



2013 ACC/AHA GUIDELINE ON THE TREATMENT OF BLOOD CHOLESTEROL TO REDUCE ATHEROSCLEROTIC CARDIOVASCULAR RISK IN ADULTS

5

POINTS TO REMEMBER

1 Four Statin Benefit Groups



Individuals with **clinical atherosclerotic cardiovascular disease (ASCVD)**

– acute coronary syndromes, or a history of myocardial infarction, stable or unstable angina, coronary or other arterial revascularization, stroke, TIA, or peripheral arterial disease presumed to be of atherosclerotic origin – without New York Heart Association (NYHA) class II-IV heart failure or receiving hemodialysis.



Individuals with primary elevations of low-density lipoprotein cholesterol (LDL-C) ≥ 190 mg/dL.



Individuals 40-75 years of age with diabetes, and LDL-C 70-189 mg/dL without clinical ASCVD.



Individuals without clinical ASCVD or diabetes, who are 40-75 years of age with LDL-C 70-189 mg/dL, and have an estimated 10-year ASCVD risk of 7.5% or higher.

2 Individuals in the fourth group can be identified by using the new Pooled Cohort Equations for ASCVD risk prediction, developed by the Risk Assessment Work Group.



3 Lifestyle modification (i.e., adhering to a heart healthy diet, regular exercise habits, avoidance of tobacco products, and maintenance of a healthy weight) 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.

4 There is **no evidence** to support **continued use of specific LDL-C and/or non-high-density lipoprotein cholesterol (non-HDL-C) treatment targets**. It's important to have a **physician-patient discussion** about risk before the statin is prescribed for those who have $\geq 7.5\%$ risk.



5 This guideline recommends use of the **new Pooled Cohort Equations** to estimate 10-year **ASCVD risk** in both **white and black men and women**.

