

Guideline Summary and Secondary Prevention Recommendations – Page 1

The 2018 AHA/ACC Cholesterol Treatment Guideline was endorsed by the NLA and nine other societies who made key contributions. Overall, it offers an evidence-based and patient-centered approach to the assessment and treatment of ASCVD risk: It recommends intensive LDL lowering for ‘very high risk’ ASCVD patients, supports statin therapy in primary prevention when 10-Year ASCVD Risk is 5% to <7.5% if LDL-C is 160-189 mg/dl and ‘risk enhancing factors’ are present, and endorses the use of CAC scoring for reclassifying risk when indecision exists. Key points and algorithms with color-coded Classes of Recommendation are shown below and on Page 2.

- **Diet and lifestyle remain the foundation of risk reduction** – Patients should be counseled to follow an anti-atherogenic diet of fruits and vegetables, whole grains, legumes, nuts, lean proteins, and liquid vegetable oils, that is low in added sugars and sodium, and to avoid tobacco and engage in regular exercise.
- **In Secondary prevention, very high risk ASCVD patients are treated intensively - See Algorithm + Table**
 - **In ASCVD With Very High Risk** [when >1 Major ASCVD Event OR 1 Major ASCVD Event + Multiple High Risk Conditions are present, as per Table], a high-intensity statin to lower LDL-C by $\geq 50\%$ is recommended. If LDL remains ≥ 70 mg/dl, ezetimibe and, if needed, a PCSK9 inhibitor, should be considered.
 - **In ASCVD Without High Risk features**, recommendations are for a high intensity statin to lower LDL-C by $\geq 50\%$ in those ≤ 75 years, and for either a high or moderate intensity statin in those over age 75.

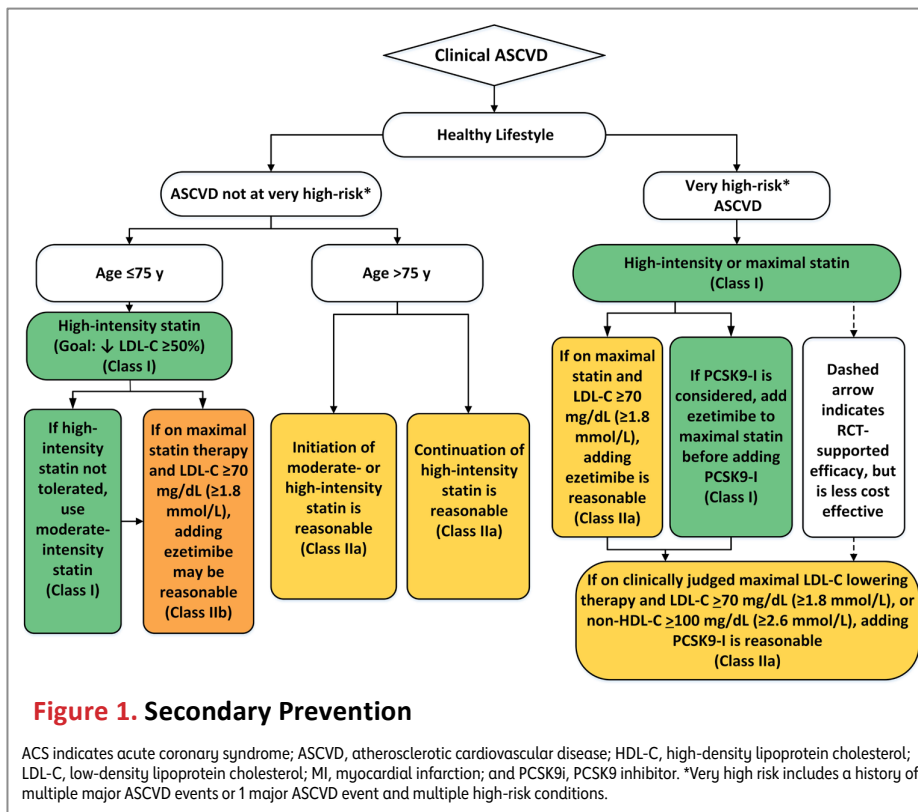


Figure 1. Secondary Prevention

ACS indicates acute coronary syndrome; ASCVD, atherosclerotic cardiovascular disease; HDL-C, high-density lipoprotein cholesterol; LDL-C, low-density lipoprotein cholesterol; MI, myocardial infarction; and PCSK9i, PCSK9 inhibitor. *Very high risk includes a history of multiple major ASCVD events or 1 major ASCVD event and multiple high-risk conditions.

Definition of Very High Risk ASCVD >1 Major ASCVD Event

- Recent ACS (within past 12 months)
- History of MI (other than recent ACS above)
- History of ischemic stroke
- Symptomatic PAD (claudication with ABI < 0.85 or previous revascularization or amputation)

Or

1 Major Event + >1 High Risk Conditions

- Age ≥ 65 years
- Familial hypercholesterolemia
- Prior CABG or PCI outside of the major ASCVD event
- Diabetes mellitus
- Hypertension
- CKD (eGFR 30-59 ml/min/1.73 m²)
- Current smoking
- Persistently elevated LDL-C ≥ 100 mg/dl (≥ 2.6 mmol/L) despite maximally tolerated statin therapy and ezetimibe
- History of congestive HF

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