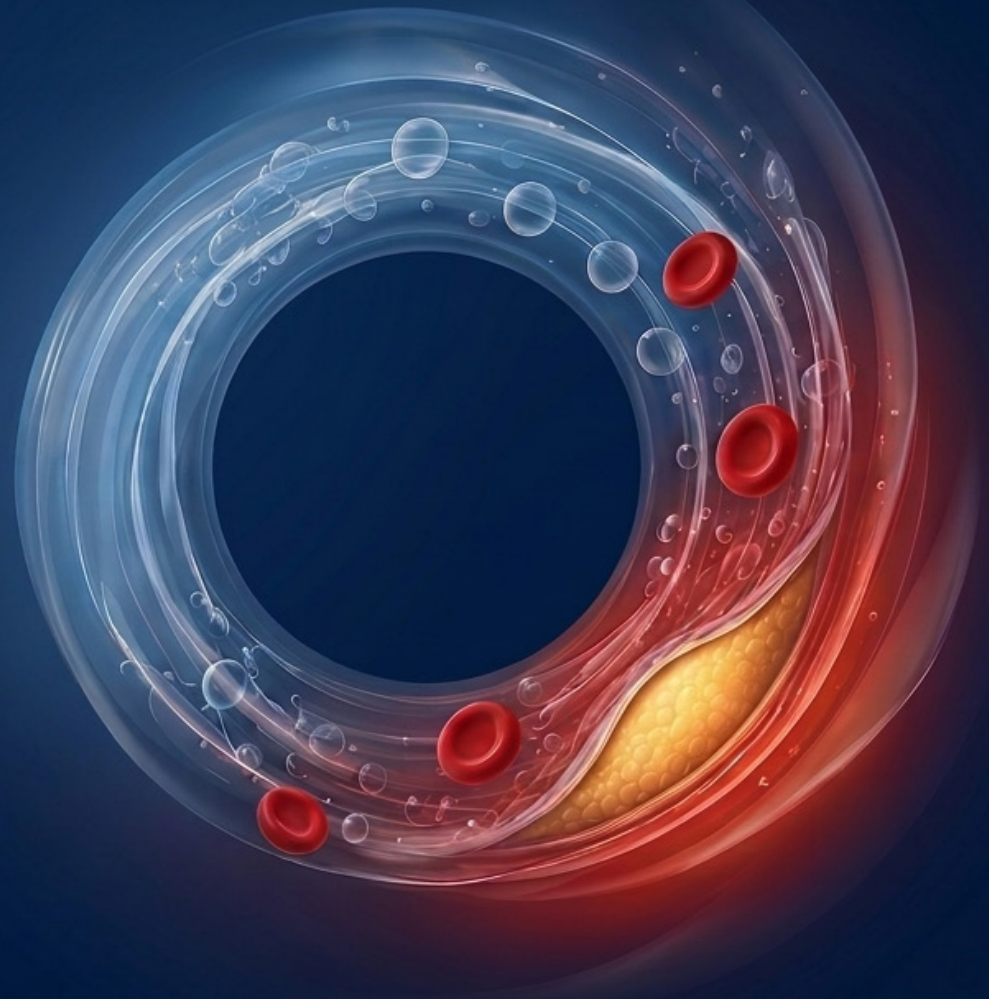
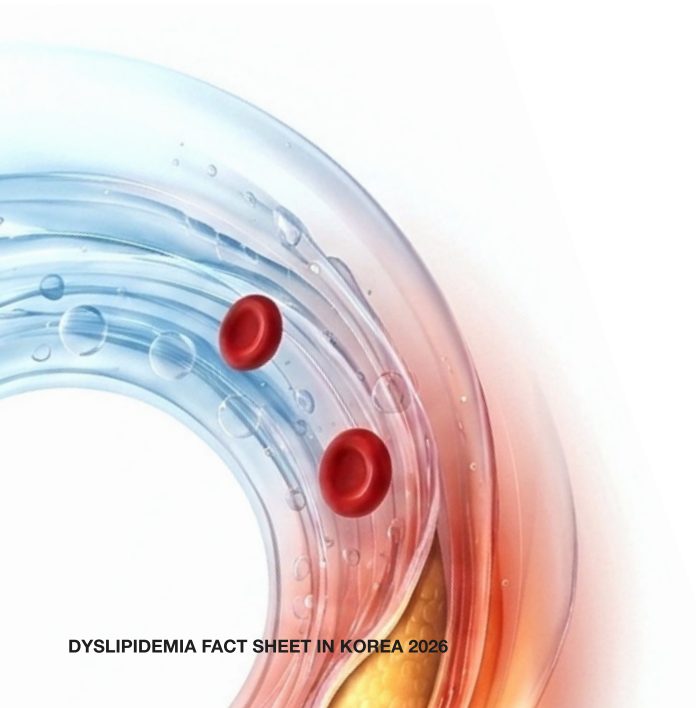


DYSLIPIDEMIA FACT SHEET IN KOREA 2026



KSoLA
The Korean Society of Lipid and Atherosclerosis

DYSLIPIDEMIA FACT SHEET IN KOREA 2026

**Date of Publication**

2026. 9. 10

Publisher

Sang-Hyun Kim

Editor-in-Chief

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Vice Editor

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Editorial Board

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Inkwon & Partners

979-11-92899-12-1 (95510)

Design**ISBN**

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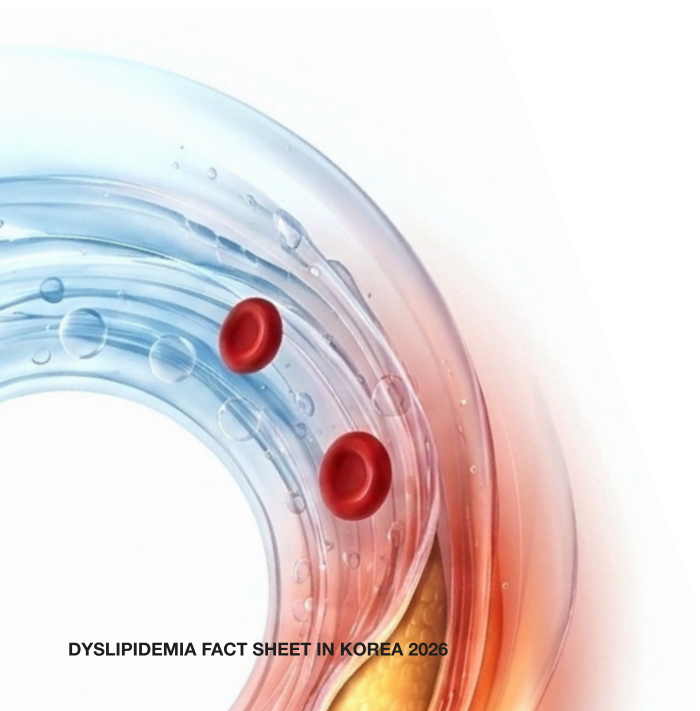
Welcome Message

It is our privilege to present the “Dyslipidemia Fact Sheet in Korea 2026,” which provides a comprehensive overview of the current status and long-term trends of dyslipidemia in Korea. Based on 15 years of continuous data from the Korea National Health and Nutrition Examination Survey (KNHANES 2010-2024), together with National Health Insurance Service claims data, this edition offers important population-level and real-world insights into lipid profiles and contemporary lipid-lowering treatment in Korea.

According to this Fact Sheet, the burden of hypercholesterolemia continues to rise, with prevalence among Korean adults increasing from 11.9% in 2010 to 30.3% in 2024—meaning that nearly one in three adults is now affected. At the same time, awareness, treatment, and control rates have improved substantially over the past decade. These contrasting trends highlight both the progress made in dyslipidemia management and the continuing need for sustained population-level prevention, detection, and treatment.

Depending on the definition used, the overall prevalence of dyslipidemia has remained broadly stable or declined. This has occurred alongside a substantial reduction in hypo-HDL-cholesterolemia and an overall decline in hypertriglyceridemia since its peak, while the prevalence of hyper-LDL-cholesterolemia has more than doubled, from 11.0% in 2010 to 26.7% in 2024. These divergent trends indicate a changing dyslipidemia phenotype in Korea, with LDL cholesterol becoming an increasingly important focus of cardiovascular risk management.

This edition also highlights important demographic and clinical disparities. Dyslipidemia prevalence rises sharply in women after age 50 and reaches approximately 70% among those aged 70 years or older, underscoring the need for greater attention to lipid management in peri- and postmenopausal women. Dyslipidemia is also highly prevalent among adults with cardiometabolic conditions. Using the lower LDL-C thresholds applied in this Fact Sheet, prevalence reaches 83.9% among adults with diabetes and 73.4% among those with hypertension. These findings reinforce the importance of individualized, age-, sex-, and risk-based approaches to the prevention of atherosclerotic cardiovascular disease.



Analysis of National Health Insurance Service-National Sample Cohort claims data further demonstrates an important evolution in lipid-lowering pharmacotherapy. Dual therapy has expanded rapidly to account for nearly 40% of treatment regimens in 2023, with statin-ezetimibe combinations representing the large majority of dual-therapy prescriptions. Among patients with dyslipidemia and established cardiovascular disease, ezetimibe use has also increased steadily, reaching 50.7% in 2023. Nevertheless, adherence to lipid-lowering therapy remains suboptimal, even for statins, which have the highest adherence rate, emphasizing the continuing need for patient education and system-level efforts to improve long-term treatment adherence.

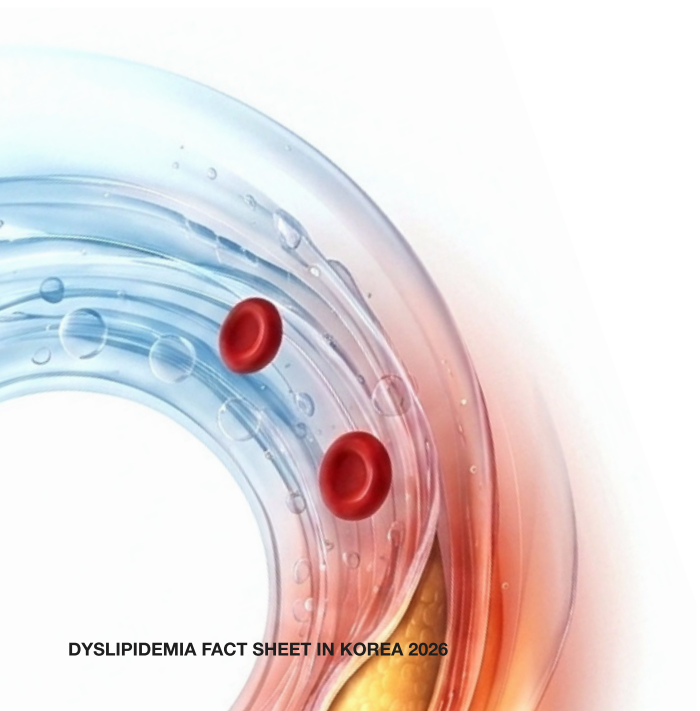
The Korean Society of Lipid and Atherosclerosis remains committed to providing reliable, nationally representative evidence to advance the prevention and management of dyslipidemia and atherosclerotic cardiovascular disease. We extend our sincere gratitude to the members of the Public Relations Committee, the Fact Sheet Task Force Team, and all researchers whose dedicated efforts made this publication possible. We hope that the “Dyslipidemia Fact Sheet in Korea 2026” will serve as a valuable reference for clinicians, researchers, policymakers, and the public, and contribute to reducing the burden of atherosclerotic cardiovascular disease in Korea.

President

Sung Rae Kim

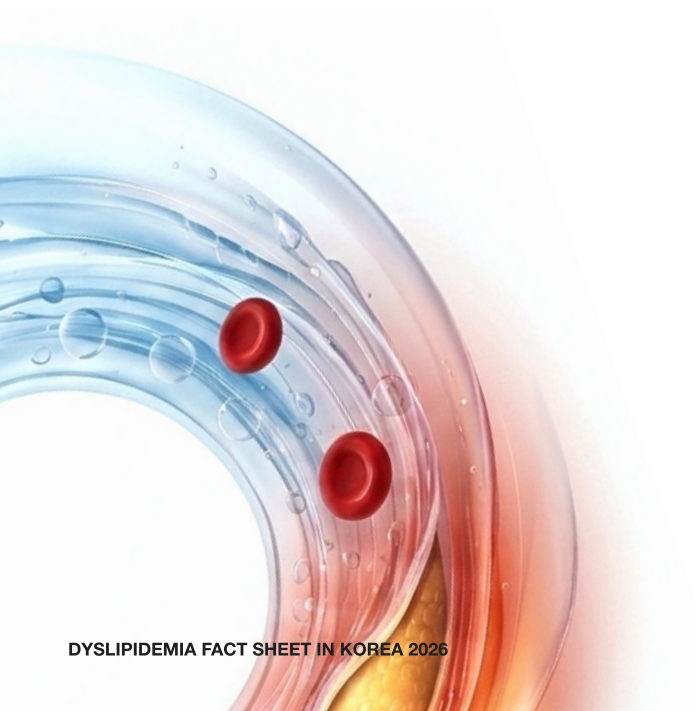
Chairman

Sang-Hyun Kim



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Data Source and Definition

Data Source 2010-2024 Korea National Health and Nutrition Examination Survey (KNHANES), adults aged ≥ 20 years

Definition

- **Hypercholesterolemia:** Total cholesterol ≥ 240 mg/dL or taking a lipid-lowering drug
- **Awareness Rate:** Percentage of people who reported being diagnosed with hypercholesterolemia by a physician
- **Treatment Rate:** Percentage of people taking lipid-lowering drugs among people with hypercholesterolemia
- **Control Rate:** Percentage of people achieving total cholesterol < 200 mg/dL among people with hypercholesterolemia

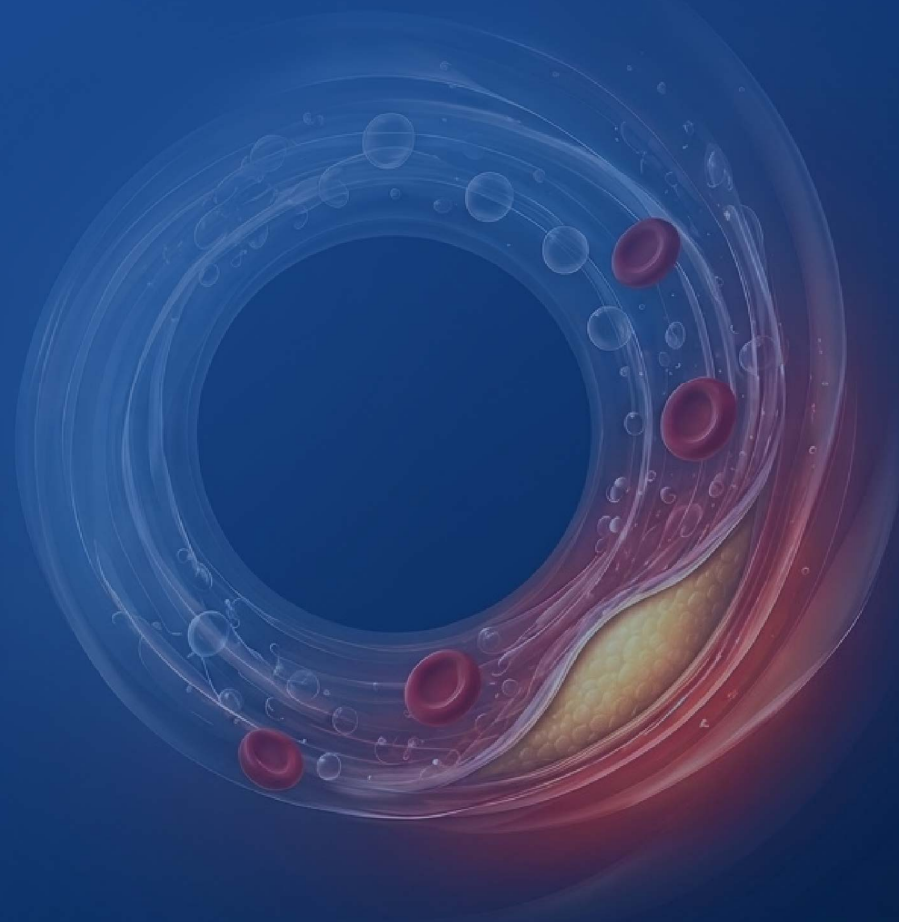
- **Dyslipidemia 1:** Hyper-LDL-cholesterolemia, hypertriglyceridemia, or hypo-HDL-cholesterolemia (< 40 mg/dL in both men and women)
- **Dyslipidemia 2:** Hyper-LDL-cholesterolemia, hypertriglyceridemia, or hypo-HDL-cholesterolemia (< 40 mg/dL in men; < 50 mg/dL in women)
- **Hyper-LDL-cholesterolemia:** LDL-cholesterol ≥ 160 mg/dL or taking a lipid-lowering drug
- **Hypertriglyceridemia 1:** Triglyceride ≥ 200 mg/dL
- **Hypertriglyceridemia 2:** Triglyceride ≥ 150 mg/dL
- **Hypo-HDL-cholesterolemia 1:** HDL-cholesterol < 40 mg/dL in both men and women
- **Hypo-HDL-cholesterolemia 2:** HDL-cholesterol < 40 mg/dL in men; < 50 mg/dL in women

- **Prediabetes:** Fasting glucose 100-125 mg/dL or HbA1c 5.7-6.4%
- **Diabetes:** Fasting glucose ≥ 126 mg/dL, HbA1c $\geq 6.5\%$, previously diagnosed, or taking glucose-lowering drug
- **Prehypertension:** SBP 120-139 mmHg or DBP 80-89 mmHg
- **Hypertension:** SBP ≥ 140 mmHg, DBP ≥ 90 mmHg, or taking a BP-lowering drug
- **Obesity:** Body mass index ≥ 25.0 kg/m²
- **Abdominal Obesity:** Waist circumference ≥ 90 cm in men; ≥ 85 cm in women

