Algorithm

1. Men >35 and women >45 and all patients with ASCVD [A]
2. Does patient have CHF (EF<35% and NYHA Class >1), ESRD and on dialysis, or LE<5 years? [B]
   - Y: Exit algorithm: Discussion with provider [B]
   - N: History of ASCVD or ACS [C]
3. Recent ACS or recurrent ASCVD [C]
   - Y: Advise moderate dose statin, consider titrating to high dose as tolerated [E]
   - N: Calculate 10-year CVD risk:
     Measure lipids, BP
     Assess RFs and medications [D]
   - Y: Advise moderate dose statin [E]
   - N: 10-year risk >12% or LDL-C>190 or DM with hypertension or smoking [F]
   - Y: Shared decision making results in statin initiation or continuation [E]
   - N: 10-year risk 6-12% [G]
   - Y: Mediterranean diet plus positive lifestyle changes [H]
4. History of ASCVD or ACS [C]
   - N: Recent ACS or recurrent ASCVD [C]
5. Recent ACS or recurrent ASCVD [C]
   - Y: Advise moderate dose statin, consider titrating to high dose as tolerated [E]
   - N: Calculate 10-year CVD risk:
     Measure lipids, BP
     Assess RFs and medications [D]
   - Y: Advise moderate dose statin [E]
   - N: 10-year risk >12% or LDL-C>190 or DM with hypertension or smoking [F]
   - Y: Shared decision making results in statin initiation or continuation [E]
   - N: 10-year risk 6-12% [G]
   - Y: Mediterranean diet plus positive lifestyle changes [H]
   - N: Repeat CVD risk evaluation:
     6-12%, every 2yrs
     <6%, every 5yrs [G]

Management of Dyslipidemia

ASCVD and Equivalents
- All ACS/MI
- CABG/PCI
- Stable obstructive CAD (stable symptoms of angina or equivalent)
- CVA/TIA
- Atherosclerotic PVD (claudication or AAA)

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

Statin Dose (by 10-yr CVD Risk)

10-yr risk Statin Dose
>12% Mod-Hi
6-12% (with SDM) Mod
<6% None

Drug Doses

Generic:
- Atorvastatin 10-20mg 40-80mg
- Simvastatin 20-40mg
- Pravastatin 40mg
- Lovastatin 40-80mg
- Fluvastatin 80mg
- (80mg XL QD or 40mg BID)

Brand:
- Rosuvastatin 5-10mg 20-40mg

In patients unable to tolerate appropriate mod-hi dose statin according to their risk, then the highest tolerable statin dose is an 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 graft; CAC – coronary artery calcium; CAD – coronary artery disease; CHF – chronic heart failure; CVA – cerebral vascular accident; DM – diabetes mellitus; EF – ejection fraction; ESRD – end stage renal disease; IMT – intimal medial thickness; LE – life expectancy; LDL-C – low density lipoprotein cholesterol; MI – myocardial infarction; Mod – Hi – moderate to high; NYHA – New York Heart Association; PCI – percutaneous coronary intervention; PVD – peripheral vascular disease; QD – once a day; RF – risk factors; SDM – shared decision making; TIA – transient ischemic attack
Card 1, Side 2
http://www.healthquality.va.gov/guidelines/CD/lipids/

Key points from this guideline

1. Patients who are interested in CVD risk reduction should be screened for dyslipidemia. Pages 18-19
2. For CVD risk screening, patient does not need to fast for initial lab testing. Pages 18-19
3. CVD risk can be estimated using one of several risk calculators. Pages 19-21
4. Recommend that all patients adopt non-pharmacologic, healthy lifestyle choices. Pages 35-39
5. Use of a moderate dose statin is the recommended pharmacological approach to reducing CVD risk. Pages 22-25, 29-32
6. 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
7. 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
8. Consider a high dose statin for patients with ACS or with very high 10 year CVD risk. Pages 29-32
9. Remain vigilant for possible statin related adverse drug events in all patients. Pages 22-23, 80-84
10. There is limited value in adding non-statin medications to the drug regimen of patients already on a moderate dose statin. Page 32-34