VA/DoD CLINICAL PRACTICE GUIDELINE

Management of Dyslipidemia for Cardiovascular Risk Reduction

KEY ELEMENTS OF THE DYSLIPIDEMIA GUIDELINE

» Patients who are interested in CVD risk reduction should be screened for dyslipidemia. *(Pages 18-19)*

» For CVD risk screening, patient does not need to fast for initial lab testing. *(Pages 18-19)*

» CVD risk can be estimated using one of several risk calculators. *(Pages 19-21)*

» Recommend that all patients adopt non-pharmacologic, healthy lifestyle choices. *(Pages 35-39)*

» Use of a moderate dose statin is the recommended pharmacological approach to reducing CVD risk. *(Pages 22-25, 29-32)*

» Use shared decision making with patients who have 10 year CVD risk of 6-12% who are contemplating pharmacological treatment (primary prevention). *(Pages 22-23)*

» Recommend a moderate dose statin to all patients who have 10-year CVD risk of 12% or greater (and for secondary prevention). *(Pages 22-23)*

» Consider a high dose statin for patients with ACS or with very high 10 year CVD risk. *(Pages 29-32)*

» Remain vigilant for possible statin related adverse drug events in all patients. *(Pages 22-23, 80-84)*

» There is limited value in adding non-statin medications to the drug regimen of patients already on a moderate dose statin. *(Pages 32-34)*

Access to full guideline and toolkit:
http://www.healthquality.va.gov or,
https://www.qmo.amedd.army.mil
December 2014
**Algorithm: Management of Dyslipidemia**

1. **Men >35, women > 45 or any patient with ASCVD**

2. **Does patient have:**
   - CHF (EF<35% & NYHA Class>1), or
   - ESRD on Dialysis, or
   - Life expectancy < 5 years?

   **Yes**
   - **Exit algorithm**
   - Discuss treatment benefit with patient

   **No**
   - **3.** Does patient have a history of ASCVD or ACS?

   **Yes**
   - **4.** Recent ACS or recurrent ASCVD?

     **Yes**
     - **5.** Advise moderate dose statin
     - Consider titrating to high dose as tolerated

     **No**
     - **6.** Calculate 10-year CVD risk:
       - Measure lipids,
       - Measure blood pressure,
       - Assess risk factors for CVD and medications

     **7.** 10-year CVD risk >12%, or LDL-C ≥ 190, or DM with HTN or smoking?

       **Yes**
       - **8.** Advise moderate dose statin
       - Consider titrating to high dose as tolerated

       **No**
       - **9.** Shared decision making results in statin initiation or continuation?

         **Yes**
         - **10.** **10 - year CVD risk 6 - 12%**

         **No**
         - **11.** **Positive lifestyle changes:**
           - (Smoking, diet & exercise)
           - Optimize comorbid conditions

         **12.** **Repeat CVD risk evaluation:**
           - If 6-12% risk every 2 years
           - If < 6% risk every 5 years

         **13.** Mediterranean diet plus positive lifestyle changes

         **14.** Routine monitoring and follow-up, including for adverse drugs effects

   **No**
   - **5.** Advise moderate dose statin

**ASCVD AND EQUIVALENTS**

**Any of the following:**
- All ACS or MI
- CABG or PCI
- Stable obstructive CAD (stable symptoms of angina or equivalent)
- CVS or TIA
- Atherosclerotic PVD (claudication or AAA)

Does not include asymptomatic atherosclerosis (CAC, exercise test, IMT, ABI, brachial reactivity)

**Statin Dose**

<table>
<thead>
<tr>
<th>Statin Dose (by 10-yr CVD Risk)</th>
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<tbody>
<tr>
<td>10-yr Risk</td>
</tr>
<tr>
<td>ASCVD (2nd Prevention)</td>
</tr>
<tr>
<td>&gt; 12%</td>
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<tr>
<td>6 - 12% (with SDM)</td>
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<tr>
<td>&lt;6%</td>
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**Statin Dose**

<table>
<thead>
<tr>
<th>Generic</th>
<th>Moderate</th>
<th>High</th>
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</thead>
<tbody>
<tr>
<td>Atorvastatin</td>
<td>10-20</td>
<td>40-80</td>
</tr>
<tr>
<td>Simvastatin</td>
<td>20-40</td>
<td>-</td>
</tr>
<tr>
<td>Pravastatin</td>
<td>40</td>
<td>-</td>
</tr>
<tr>
<td>Lovastatin</td>
<td>40-80</td>
<td>-</td>
</tr>
<tr>
<td>Fluvastatin</td>
<td>80 (80XLQD or 40BID)</td>
<td>-</td>
</tr>
<tr>
<td>Brand:</td>
<td>Rosuvastatin</td>
<td>5-10</td>
</tr>
</tbody>
</table>

In patients unable to tolerate appropriate mod-hi dose statin according to their risk, use the highest tolerable statin dose as treatment option.

AAA—abdominal aortic aneurysm; ABI—ankle brachial index; ACS—acute coronary syndrome; ASCVD—atherosclerotic cardiovascular disease; BID—twice a day; BP—blood pressure; CABG—coronary artery bypass; CAC—coronary artery calcium; CAD—coronary artery disease; CHF—chronic heart failure; CVA—cerebrovascular accident; DM—diabetes mellitus; EF—ejection fraction; ESRD—end stage renal disease; IMT—intimal medial thickness; LE—life expectancy; LFT—liver function tests; MI—myocardial infarction; Mod—Hi—moderate to high; NYHA—New York Heart Association; PCI—percutaneous coronary intervention; PVD—peripheral vascular disease; RF—risk factors; SDM—shared decision making; TIA—transient ischemic attack