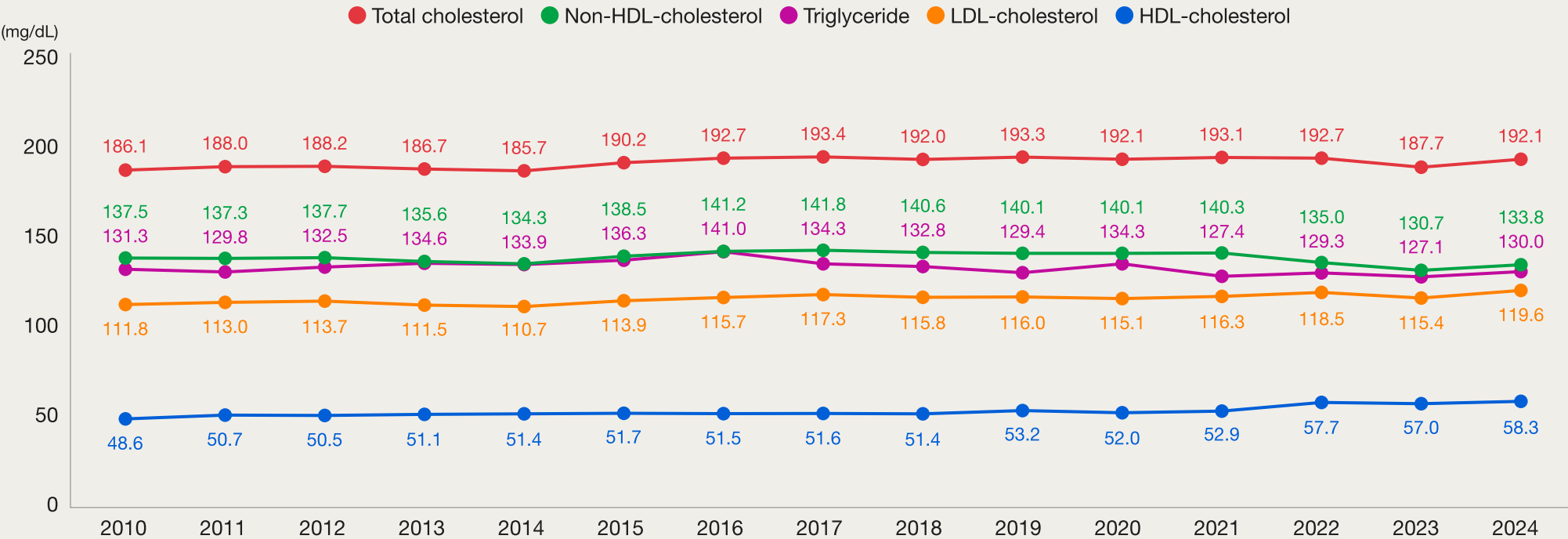
- **Physical Inactivity:** Moderate-intensity activity < 150 minutes, vigorous-intensity activity for < 75 minutes, and an equivalent combination of moderate- and vigorous-intensity activity over the past week
- **Current Smoking:** Have smoked ≥ 100 cigarettes during lifetime and currently smoking
- **Alcohol Drinking:** Consuming alcohol more than once a month in the past year

Age-Standardization The age-standardized prevalence was calculated using age- and sex-specific structures of the estimated population based on the 2005 population projections for Korea

Lipid Profile in Korean Adults

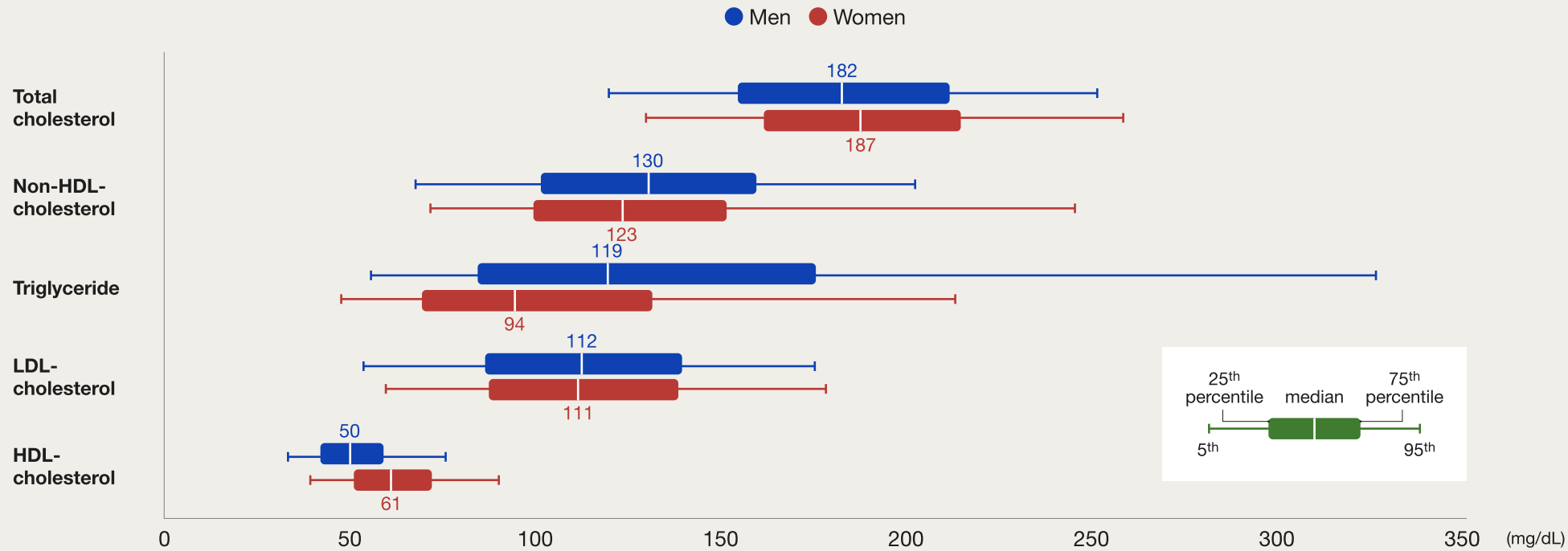


Age-Standardized Mean Concentration of Blood Lipids



· Age-standardized to 2005 population
· Data source: 2010-2024 KNHANES

Distribution of Blood Lipid Concentration



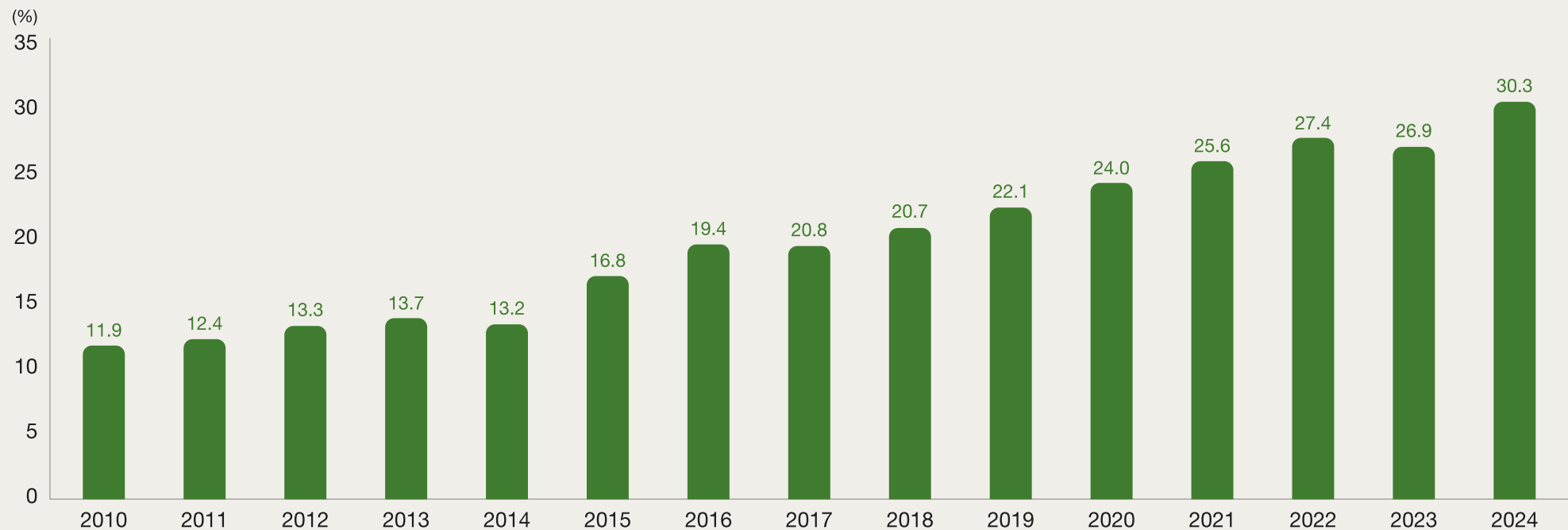
· Data source: 2022-2024 KNHANES

Prevalence and Management of Hypercholesterolemia in Korean Adults



Prevalence of Hypercholesterolemia

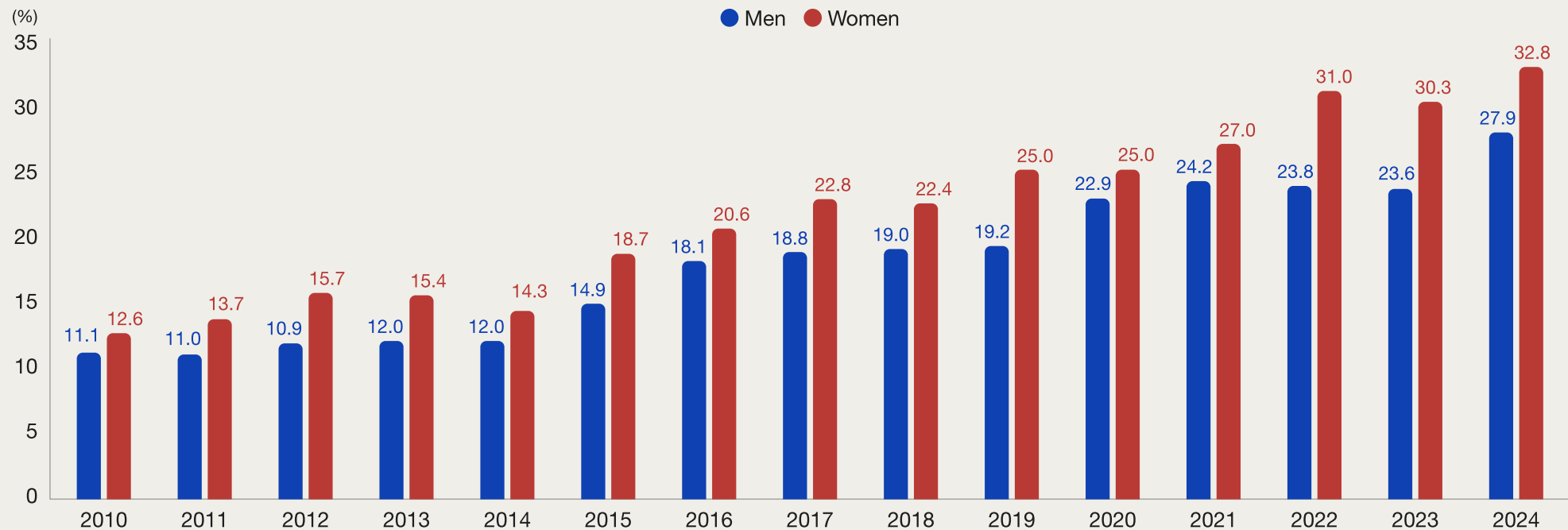
The prevalence of hypercholesterolemia increased from 11.9% in 2010 to 30.3% in 2024.



· Data: 2010-2024 KNHANES; adults aged ≥20 years
· Hypercholesterolemia: total cholesterol ≥240 mg/dL or taking a lipid-lowering drug

Prevalence of Hypercholesterolemia by Sex

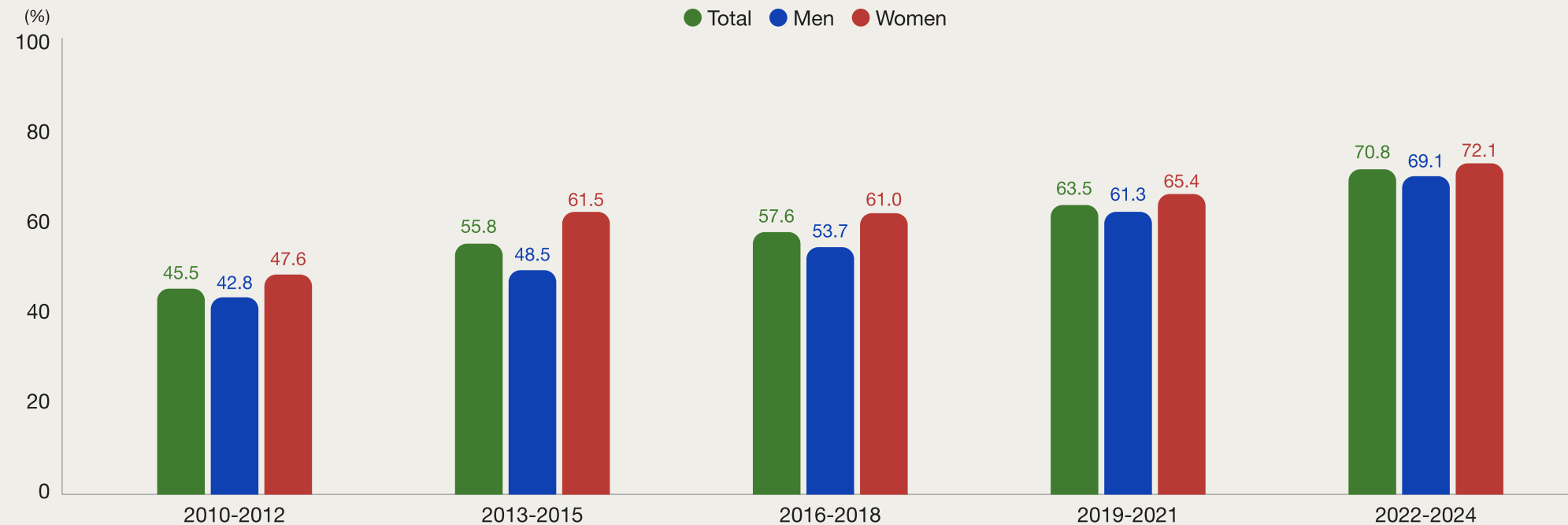
Prevalence of hypercholesterolemia was higher in women than men throughout the period, reaching 32.8% vs 27.9% in 2024.



· Data: 2010-2024 KNHANES; adults aged ≥20 years
· Hypercholesterolemia: total cholesterol ≥240 mg/dL or taking a lipid-lowering drug

Awareness Rate of Hypercholesterolemia

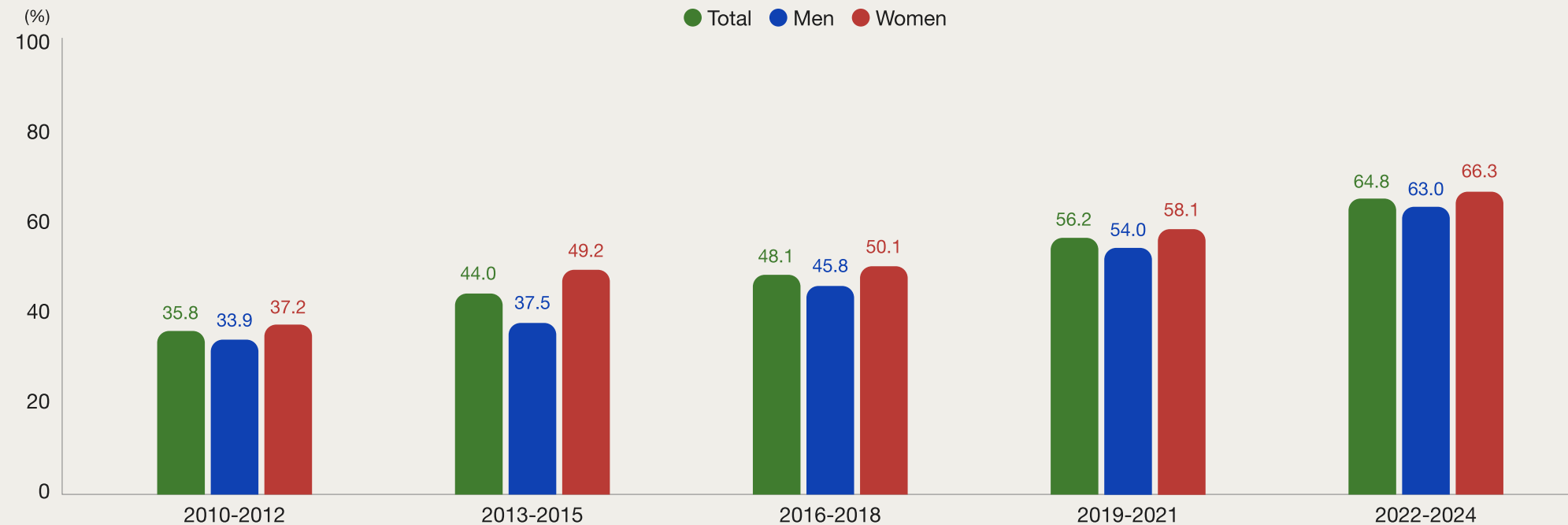
The awareness rate of hypercholesterolemia increased from 45.5% in 2010-2012 to 70.8% in 2022-2024. Awareness rates were 69.1% among men and 72.1% among women in 2022-2024.



