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.

**REFERENCES**

1. Heart Disease and Stroke Statistics 2020 Update.

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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.

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 arterial 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.