Cholesterol Management in Primary Care

- Aspirin when appropriate
- Blood pressure control
- Cholesterol management
- Smoking cessation
Aggressive cholesterol management for patients at highest risk of atherosclerotic cardiovascular disease (ASCVD)

Patients with existing disease or major risk factors should be prescribed statins unless contraindicated.

<table>
<thead>
<tr>
<th>High Risk Groups</th>
<th>High-intensity statin</th>
<th>Moderate-intensity statin</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prior ASCVD</td>
<td>$\leq$ 75 y</td>
<td>$&gt; 75$ y</td>
</tr>
<tr>
<td>LDL-C $\geq$ 190mg/dL</td>
<td>YES</td>
<td>If not a candidate for high-intensity statin</td>
</tr>
<tr>
<td>Diabetes</td>
<td>$\geq$ 7.5%</td>
<td>$&lt; 7.5$%</td>
</tr>
<tr>
<td>LDL-C 70-189mg/dL, Age 40-75 y</td>
<td>Estimated 10-y ASCVD risk</td>
<td>Estimated 10-y ASCVD risk</td>
</tr>
</tbody>
</table>

Intensity level definitions for commonly used statins

<table>
<thead>
<tr>
<th>High-intensity statins</th>
<th>Moderate-intensity statins</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lowers LDL by $\geq 50%$</td>
<td>Lowers LDL by 30-50%</td>
</tr>
<tr>
<td>Atorvastatin 40-80 mg</td>
<td>Atorvastatin 10-20 mg</td>
</tr>
<tr>
<td>Rosuvastatin 20-40 mg</td>
<td>Rosuvastatin 5-10 mg</td>
</tr>
<tr>
<td></td>
<td>Simvastatin 20-40 mg</td>
</tr>
<tr>
<td></td>
<td>Pravastatin 40-80 mg</td>
</tr>
</tbody>
</table>
Prescribing statins for primary prevention based on CV risk

While prior guidelines focused on LDL targeting, the **ASCVD approach** uses patient risk to guide treatment. The calculator is derived from a racially diverse cohort, and its outcomes are “hard” CV endpoints that patients care about.

For interactive calculators, up-to-date statistics, and more information on this initiative, visit our website: [http://ophic.ouhsc.edu/rpr](http://ophic.ouhsc.edu/rpr)

*ASCVD Calculator*

*Reynolds Risk Score*

*Framingham Risk Score (ATP-III calculator)*

*Framingham Risk Score (Global CVD)*

Patient characteristics can predict the risk of CV events. Several other validated tools can help identify patients most likely to benefit from cholesterol treatment.

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*Healthy Hearts for Oklahoma (H2O)*

Lifestyle modification remains a critical component of health promotion and **ASCVD risk reduction**, both prior to and in concert with the use of cholesterol-lowering drug therapies.
Determining treatment based on ASCVD risk score

- Age <40 or >75 y and LDL-C <190 mg/dL
  -> Clinician-Patient Discussion

- <5% 10-y ASCVD risk
  -> Reevaluate Periodically

- 5% to <7.5% 10-y ASCVD risk (Moderate-intensity statin)
  -> Initiate Statin Treatment
    - Reinforce Lifestyle
    - Monitor Adherence

- ≥7.5% 10-y ASCVD risk (Moderate or high-intensity statin)

Non-statins for cholesterol treatment

Ezetimibe lowers LDL, but has limited hard endpoint data. **Reserve its use for patients unable to take a statin.**

PCSK9 inhibitors are injectable agents that reduce LDL dramatically, but their role is not yet clear. **Statins should remain the first choice.**

References