· Data: 2010-2024 KNHANES; adults aged ≥20 years with hypercholesterolemia
· Awareness rate: percentage of people who reported being diagnosed with hypercholesterolemia by a physician

Treatment Rate of Hypercholesterolemia

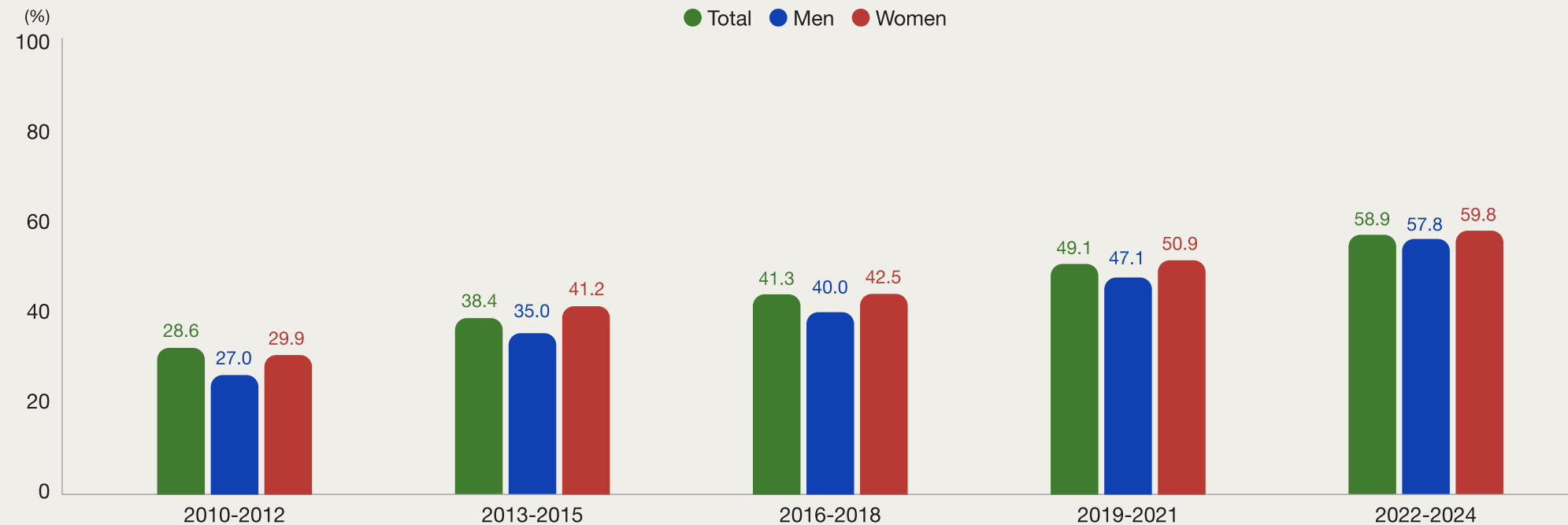
The treatment rate of hypercholesterolemia nearly doubled, from 35.8% in 2010-2012 to 64.8% in 2022-2024. Treatment rates were 63.0% among men and 66.3% among women in 2022-2024.



· Data: 2010-2024 KNHANES; adults aged ≥20 years with hypercholesterolemia
· Treatment rate: percentage of people taking lipid-lowering drugs among people with hypercholesterolemia

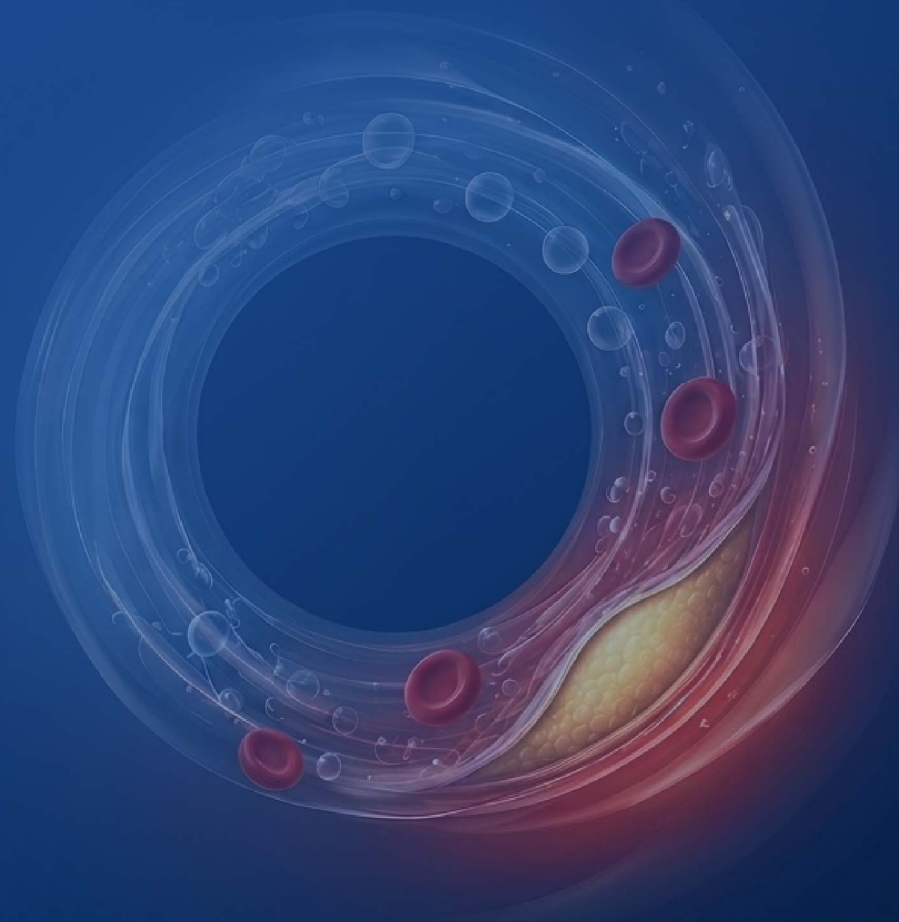
Control Rate of Hypercholesterolemia

The control rate of hypercholesterolemia more than doubled, from 28.6% in 2010-2012 to 58.9% in 2022-2024. Control rates were 57.8% among men and 59.8% among women in 2022-2024.



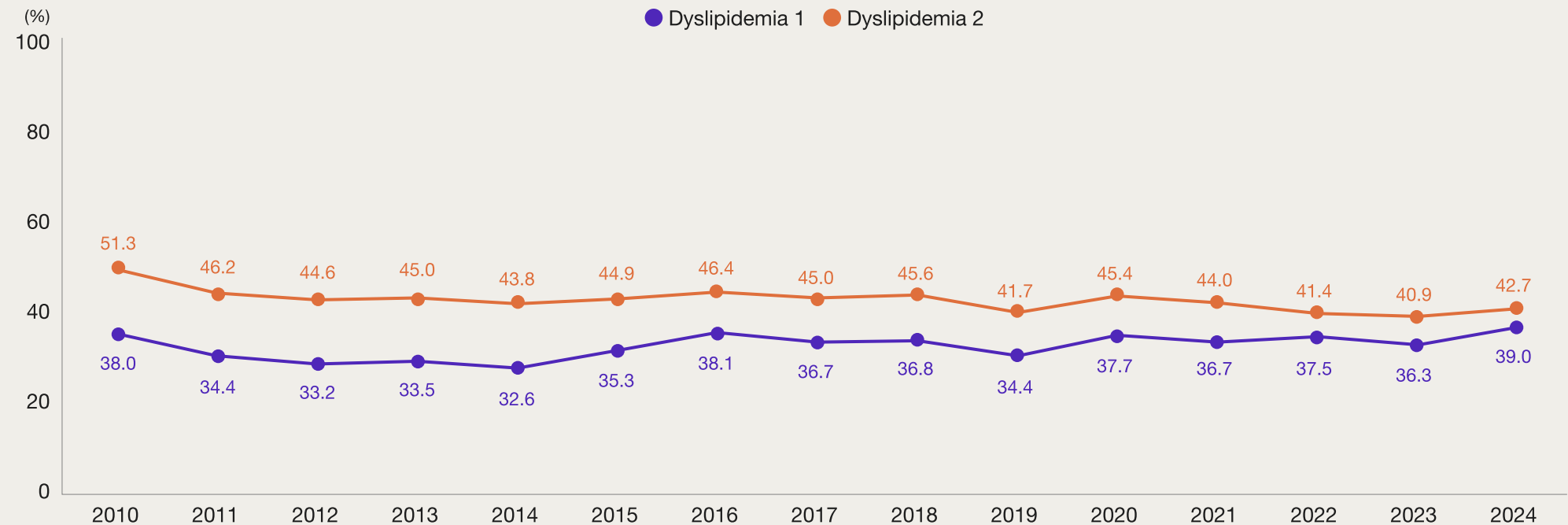
· Data: 2010-2024 KNHANES; adults aged ≥20 years with hypercholesterolemia
· Control rate: percentage of people achieving total cholesterol <200 mg/dL among people with hypercholesterolemia

Prevalence of Dyslipidemia in Korean Adults



Prevalence of Dyslipidemia

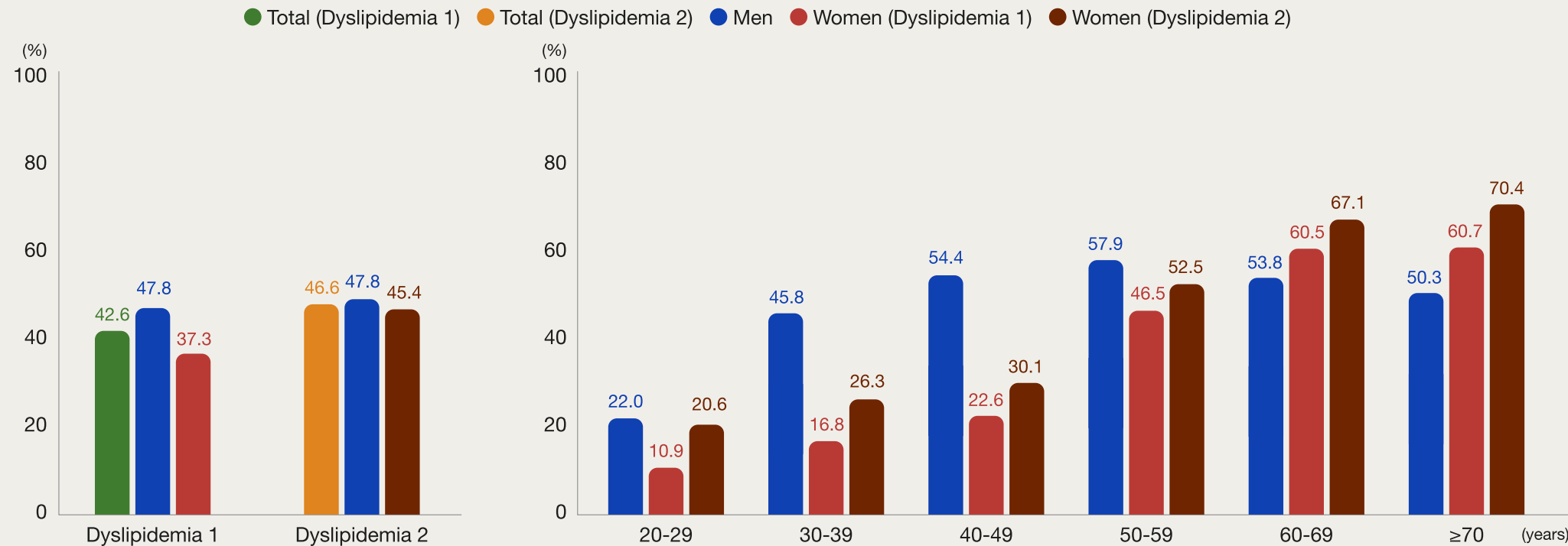
Prevalence of dyslipidemia based on a uniform HDL-cholesterol cutoff remained stable, ranging from 32.6% to 39.0%.
Prevalence based on a sex-specific HDL-cholesterol cutoff declined from 51.3% in 2010 to 42.7% in 2024.



· Data: 2010-2024 KNHANES; adults aged ≥20 years; standardized to the 2005 Korean population
· Dyslipidemia 1: hyper-LDL-cholesterolemia, hypertriglyceridemia, or hypo-HDL-cholesterolemia (<40 mg/dL in both men and women)
· Dyslipidemia 2: hyper-LDL-cholesterolemia, hypertriglyceridemia, or hypo-HDL-cholesterolemia (<40 mg/dL in men; <50 mg/dL in women)

Prevalence of Dyslipidemia by Sex and Age

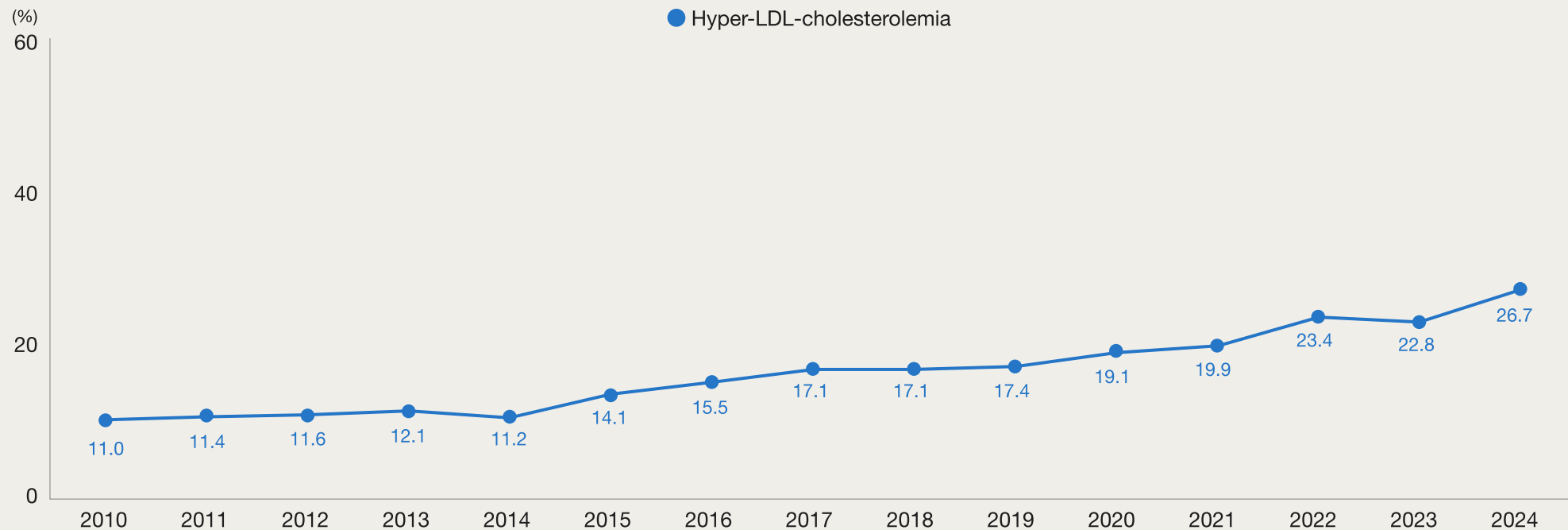
Dyslipidemia prevalence increased with age in both sexes—peaking in men at ages 50-59 years and continuing to rise in women after age 50.



· Data: 2022-2024 KNHANES; adults aged ≥20 years
· Dyslipidemia 1: hyper-LDL-cholesterolemia, hypertriglyceridemia, or hypo-HDL-cholesterolemia (<40 mg/dL in both men and women)
· Dyslipidemia 2: hyper-LDL-cholesterolemia, hypertriglyceridemia, or hypo-HDL-cholesterolemia (<40 mg/dL in men; <50 mg/dL in women)

Prevalence of Hyper-LDL-cholesterolemia

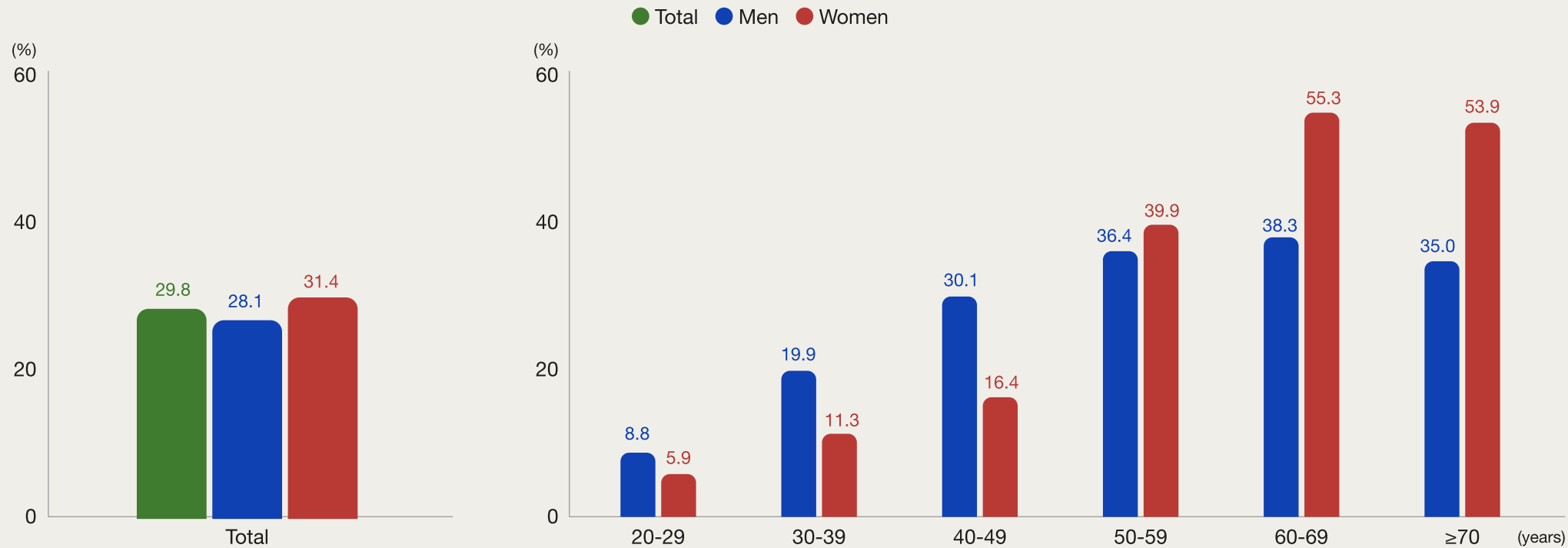
Age-standardized prevalence of hyper-LDL-cholesterolemia increased from 11.0% in 2010 to 26.7% in 2024.



