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2018 AHA/ACC/AACVPR/AAPA/ABC/ACPM/ADA/AGS/APhA/ASPC/NLA/PCNA Guideline on the Management of Blood Cholesterol

A Report of the American College of Cardiology/American Heart Association Task Force on Clinical Practice Guidelines

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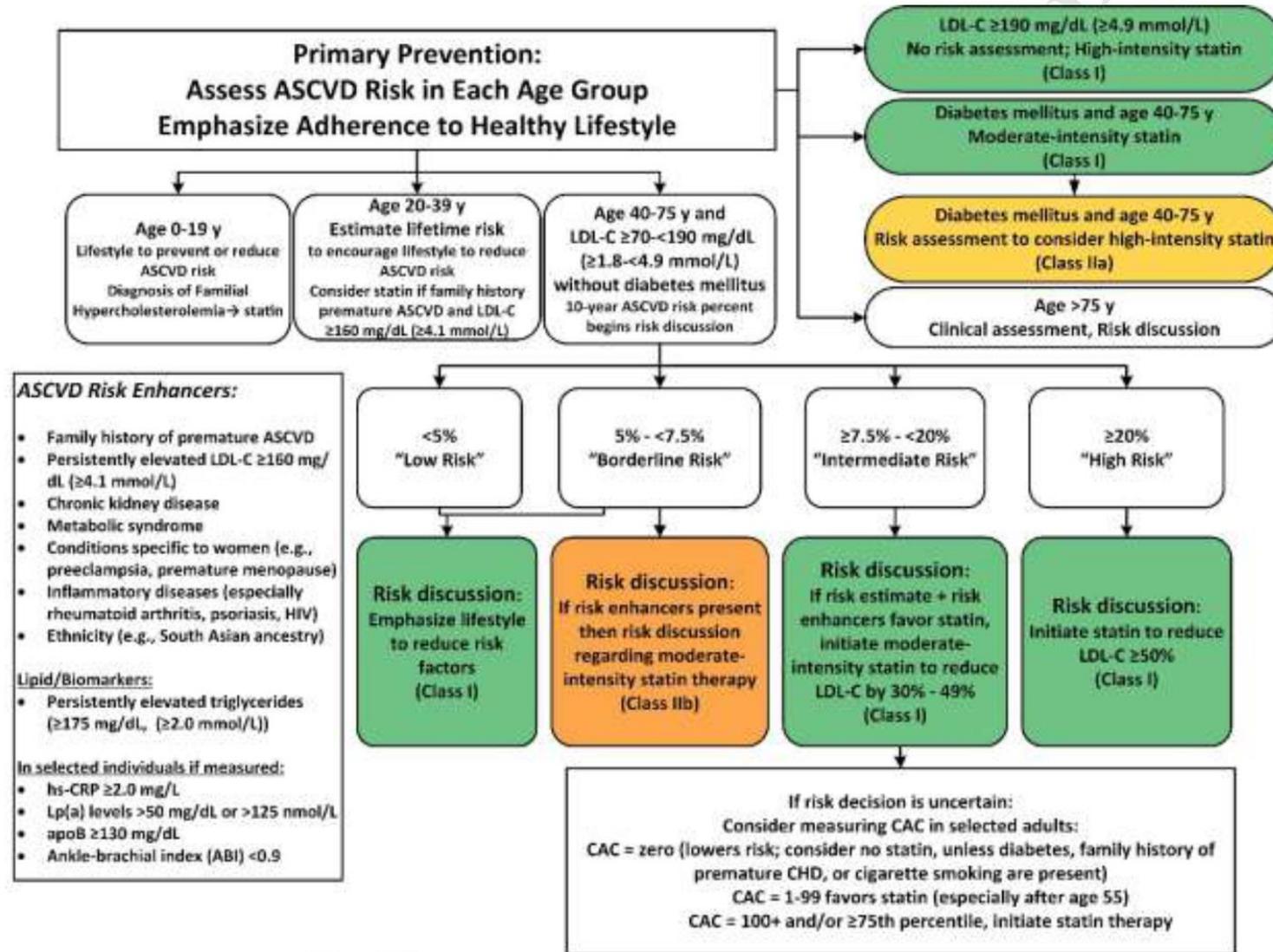
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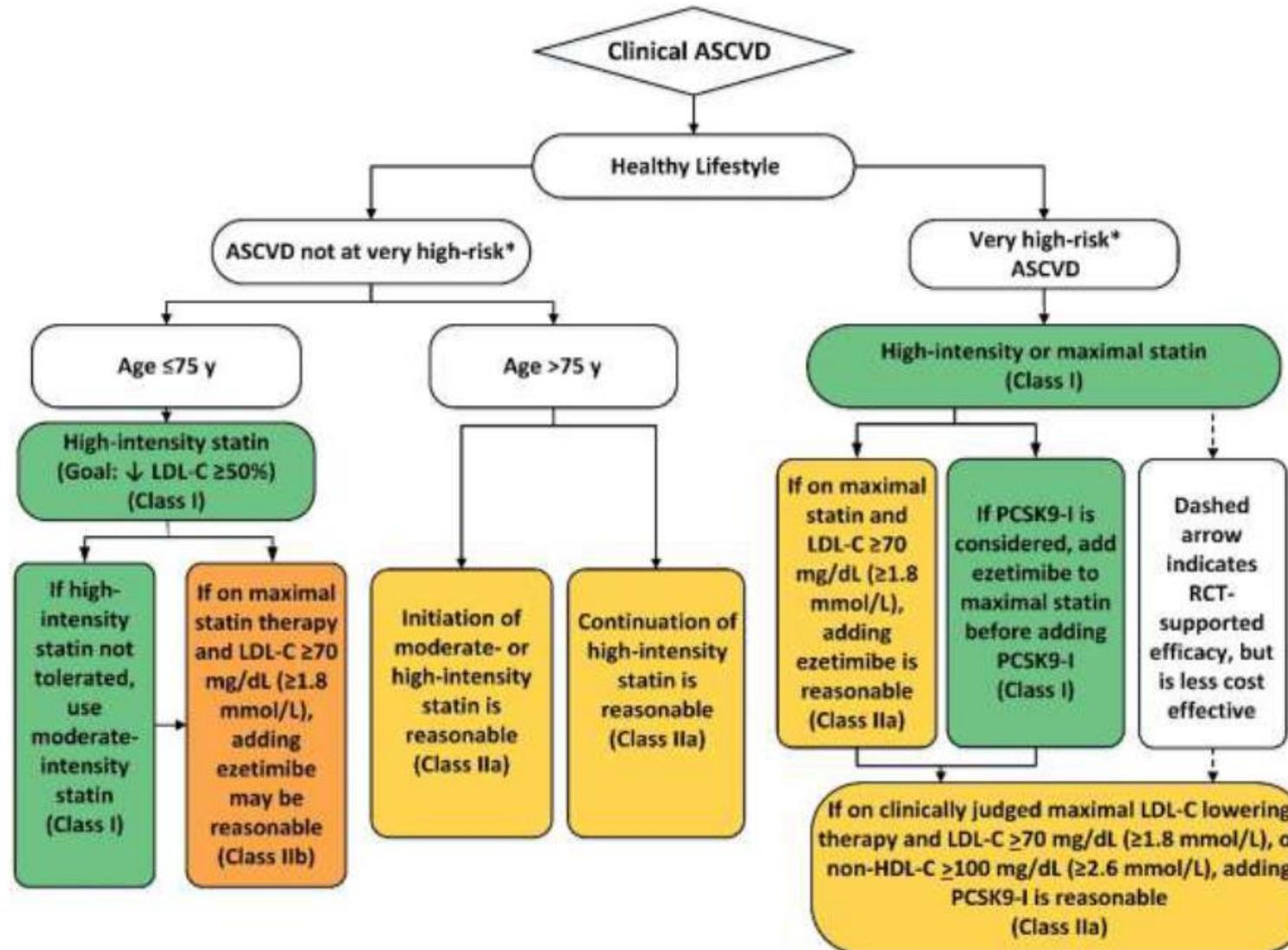
Top 10 Take-Home Messages to Reduce Risk of Atherosclerotic Cardiovascular Disease Through Cholesterol Management

