

Summary of 2013 AHA/ACC Cholesterol Treatment Guidelines – A Flowchart Summary

Clinical ASCVD

Patients 21-75 years old with ACS, prior MI, stable/unstable angina, prior coronary or arterial revascularization, stroke, TIA, or peripheral arterial disease presumed to be atherosclerotic. Incidental findings of coronary artery calcification, atherosclerosis of the aorta, or AAA are not considered clinical ASCVD.

No

LDL \geq 190 mg/dL and age 40-75y?

No

Diabetes, LDL 70-189 mg/dL, and age 40-75y?

No

10 year ASCVD risk \geq 7.5% and LDL 70-189 mg/dL?

No

10 year ASCVD risk $<$ 7.5% but \geq 5.0% & LDL 70-189 mg/dL?

Patients >75 years old

- RCT evidence does support the continuation of statins beyond 75 years of age in persons already on one
- Data supports the use of moderate-intensity statin therapy for secondary prevention in individuals with clinical ASCVD >75 years of age
- Current data does not support the Initiation of statins for primary prevention of ASCVD in individuals >75 years of age. Consideration of increasing comorbidities, safety considerations, and priorities of care in addition to clinical judgment should apply.

Levels of evidence: **A, B, C, E (expert opinion)**

Yes

High Dose Statin (A)

Atorvastatin 40-80 mg or Rosuvastatin 20-40 mg with the aim to reduce LDL-C by $>$ 50 % in 4-12 weeks **(E)**

Yes

High Dose Statin (B)

Atorvastatin 40-80 mg or Rosuvastatin 20-40 mg with the aim to reduce LDL-C by $>$ 50 % in 4-12 weeks

Yes

10 year ASCVD risk \geq 7.5%?

Yes

High Dose Statin (E)

No

Moderate Dose Statin (A)

Atorvastatin 10-20mg, Rosuvastatin 5-10 mg, Pravastatin 40-80 mg, Simvastatin 20-40 mg, etc, with the aim to reduce LDL by 30-50% in 4-12 weeks

Yes

Moderate to High Dose Statin (A)

Consider additional risk factors (below) to help decide potency

Yes

Clinician Thought (C)

Additional factors that may lead to benefit from statin or more intensive lifestyle modification:

- High lifetime ASCVD risk (included in calculator) but 10 year ASCVD risk \leq 7.5%
- American Indian patients have ASCVD risks higher than Whites, while Hispanic and Asian patients have a lower risk of ASCVD. These are not accounted for by the calculator
- Family history of early CVD (M $<$ 55 or F $<$ 65), ABI \leq 0.9, hsCRP $>$ 2.0, or Coronary Calcium Score $>$ 75th percentile all put patients at an increased risk

Discussion with Patient

- Risks (0.1-0.3 cases of diabetes/100 patients treated with statin) vs. benefits (ASCVD risk reduction) vs. alternatives (exercise, diet, smoking cessation, meds)
- Patient preferences and likeliness to adhere

ACC/AHA ASCVD Calculator:

<http://tools.cardiosource.org/ASCVD-Risk-Estimator/>
<http://clinicalc.com/Cardiology/ASCVD/PooledCohort.aspx>

Summary of 2013 AHA/ACC Cholesterol Treatment Guidelines – Abbreviated by Statin Category

Levels of evidence: **A, B, C, E (expert opinion)**

High Dose Statin

- Clinical atherosclerotic disease and age 21-75 (includes MI or angina syndrome, prior arterial revascularization, CVA/TIA, PAD) **(A)**
- LDL > 190, age 40-75 **(B)**

Moderate OR High Dose Statin

- Diabetes, age 40-75
 - High dose if 10yr ASCVD risk > 7.5% **(E)**
 - Moderate dose if 10yr ASCVD risk < 7.5% **(A)**
- 10yr ASCVD risk > 7.5% and LDL 70-190 **(A)**

Clinical judgement

- 10yr ASVCD risk 5-7.5% and LDL 70-190 **(C)**

ACC/AHA ASCVD Calculators:

- <http://tools.cardiosource.org/ASCVD-Risk-Estimator/>
- [http://clincalc.com/Cardiology/ASCVD/PooledCohort.a
spx](http://clincalc.com/Cardiology/ASCVD/PooledCohort.aspx)