· Data: 2010-2024 KNHANES; adults aged ≥20 years; standardized to the 2005 Korean population
· Hyper-LDL-cholesterolemia: LDL-cholesterol ≥160 mg/dL or taking a lipid-lowering drug

Prevalence of Hyper-LDL-cholesterolemia by Sex and Age

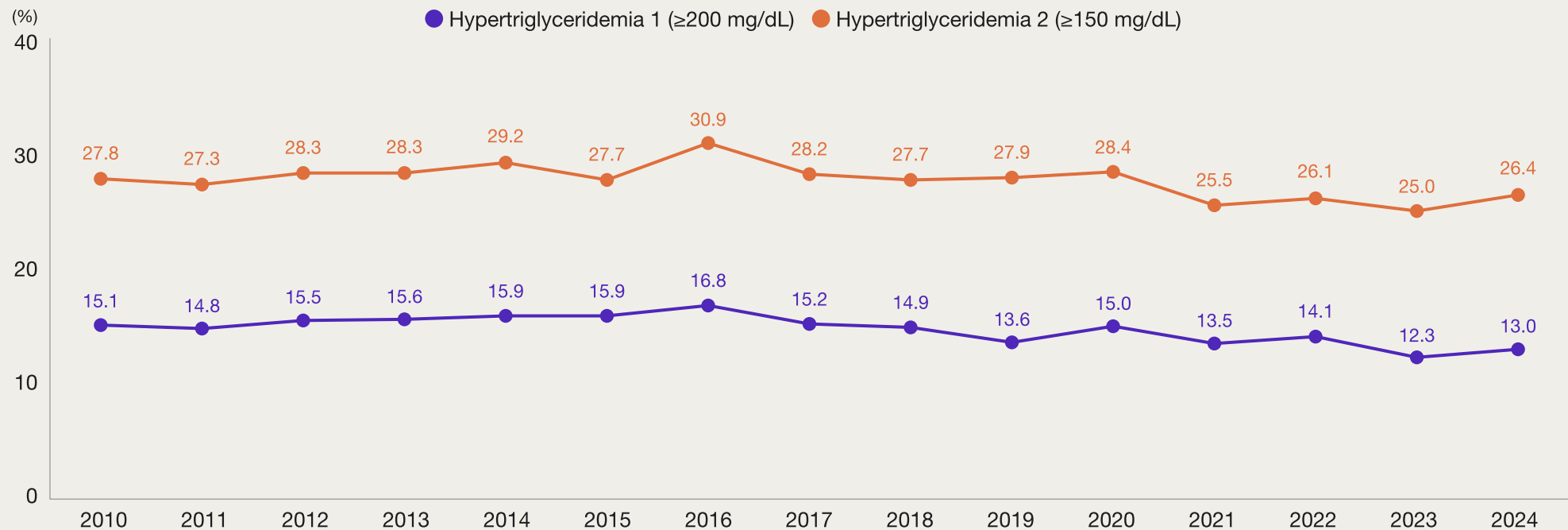
In men, prevalence increased gradually with age, reaching 38.3% at 60-69 years.
In women, prevalence increased sharply from 16.4% at 40-49 years to 39.9% at 50-59 years, exceeding men from age 50s onward and reaching 55.3% at 60-69 years.



· Data: 2022-2024 KNHANES; adults aged ≥20 years
· Hyper-LDL-cholesterolemia: LDL-cholesterol ≥160 mg/dL or taking a lipid-lowering drug

Prevalence of Hypertriglyceridemia

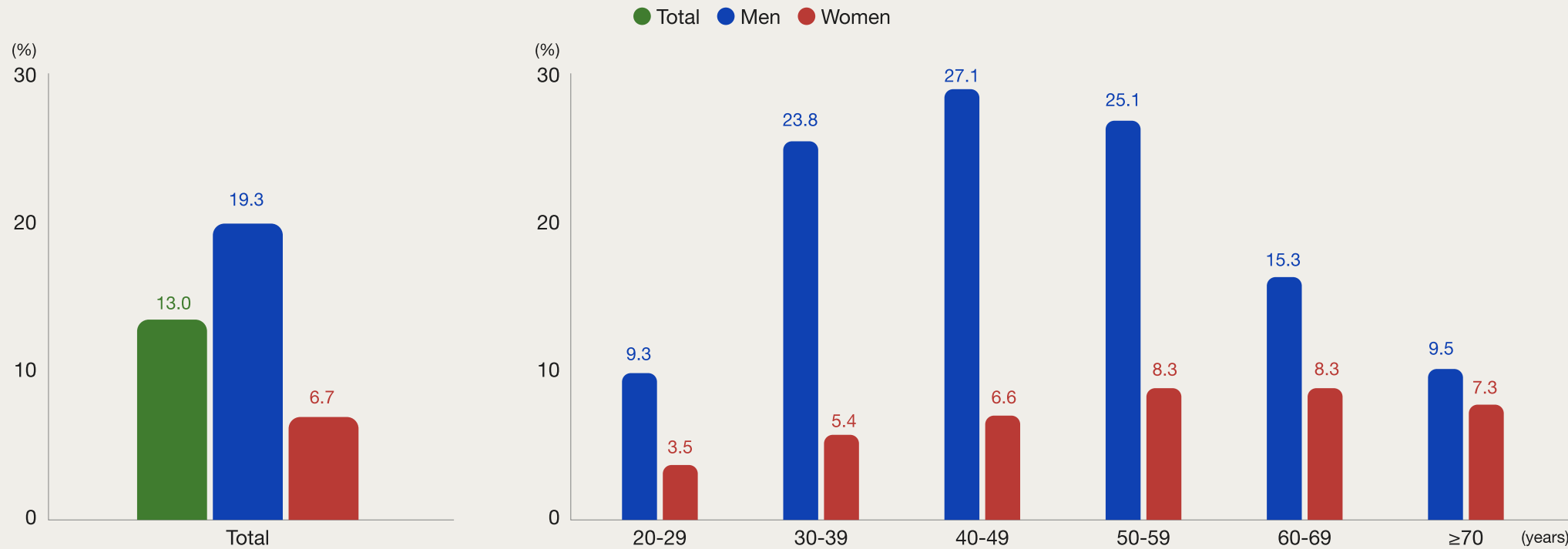
Hypertriglyceridemia prevalence at triglyceride levels ≥ 150 mg/dL was twice that at levels ≥ 200 mg/dL, and both measures have declined overall since 2016.



· Data: 2010-2024 KNHANES; adults aged ≥ 20 years; standardized to the 2005 Korean population
· Hypertriglyceridemia 1 (Triglyceride ≥ 200 mg/dL)
· Hypertriglyceridemia 2 (Triglyceride ≥ 150 mg/dL)

Prevalence of Hypertriglyceridemia by Sex and Age

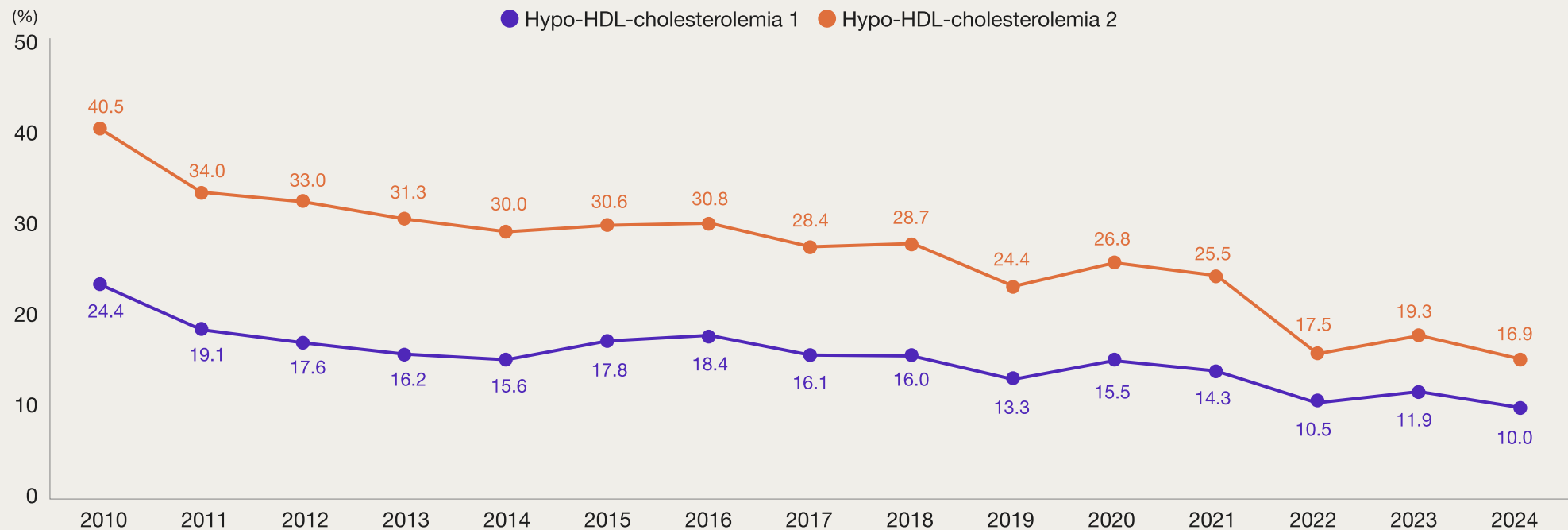
Hypertriglyceridemia affected 13.0% of Korean adults. Prevalence was highest among men aged 40-49 years and among women aged 50-69 years.



· Data: 2022-2024 KNHANES; adults aged ≥20 years
· Hypertriglyceridemia: triglyceride ≥200 mg/dL

Prevalence of Hypo-HDL-cholesterolemia

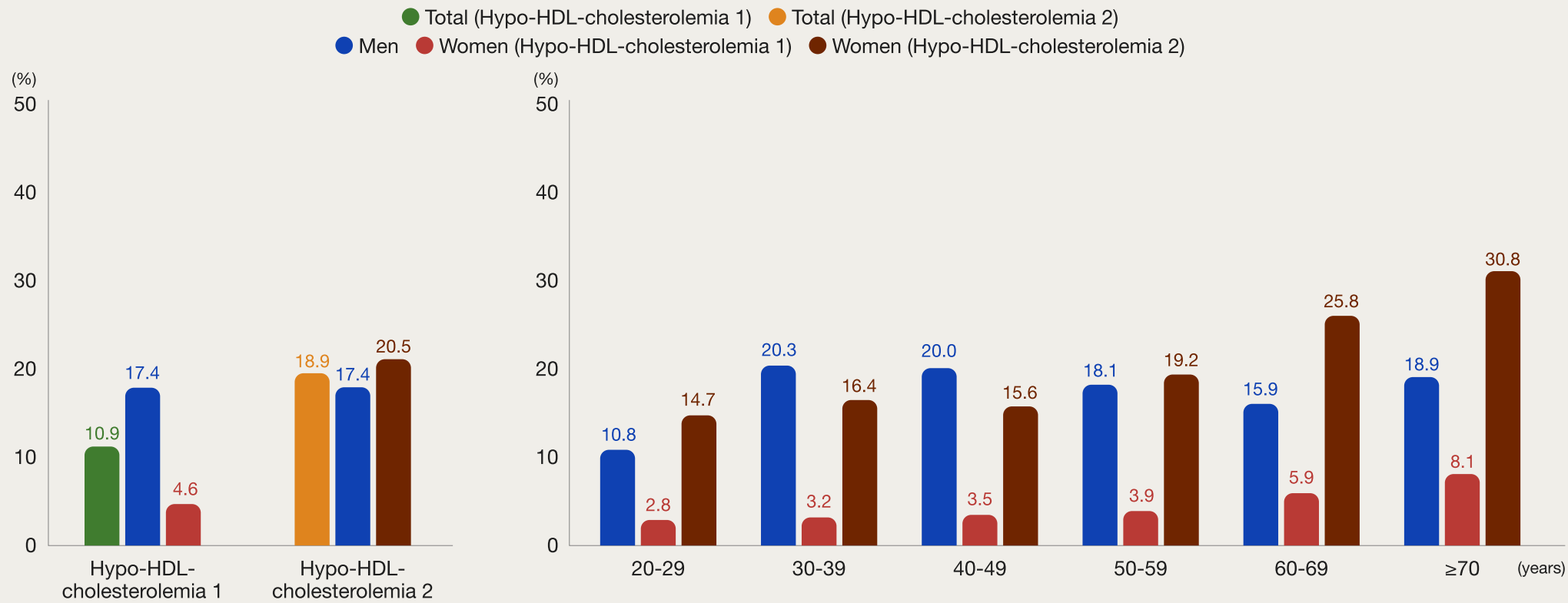
The age-standardized prevalence of hypo-HDL-cholesterolemia declined substantially from 2010 to 2024 under both HDL-cholesterol definitions.



· Data: 2010-2024 KNHANES; adults aged ≥20 years; standardized to the 2005 Korean population
· Hypo-HDL-cholesterolemia 1: HDL-cholesterol <40 mg/dL in both men and women
· Hypo-HDL-cholesterolemia 2: HDL-cholesterol <40 mg/dL in men; <50 mg/dL in women

Prevalence of Hypo-HDL-cholesterolemia by Sex and Age

The prevalence of hypo-HDL-cholesterolemia increased with age in women, whereas age-related patterns were less pronounced in men.



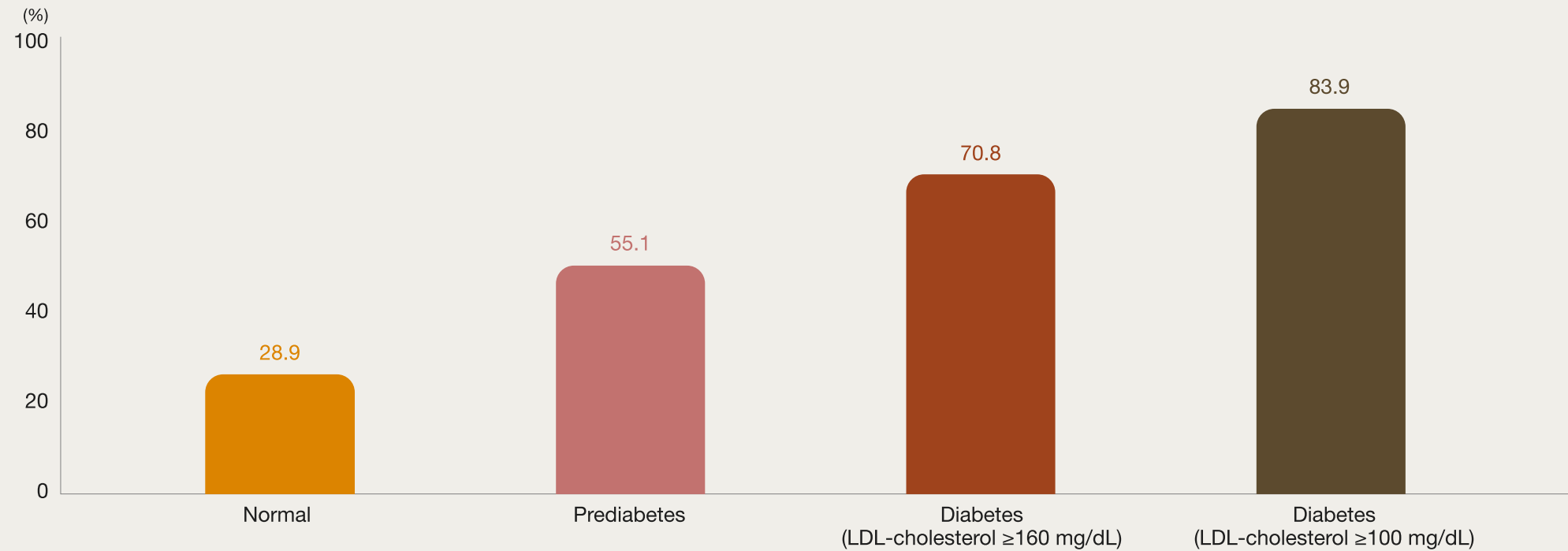
· Data: 2022-2024 KNHANES; adults aged ≥20 years
· Hypo-HDL-cholesterolemia 1: HDL-cholesterol <40 mg/dL in both men and women
· Hypo-HDL-cholesterolemia 2: HDL-cholesterol <40 mg/dL in men; <50 mg/dL in women

Dyslipidemia in Specific Populations



Dyslipidemia by Diabetes Status

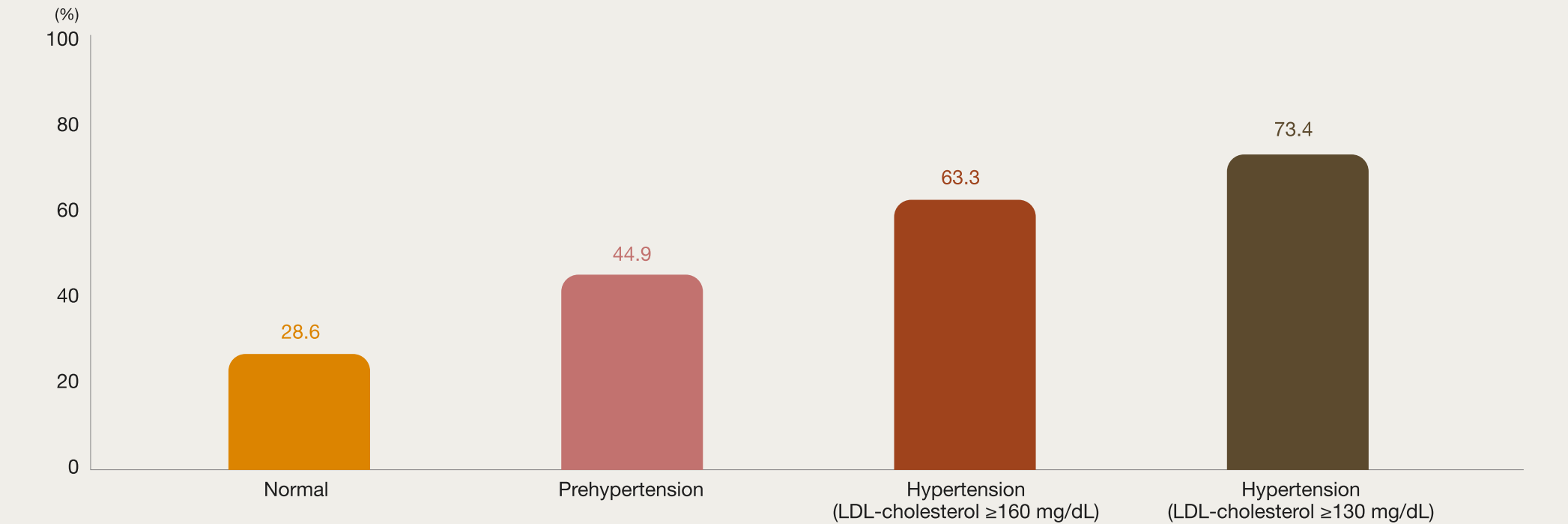
Dyslipidemia becomes markedly more common as glucose status progresses from normal to prediabetes and diabetes. Using the LDL-cholesterol target of 100 mg/dL recommended for diabetes, prevalence reached 83.9% in adults with diabetes.