- 1. In all individuals, emphasize a heart-healthy lifestyle across the life course.**
- 2. In patients with clinical ASCVD, reduce low-density lipoprotein cholesterol (LDL-C) with high-intensity statin therapy or maximally tolerated statin therapy.**
- 3. In very high-risk ASCVD, use a LDL-C threshold of 70 mg/dL (1.8 mmol/L) to consider addition of nonstatins to statin therapy.**
- 4. In patients with severe primary hypercholesterolemia (LDL-C level ≥ 190 mg/dL [≥ 4.9 mmol/L]), without calculating 10-year ASCVD risk, begin high-intensity statin therapy without calculating 10-year ASCVD risk.**
- 5. In patients 40 to 75 years of age with diabetes mellitus and LDL-C ≥ 70 mg/dL (≥ 1.8 mmol/L), start moderate-intensity statin therapy without calculating 10-year ASCVD risk.**
- 6. In adults 40 to 75 years of age evaluated for primary ASCVD prevention, have a clinician–patient risk discussion before starting statin therapy.**
- 7. In adults 40 to 75 years of age without diabetes mellitus and with LDL-C levels ≥ 70 mg/dL (≥ 1.8 mmol/L), at a 10-year ASCVD risk of $\geq 7.5\%$, start a moderate-intensity statin if a discussion of treatment options favors statin therapy.**
- 8. In adults 40 to 75 years of age without diabetes mellitus and 10-year risk of 7.5% to 19.9% (intermediate risk), risk-enhancing factors favor initiation of statin therapy (see No. 7).**
- 9. In adults 40 to 75 years of age without diabetes mellitus and with LDL-C levels ≥ 70 mg/dL–189 mg/dL (≥ 1.8 –4.9 mmol/L), at a 10-year ASCVD risk of $\geq 7.5\%$ to 19.9%, if a decision about statin therapy is uncertain, consider measuring CAC.**
- 10. 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.**

Primary Prevention



Secondary Prevention in Patients With Clinical ASCVD



Cost-Effectiveness Analysis for PCSK9 Inhibitors

