

Cholesterol Quick Tips



In all individuals, emphasize a heart-healthy lifestyle across the life course.



In patients with clinical atherosclerotic cardiovascular disease (ASCVD), reduce low-density lipoprotein cholesterol (LDL-C) with high-intensity statin therapy or maximally tolerated statin therapy.



In very high-risk ASCVD, use an LDL-C threshold of 70 mg/dL (1.8 mmol/L) to consider addition of non-statins to statin therapy.



Assess adherence and percentage response to LDL-C-lowering medications and lifestyle changes with repeat lipid measurement 4 to 12 weeks after statin initiation or dose adjustment, repeated every 3 to 12 months as needed.

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The American Heart Association's Check. Change. Control. Cholesterol.™ Initiative is supported by Amgen. **The 2018 Guideline on the Management of Blood Cholesterol: A Report of the American College of Cardiology/American Heart Association Task Force on Clinical Practice Guidelines** has important implications for the treatment of more than 121 million adults in the United States who have some form of cardiovascular disease.

REFERENCES

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American Heart Association.

SECONDARY PREVENTION

CLINICIAN POCKET GUIDE

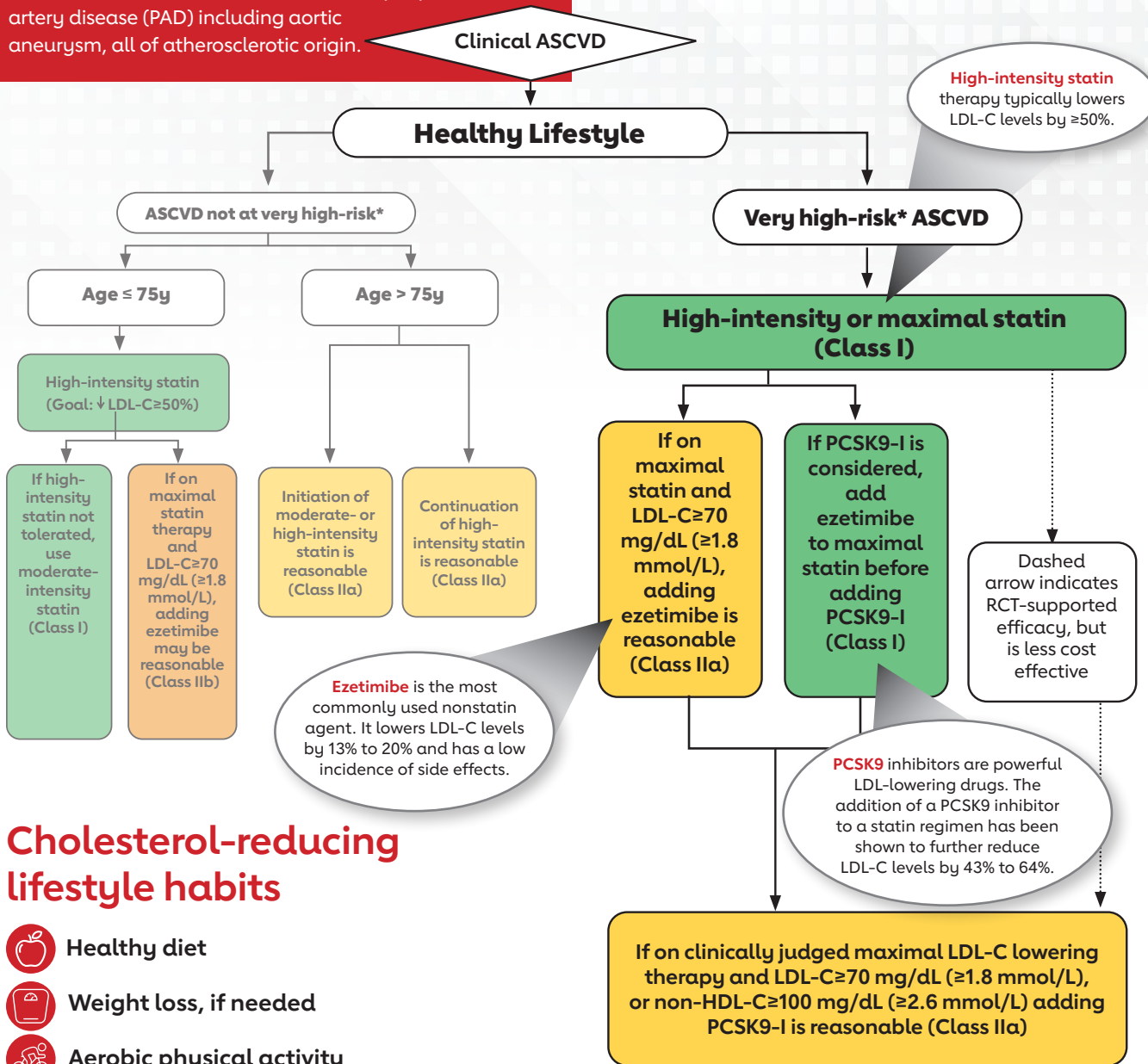
Managing Blood Cholesterol in Patients at Very High Risk for Future ASCVD Events

Patients with a history of multiple major ASCVD events or one major ASCVD event and multiple high-risk conditions are considered **very high-risk** for future ASCVD events.

About 43% of patients with atherosclerotic cardiovascular disease (ASCVD) are considered "very high-risk," based on the **2018 American Heart Association/American College of Cardiology cholesterol guideline**. Doctors should look beyond traditional statin therapy to lower blood cholesterol in high-risk patients who may have already had a stroke, have coronary heart disease or who have very high cholesterol.

Clinical atherosclerotic cardiovascular disease (ASCVD) includes acute coronary syndrome (ACS), those with history of myocardial infarction (MI), stable or unstable angina or coronary or other arterial revascularization, stroke, transient ischemic attack (TIA), or peripheral artery disease (PAD) including aortic aneurysm, all of atherosclerotic origin.

Refer to Table 2 of the 2018 AHA/ACC Cholesterol Guideline for additional Class of Recommendation and Level of Evidence information.



The **2018 AHA/ACC Cholesterol Guideline** outlines recommendations for the diagnosis, treatment, and monitoring of adults at very high-risk for future ASCVD events. (See companion pocket guide for Primary Prevention: Treatment of High Blood Cholesterol.)

Major ASCVD events include:

- Recent ACS, acute coronary syndrome (within the past 12 months)
- History of MI, myocardial infarction (other than recent ACS event)
- History of ischemic stroke
- Symptomatic peripheral artery disease (history of claudication with ABI, ankle-brachial index, of <0.85 or previous revascularization or amputation).

High-risk conditions include:

- Age ≥ 65 years
- Heterozygous familial hypercholesterolemia
- History of prior coronary artery bypass surgery or percutaneous coronary intervention outside of the major ASCVD event(s)
- Diabetes mellitus
- Hypertension
- CKD, chronic kidney disease (eGFR 15-59 mL/min/1.73m²)
- Current smoking
- Persistently elevated LDL-C (LDL-C ≥ 100 mg/dL [≥ 2.6 mmol/L]) despite maximally tolerated statin therapy and ezetimibe
- History of congestive heart failure

Cholesterol-reducing lifestyle habits

- Healthy diet
- Weight loss, if needed
- Aerobic physical activity
- Tobacco cessation, if needed
- Moderation of alcohol consumption

* Very high-risk includes a history of multiple major ASCVD events or one major ASCVD event and multiple high-risk conditions.