· Data: 2022-2024 KNHANES; adults aged ≥ 20 years
· Prediabetes: fasting glucose 100-125 mg/dL or HbA1c 5.7-6.4%
· Diabetes: fasting glucose ≥ 126 mg/dL, HbA1c $\geq 6.5\%$, previously diagnosed, or taking glucose-lowering drug
· Dyslipidemia: LDL-cholesterol ≥ 160 mg/dL or ≥ 100 mg/dL, triglyceride ≥ 200 mg/dL, HDL-cholesterol < 40 mg/dL, or taking a lipid-lowering drug

Dyslipidemia by Hypertension Status

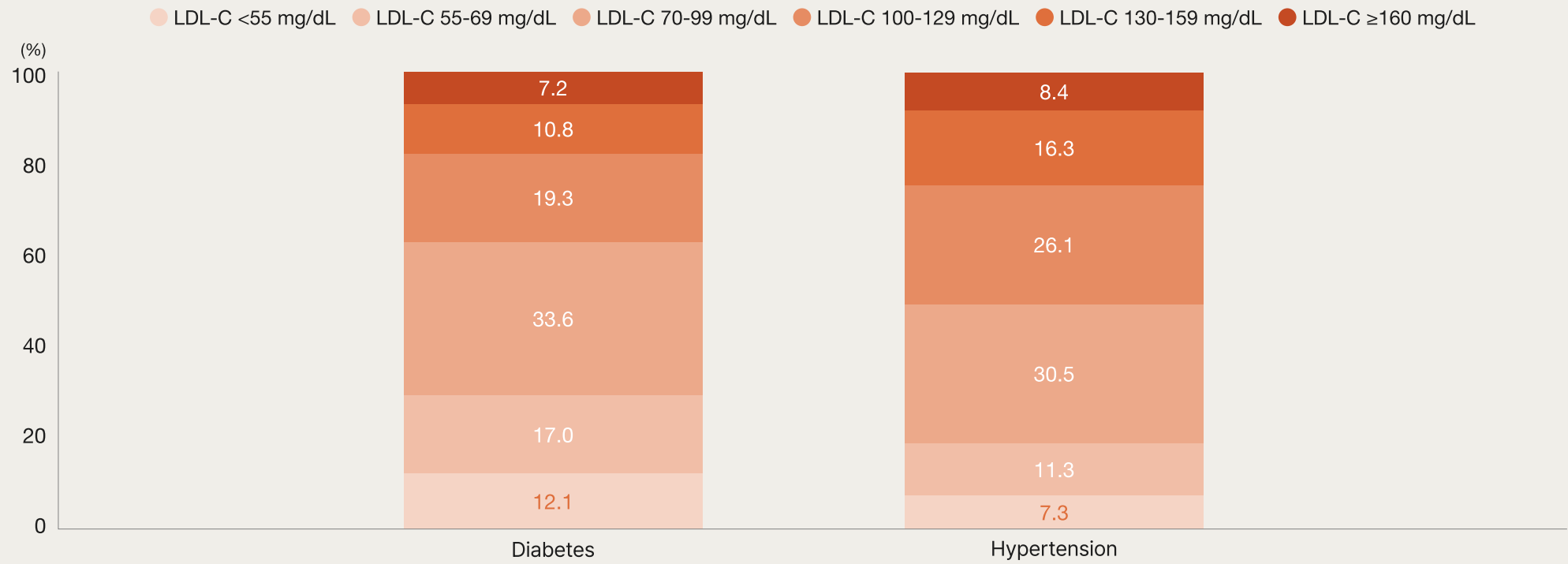
Dyslipidemia becomes markedly more common as blood pressure status progresses from normal to prehypertension and hypertension. Using the LDL-cholesterol target of 130 mg/dL recommended for adults with one risk factor, prevalence reached 73.4% in adults with hypertension.



· Data: 2022-2024 KNHANES; adults aged ≥20 years
· Prehypertension: SBP 120-139 mmHg or DBP 80-89 mmHg
· Hypertension: SBP ≥140 mmHg, DBP ≥90 mmHg, or taking a BP-lowering drug
· Dyslipidemia: LDL-cholesterol ≥160 mg/dL or ≥130 mg/dL, triglyceride ≥200 mg/dL, HDL-cholesterol <40 mg/dL, or taking a lipid-lowering drug

LDL-cholesterol Distribution among Adults with Diabetes or Hypertension

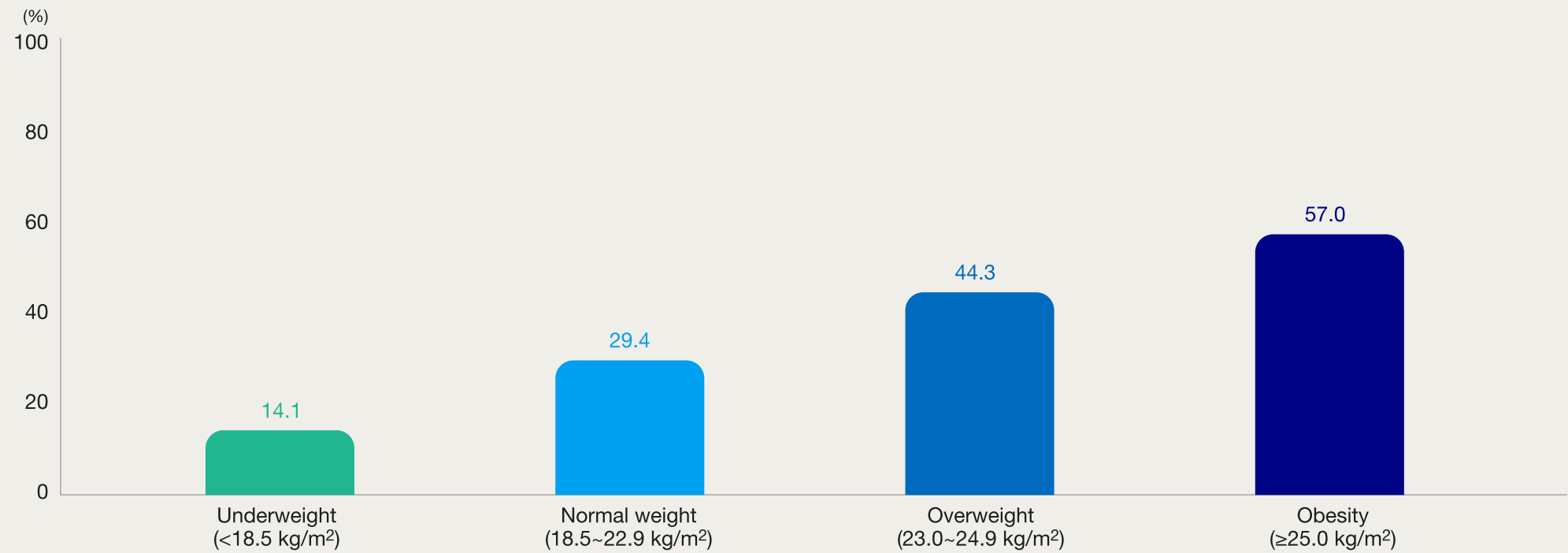
LDL-cholesterol levels were ≥ 100 mg/dL in 37.3% of adults with diabetes and 50.8% of those with hypertension.
Only 29.1% and 18.6%, respectively, had LDL-C < 70 mg/dL.



Data: 2022-2024 KNHANES; adults aged ≥ 20 years
Diabetes: Fasting glucose ≥ 126 mg/dL, HbA1c $\geq 6.5\%$, previously diagnosed, or taking glucose-lowering drug
Hypertension: SBP ≥ 140 mmHg, DBP ≥ 90 mmHg, or taking a BP-lowering drug

Dyslipidemia by Obesity Status

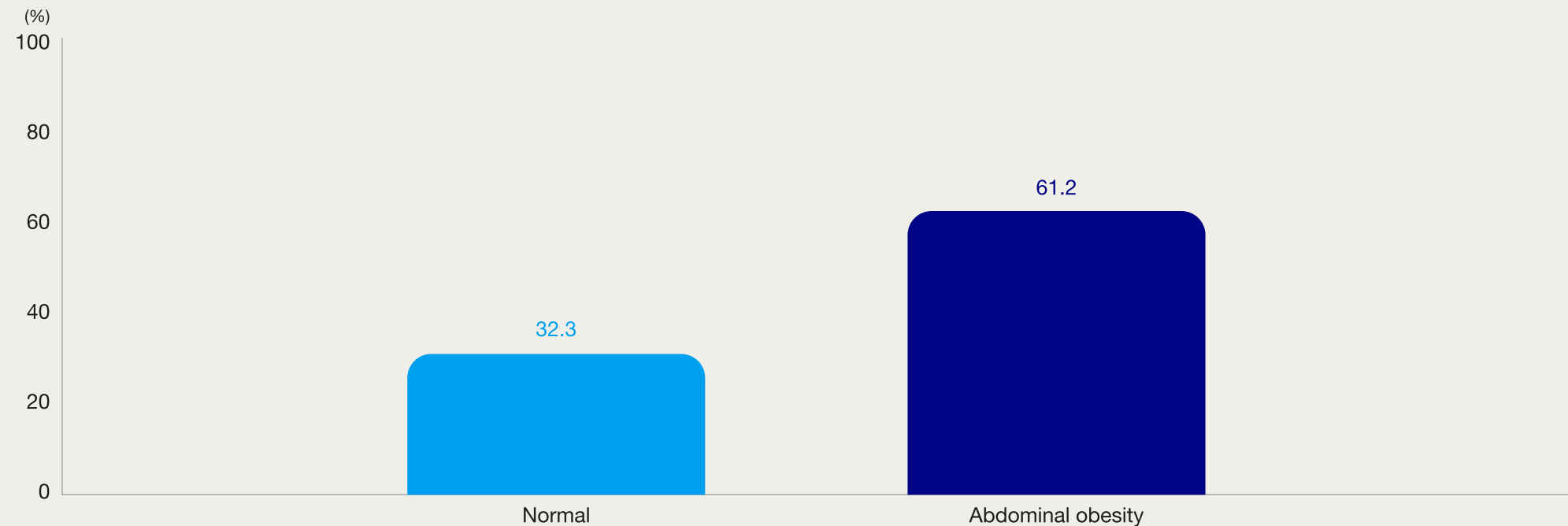
Dyslipidemia becomes progressively more common with higher body mass index.
More than half of adults with obesity have dyslipidemia, compared with about 1 in 7 underweight adults.



· Data: 2022-2024 KNHANES; adults aged ≥20 years
· Dyslipidemia: LDL-cholesterol ≥160 mg/dL, triglyceride ≥200 mg/dL, HDL-cholesterol <40 mg/dL, or taking a lipid-lowering drug

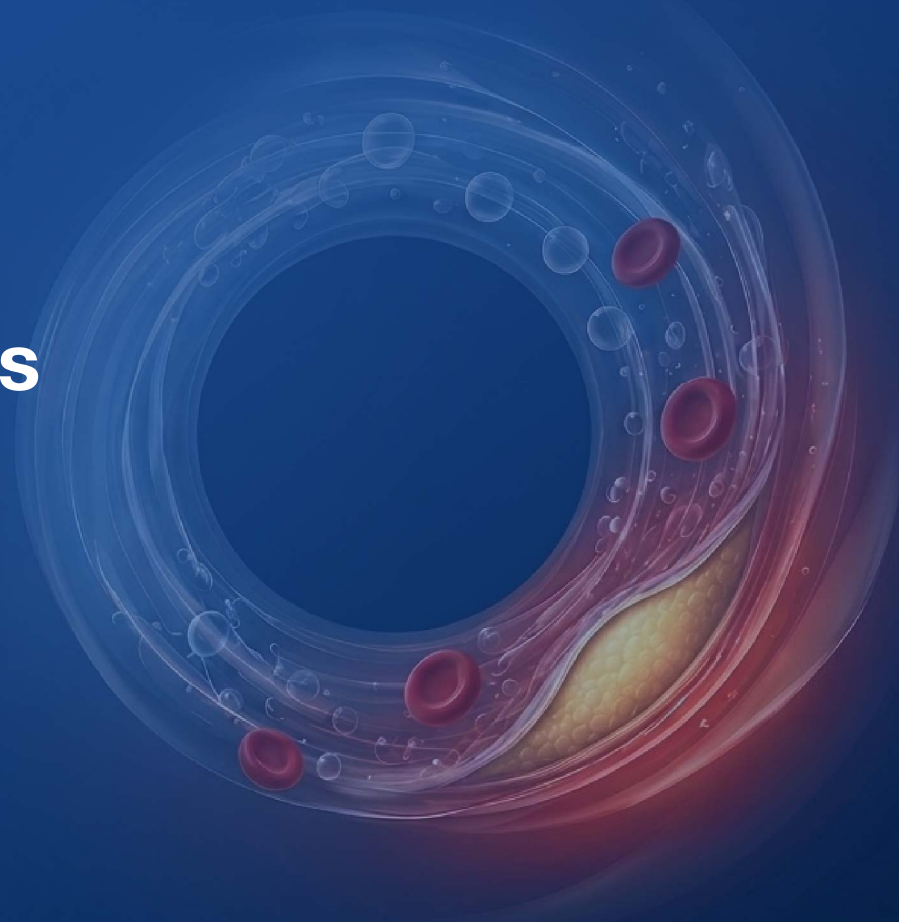
Dyslipidemia by Abdominal Obesity

Dyslipidemia is nearly twice as common among adults with abdominal obesity than those without.



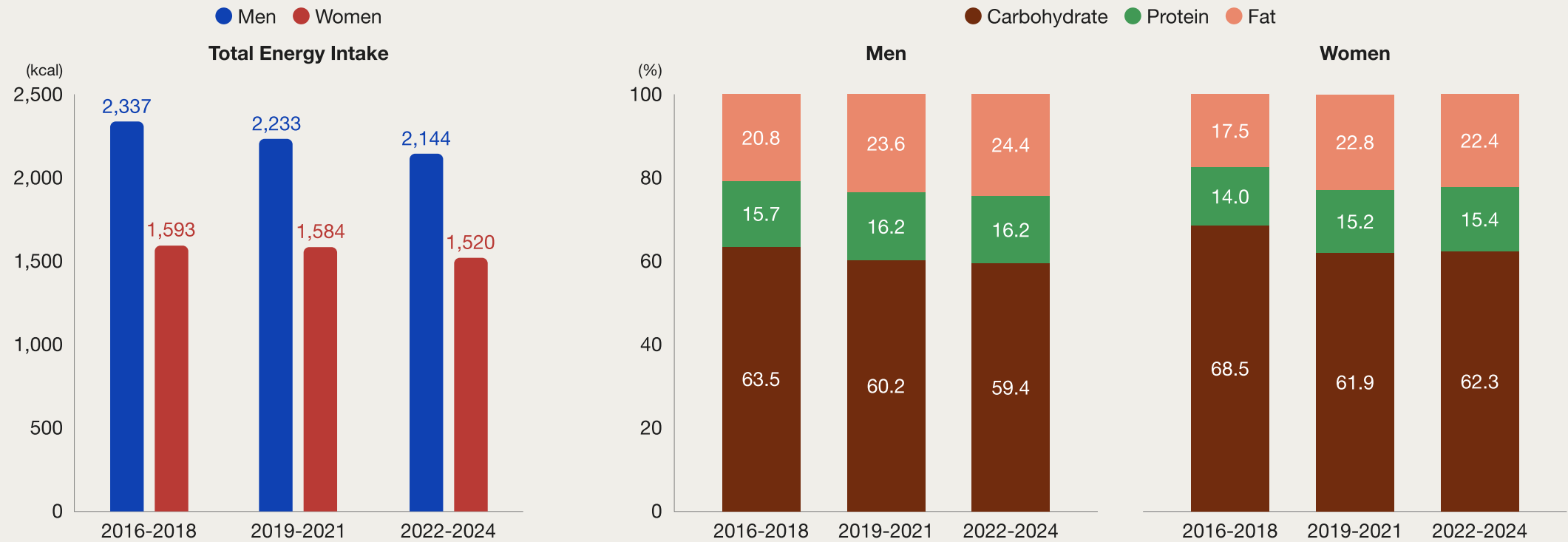
· Data: 2022-2024 KNHANES; adults aged ≥20 years
· Abdominal obesity: waist circumference ≥90 cm in men; ≥85 cm in women
· Dyslipidemia: LDL-cholesterol ≥160 mg/dL, triglyceride ≥200 mg/dL, HDL-cholesterol <40 mg/dL, or taking a lipid-lowering drug

Health Behaviors among Adults with Dyslipidemia



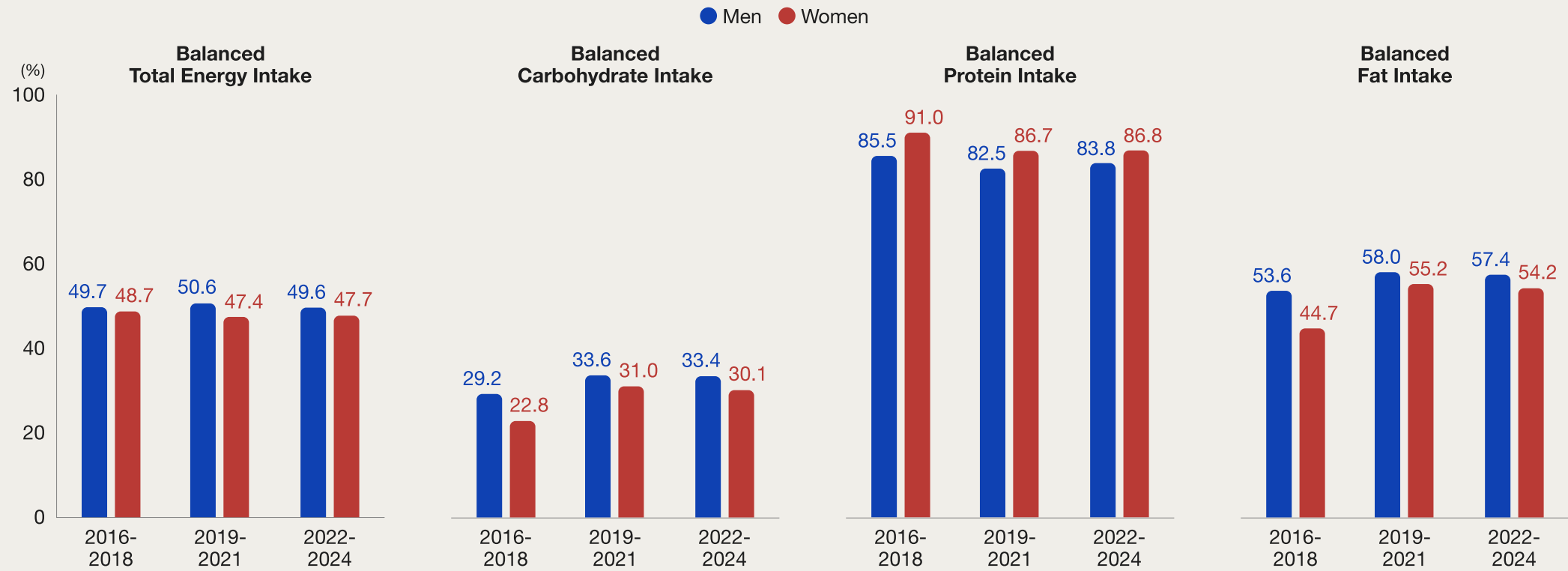
Dietary Intake of Energy and Macronutrients

Total energy intake declined slightly in both sexes from 2016-2018 to 2022-2024.
The macronutrient composition shifted toward more fat and less carbohydrate over this period.



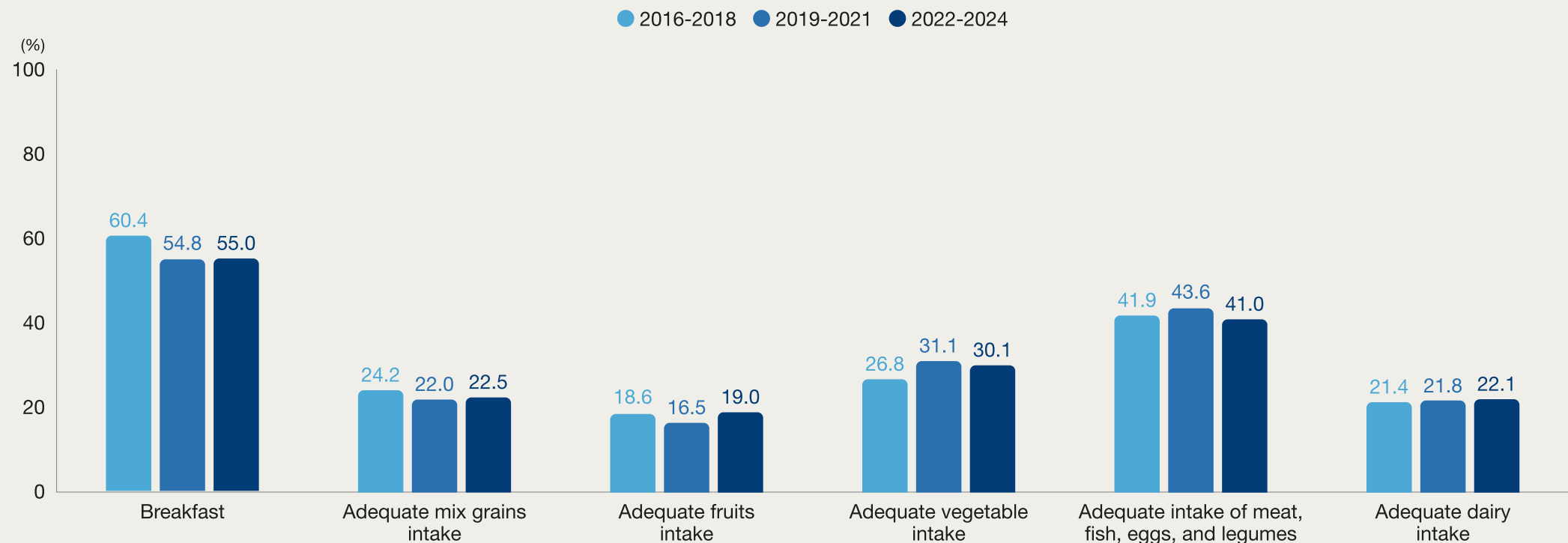
· Data: 2016-2024 KNHANES; adults aged ≥20 years with dyslipidemia

Balanced Consumption



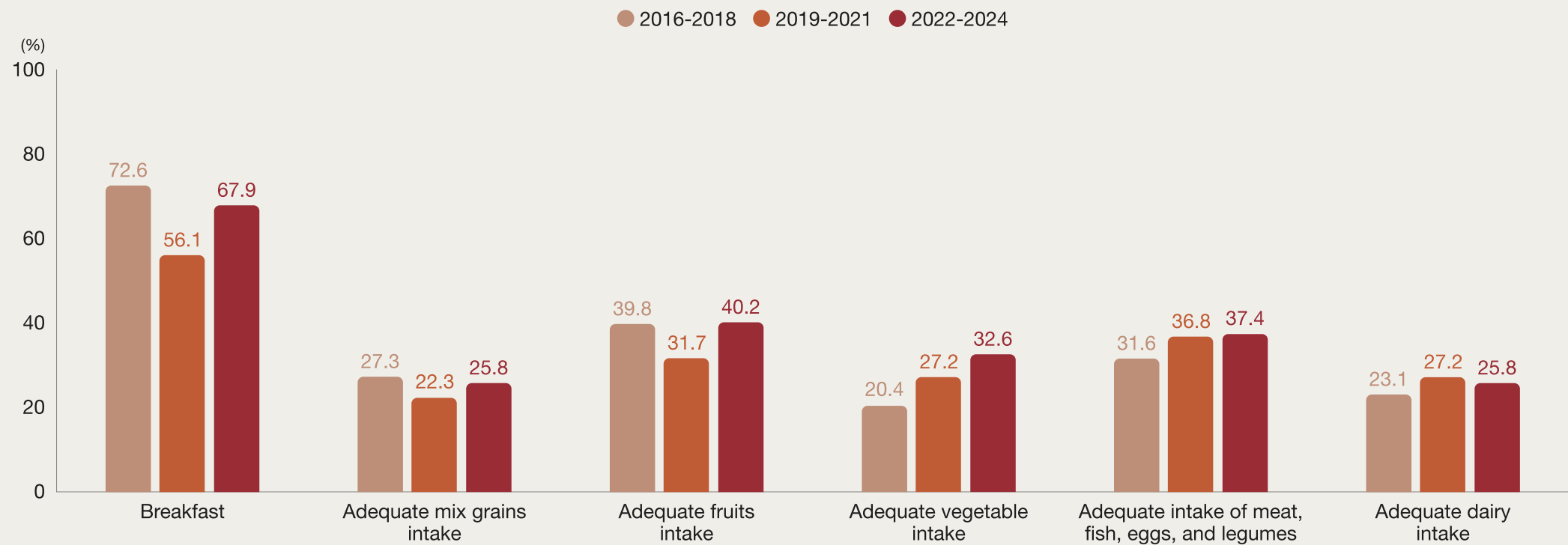
· Data: 2016-2024 KNHANES; adults aged ≥20 years with dyslipidemia
· Balanced total energy intake: 75-125% of the estimated energy requirement by sex and age
· Balanced carbohydrate intake: 55-65% of total energy intake
· Balanced protein intake: 7-20% of total energy intake
· Balanced fat intake: 15-30% of total energy intake

Desirable Dietary Habits among Men



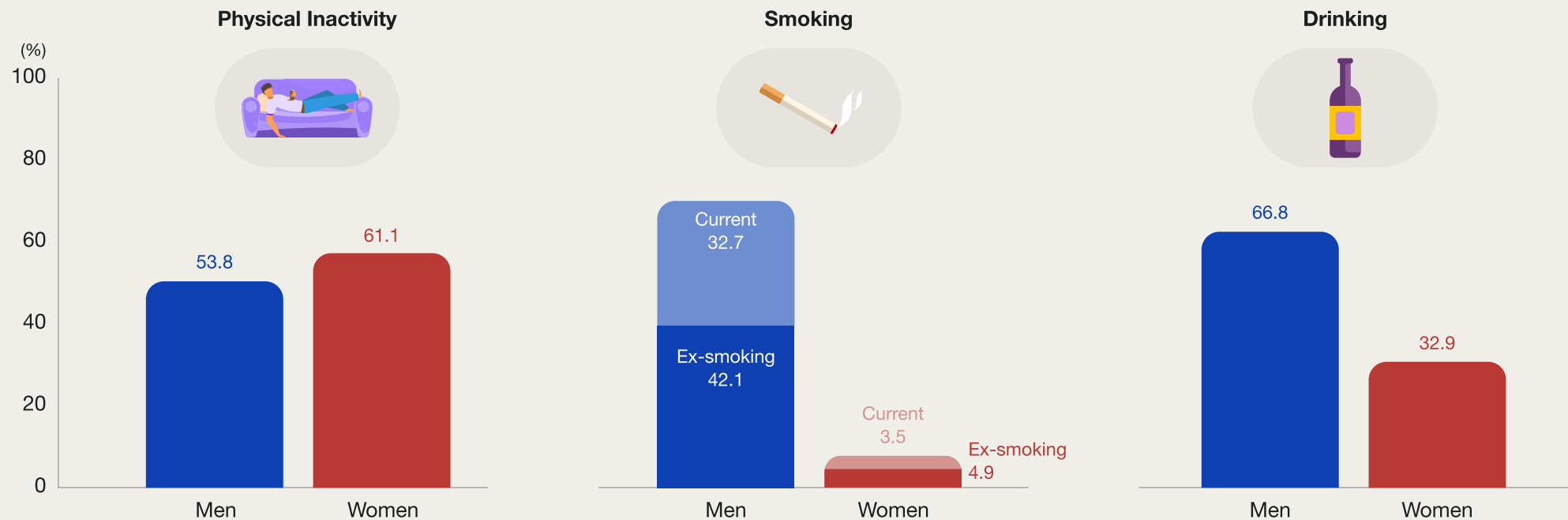
· Data: 2016-2024 KNHANES; adults aged ≥20 years with dyslipidemia

Desirable Dietary Habits among Women



· Data: 2016-2024 KNHANES; adults aged ≥20 years with dyslipidemia

Physical Inactivity, Cigarette Smoking, and Alcohol Drinking



· Data: 2022-2024 KNHANES; adults aged ≥20 years with dyslipidemia
· Physical inactivity: moderate-intensity activity <150 minutes, vigorous-intensity activity for <75 minutes, and an equivalent combination of moderate- and vigorous-intensity activity over the past week
· Current smoking: have smoked ≥100 cigarettes during lifetime and currently smoking
· Alcohol drinking: consuming alcohol more than once a month in the past year

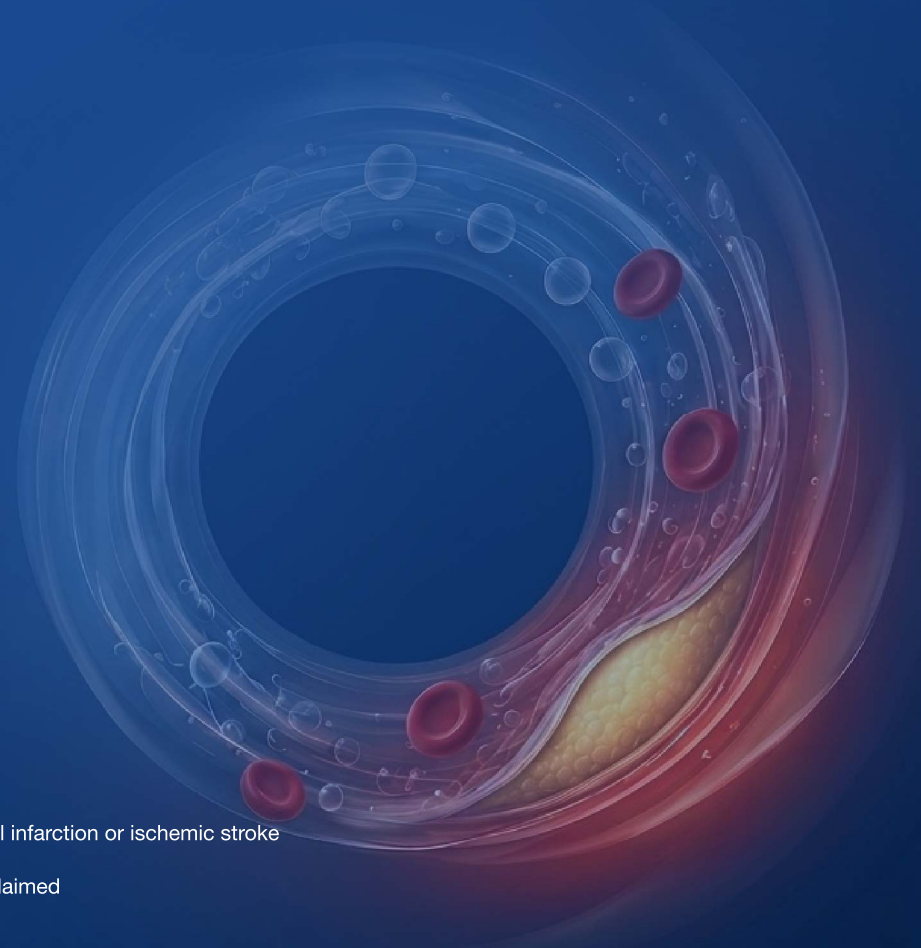
Trends in the Prescription of Lipid-Lowering Drugs

Data Source

2010-2023 The National Health Insurance Service-National Sample Cohort (NHIS-NSC)

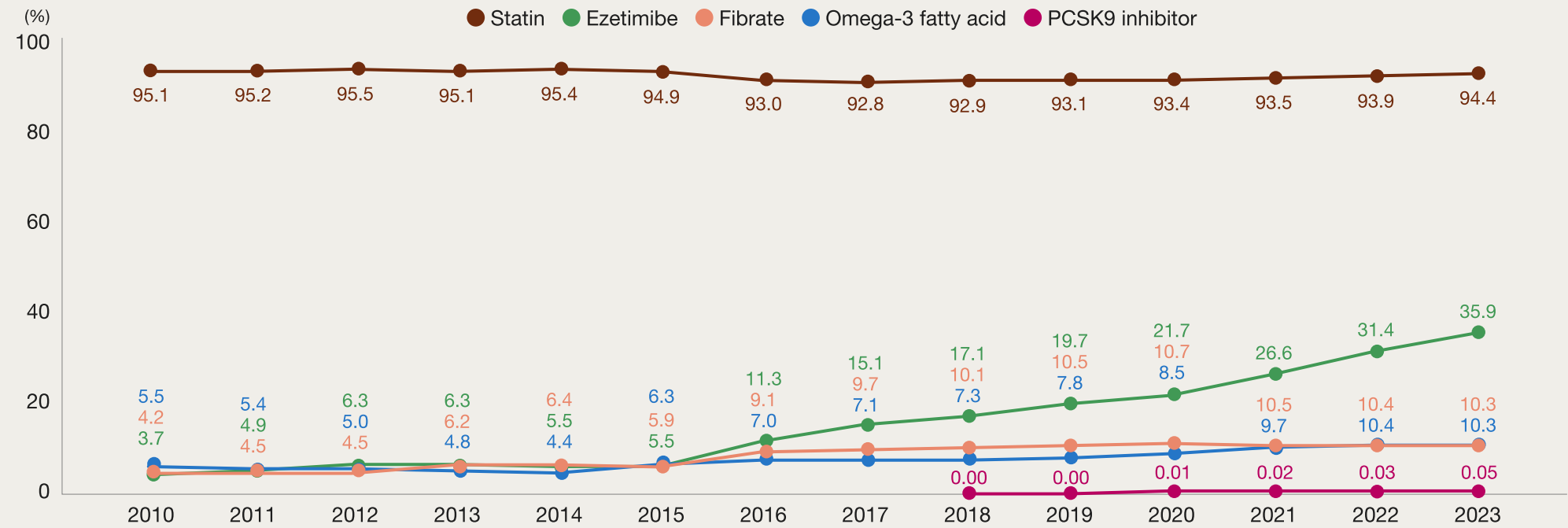
Definitions

- Dyslipidemia: Cases where dyslipidemia medication was claimed with ICD-10 code E78
- Cardiovascular Disease: Cases where the patient was diagnosed with at least one of the following conditions: myocardial infarction or ischemic stroke
- Myocardial Infarction: Cases where a patient was hospitalized with ICD-10 codes I21-I22
- Ischemic Stroke: Cases where a patient was hospitalized with ICD-10 codes I63 or I64 and a brain CT or MRI was also claimed
- Adherence: The condition in which lipid-lowering drugs were prescribed for more than 290 days (80%) per year



Trends in Lipid-Lowering Drug Prescriptions

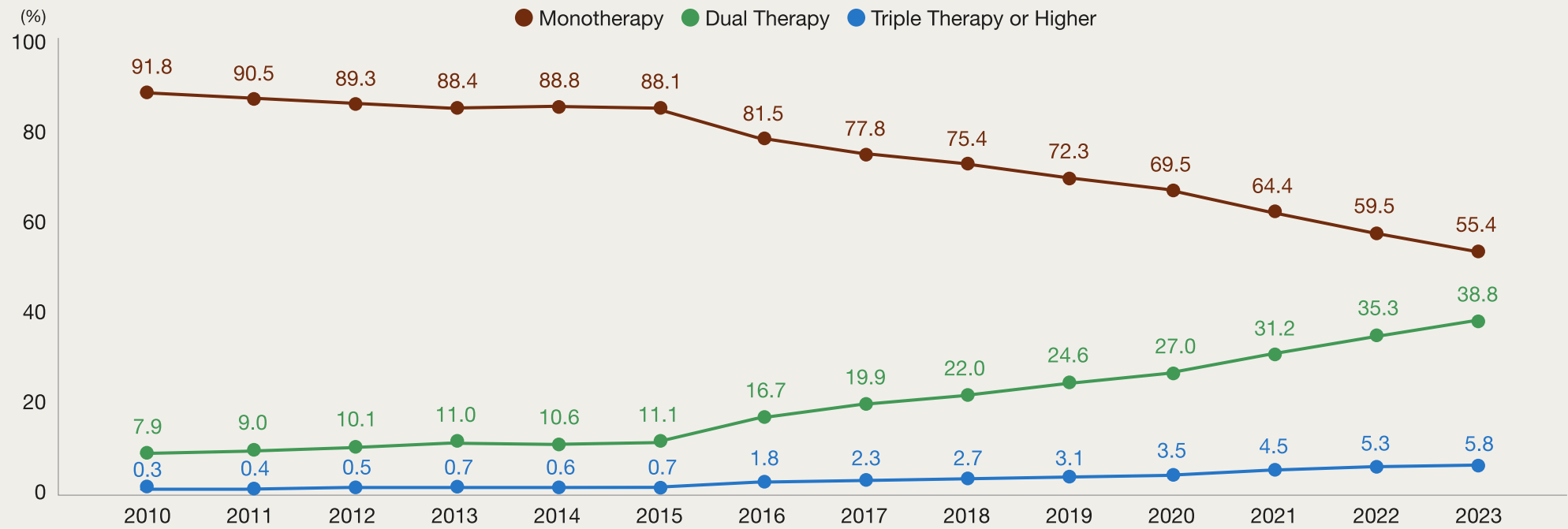
Statins remained the most frequently prescribed lipid-lowering agents in 2023, while ezetimibe prescribing increased markedly over time.



· Data: 2010-2023 NHIS-NSC claims data; adults aged ≥20 years

Trends in Lipid-Lowering Drug Therapy Regimens

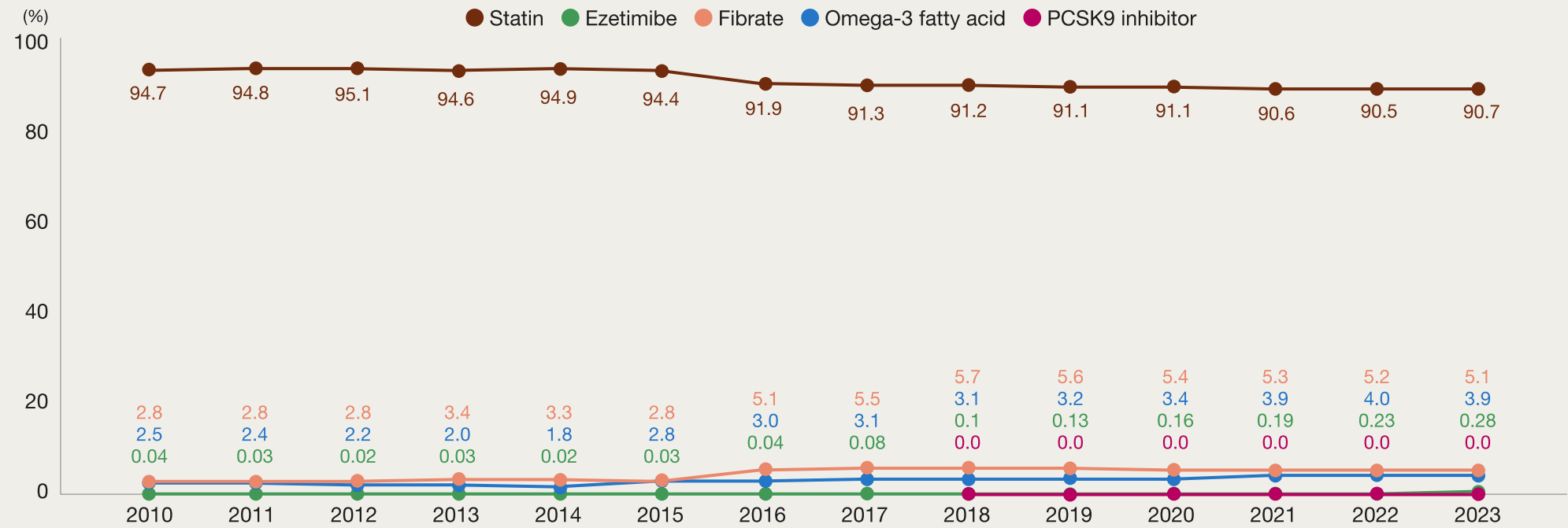
The prescribing rate of dual lipid-lowering therapy is increasing.



· Data: 2010-2023 NHIS-NSC claims data; adults aged ≥20 years

Changes in Monotherapy Regimens

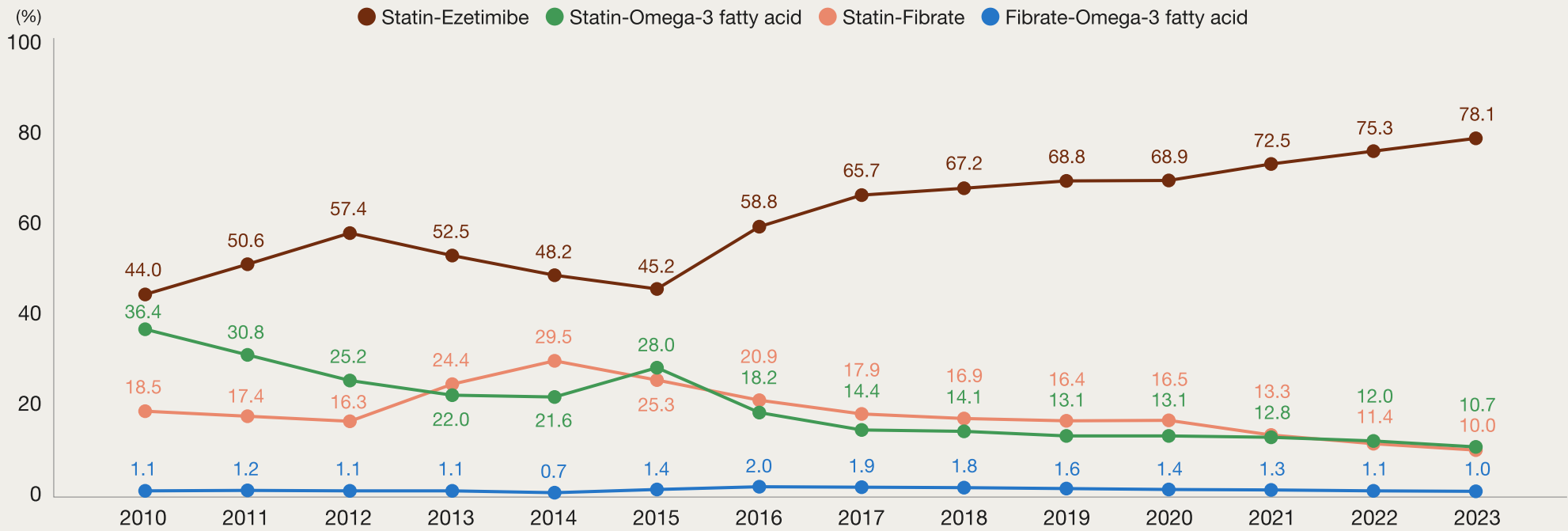
Statins were used for the vast majority of lipid-lowering monotherapy prescriptions, with limited use of other agents.



· Data: 2010-2023 NHIS-NSC claims data; adults aged ≥20 years

Changes in Dual Therapy Regimens

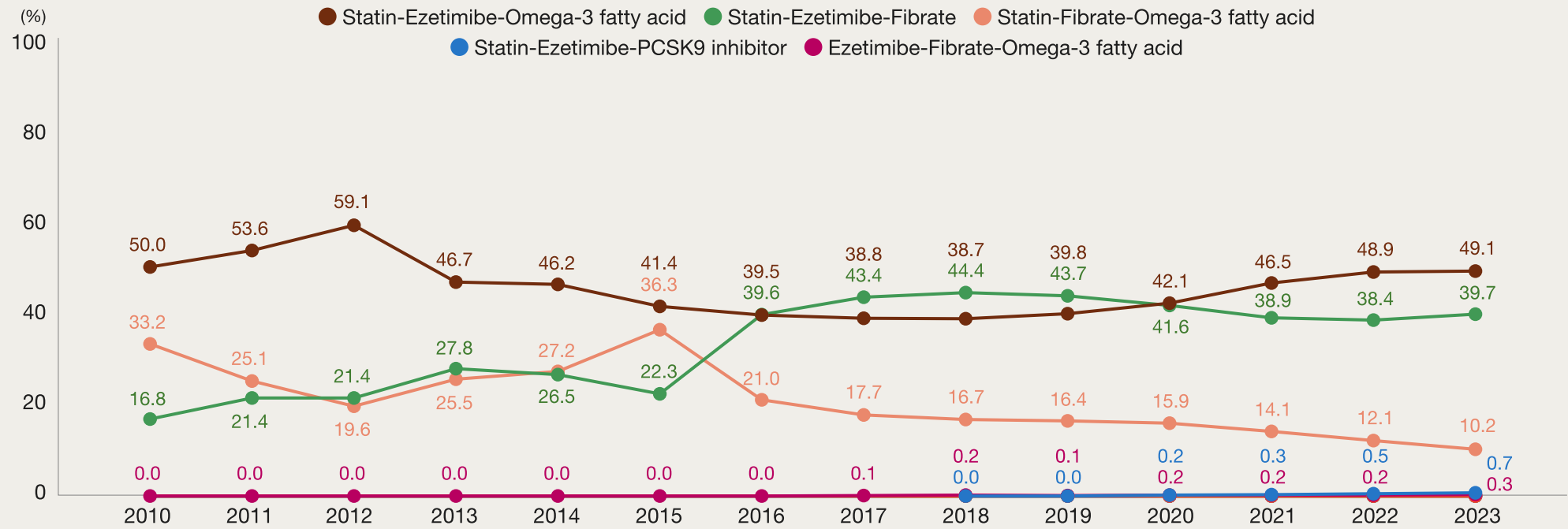
Statin-ezetimibe combination therapy increased markedly after 2015 and accounted for nearly four in five dual-therapy prescriptions in 2023, whereas statin-PCSK9 inhibitor combinations remained uncommon (<0.2%).



· Data: 2010-2023 NHIS-NSC claims data; adults aged ≥20 years
· The ezetimibe-fibrate, ezetimibe-omega-3 fatty acid, and statin-PCSK9 inhibitor combinations were not displayed in the graph because their prescription rates were <0.2%

Changes in Triple Therapy Regimens

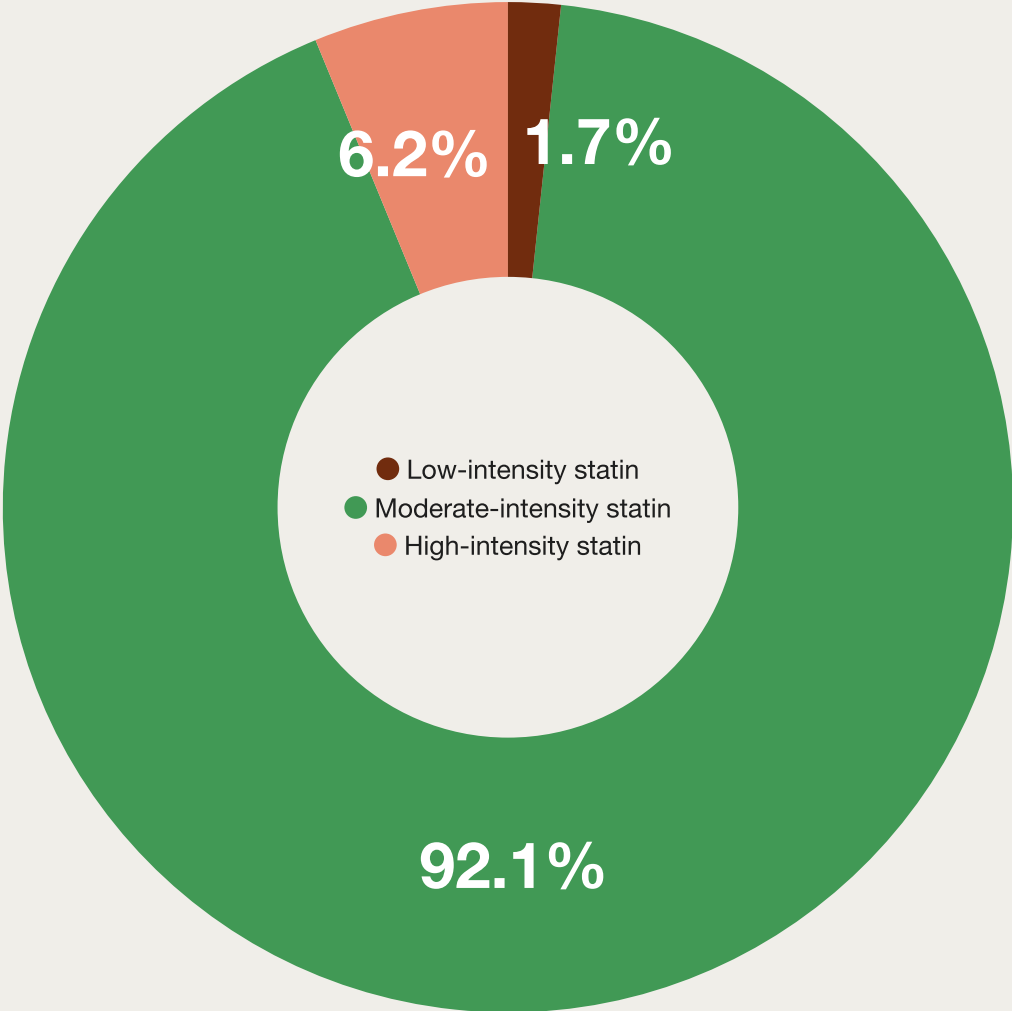
The most frequently prescribed triple-therapy regimen was statin-ezetimibe-omega-3 fatty acid (49.1%), followed by statin-ezetimibe-fibrate (39.7%) and statin-fibrate-omega-3 fatty acid (10.2%) in 2023.



· Data: 2010-2023 NHIS-NSC claims data; adults aged ≥20 years

Statin Intensity Distribution

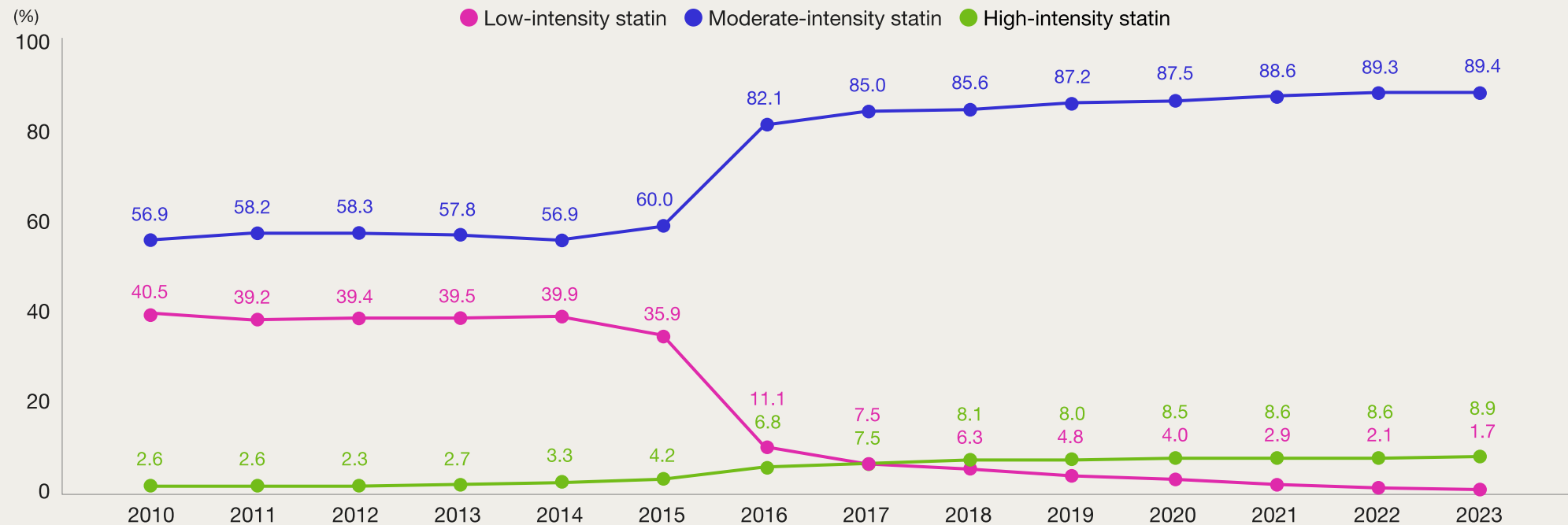
Moderate-intensity statins accounted for the vast majority of statin prescriptions among patients with dyslipidemia.



· Data: 2010-2023 NHIS-NSC claims data; adults aged ≥20 years

Trends in Statin Intensity among Patients with Dyslipidemia Treated with Statin-Ezetimibe Combination Therapy

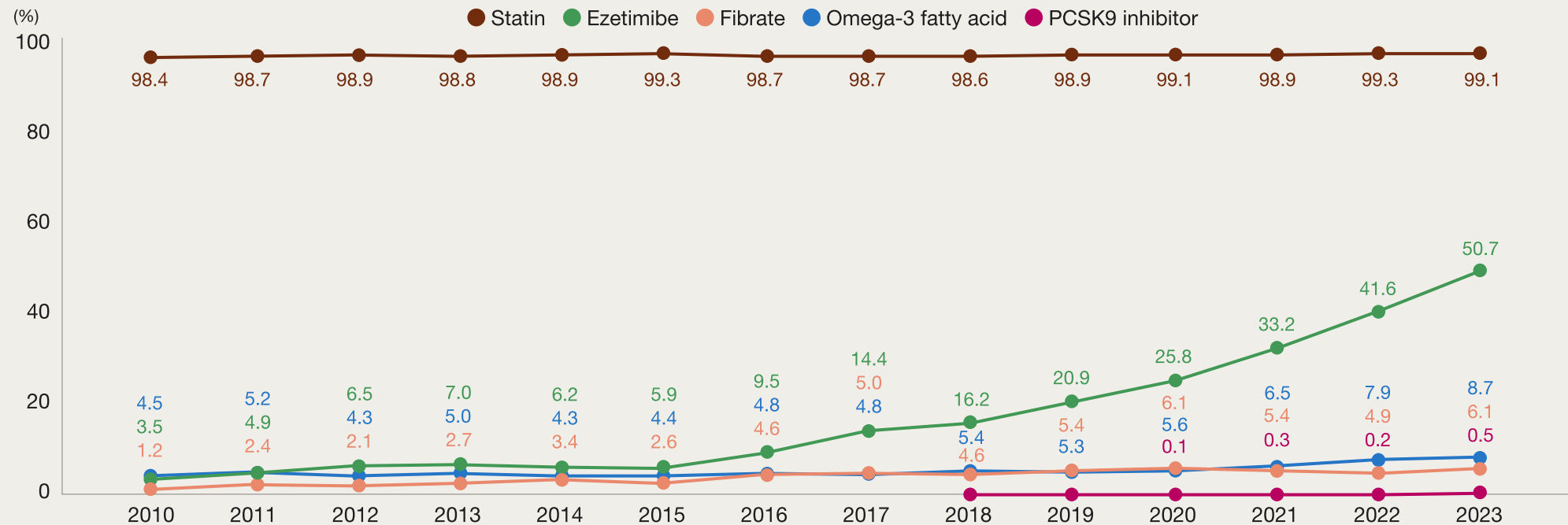
Among patients with dyslipidemia receiving statin-ezetimibe therapy, low-intensity statin use declined sharply after 2015, whereas moderate-intensity statin use increased markedly. High-intensity statin use increased modestly but remained uncommon.



· Data: 2010-2023 NHIS-NSC claims data; adults aged ≥20 years

Trends in Lipid-Lowering Drug Prescriptions among Patients with Dyslipidemia and Cardiovascular Disease

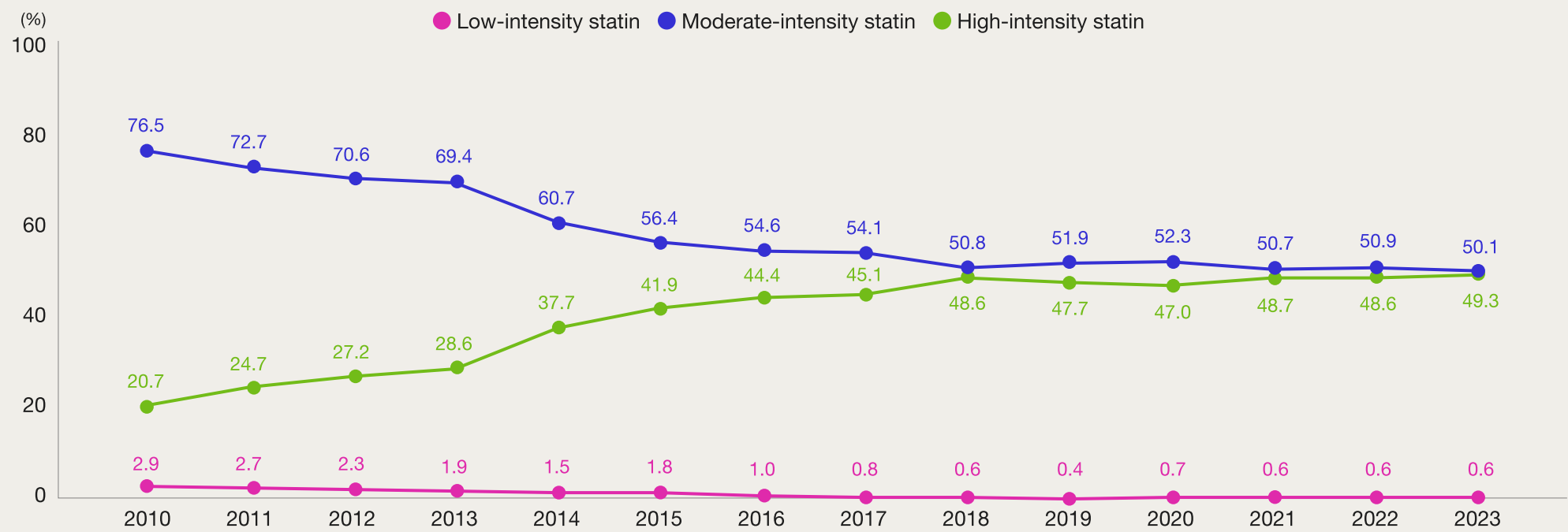
Statins were prescribed to nearly all patients with dyslipidemia and cardiovascular disease, while ezetimibe use increased markedly over time, reaching 50.7% in 2023. PCSK9 inhibitors were prescribed to 0.5% of patients.



· Data: 2010-2023 NHIS-NSC claims data; adults aged ≥20 years

Trends in Statin Intensity among Patients with Dyslipidemia and Cardiovascular Disease

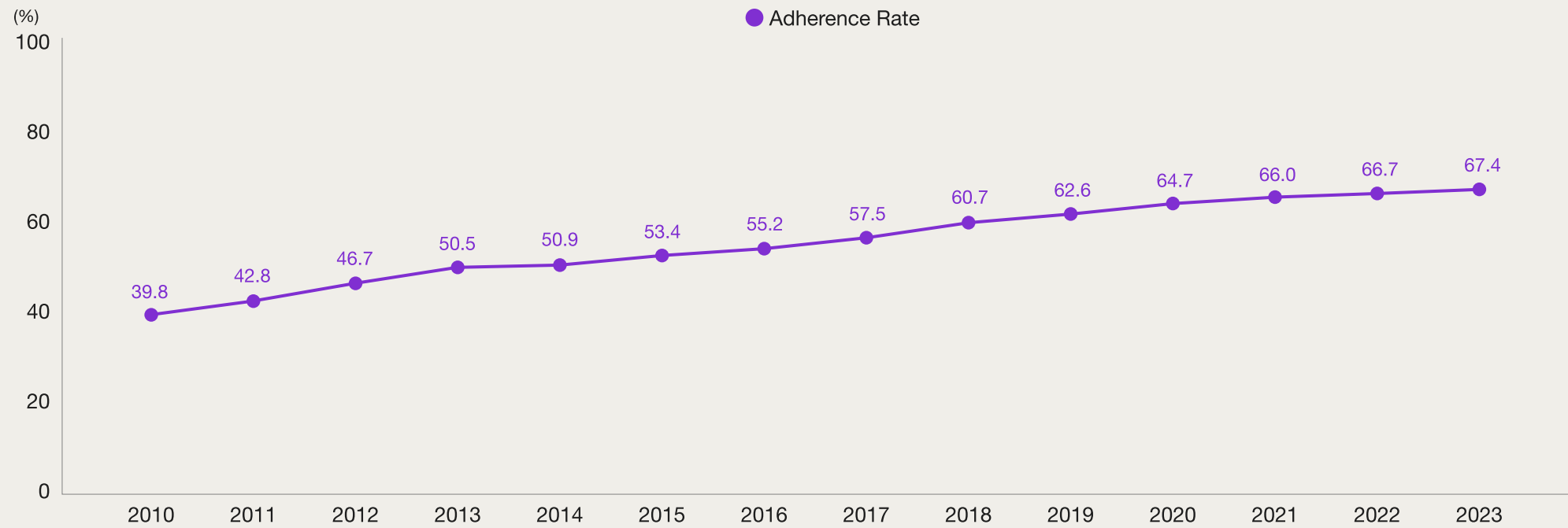
Among statin-treated patients with dyslipidemia and cardiovascular disease, high-intensity statin use increased and moderate-intensity statin use declined over time.



· Data: 2010-2023 NHIS-NSC claims data; adults aged ≥20 years

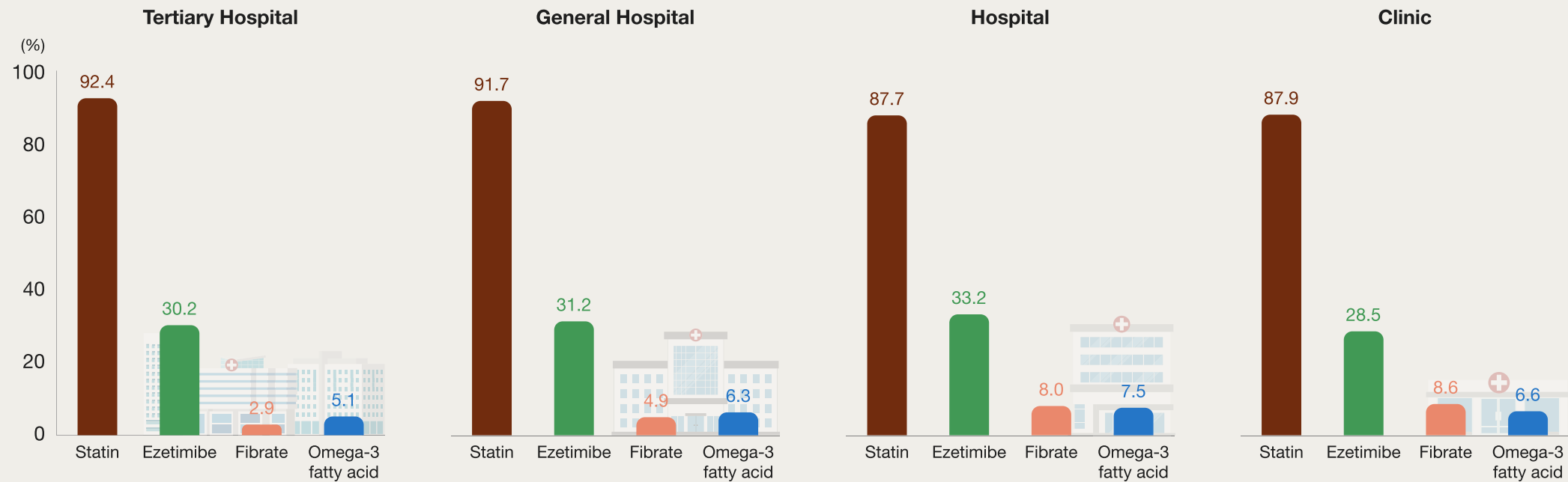
Adherence to Lipid-Lowering Drugs

Adherence to lipid-lowering medications has improved overall but remains suboptimal.



· Data: 2010-2023 NHIS-NSC claims data; adults aged ≥20 years
· Adherence: The condition in which lipid-lowering drugs were prescribed for more than 290 days (80%) per year

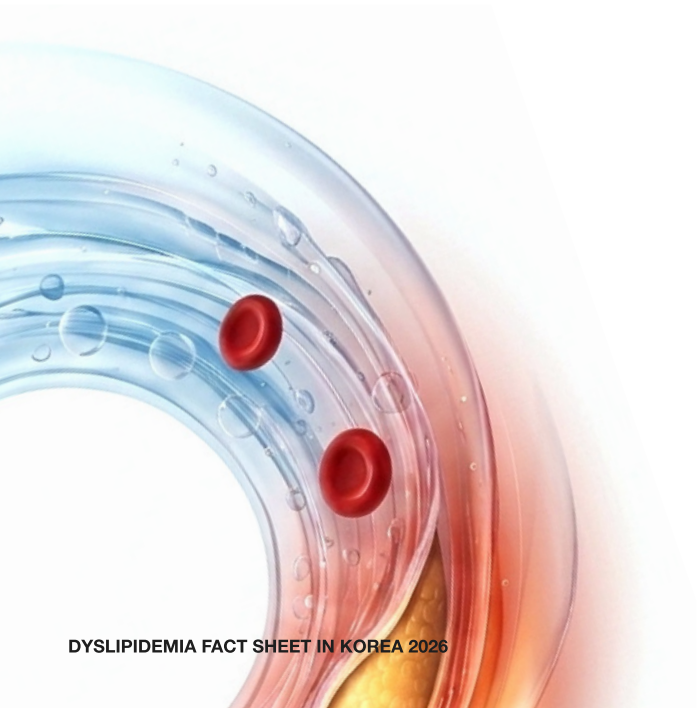
Prescribing Patterns of Lipid-Lowering Drugs across Healthcare Institutions



· Data: 2023 NHIS-NSC claims data; adults aged ≥20 years
· Tertiary hospital: Government-designated advanced general hospital providing highly specialized care for severe/complex conditions; typically ≥300 beds; referral required for insurance coverage
· General hospital: ≥100 beds, with at least 7 required specialty departments
· Hospital: 30-99 beds, providing inpatient and outpatient care
· Clinic: Primary-care outpatient institution, generally without inpatient beds

Summary

- Hypercholesterolemia affected 30.3% of Korean adults in 2024, increasing from 11.9% in 2010; prevalence was higher in women than in men (32.8% vs. 27.9%).
- Awareness rate, treatment rate, and control rate of hypercholesterolemia improved from 45.5%, 35.8%, and 28.6% in 2010-2012 to 70.8%, 64.8%, and 58.9% in 2022-2024, respectively.
- Dyslipidemia affected 47.8% of men and 45.4% of women.
- Dyslipidemia prevalence increased markedly in women after menopause, reaching 67.1% at ages 60-69 years and 70.4% at ages 70 years or older.
- Hyper-LDL-cholesterolemia increased from 11.0% in 2010 to 26.7% in 2024, whereas hypo-HDL-cholesterolemia declined substantially.
- Dyslipidemia was highly prevalent among adults with cardiometabolic risk factors, affecting 83.9% of those with diabetes, 73.4% of those with hypertension, 57.0% of those with obesity, and 61.2% of those with abdominal obesity.
- Among adults with dyslipidemia, total energy intake declined slightly, while dietary composition shifted toward lower carbohydrate and higher fat intake. Adequate fruit intake remained substantially lower in men than in women.
- Statins remained the most commonly prescribed lipid-lowering therapy (94.4% in 2023), while ezetimibe use increased to 35.9%, with a corresponding rise in dual therapy.
- Among patients with dyslipidemia and cardiovascular disease, high-intensity statin use increased over time and remained at approximately 50% from 2018 onward; ezetimibe use also increased steadily, reaching 50.7% in 2023.
- Adherence to lipid-lowering medications has improved overall but remains suboptimal.



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