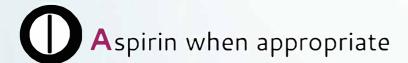
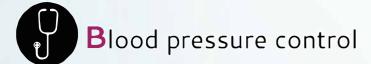
Cholesterol Management in Primary Care











Healthy Hearts for Oklahoma (H2O)

The Oklahoma Cooperative for AHRQ's





This document was produced by the National Resource Center for Academic Detailing (NaRCAD), supported by a grant from the Agency for Healthcare Research and Quality. These are general recommendations only; specific clinical decisions should be made by the treating physician based on an individual patient's clinical condition. Authors: Jennifer Lewey, MD, Stephen Braun, Michael Fischer, MD, MS, Arielle Mather, MPH.

Statin benefits for patients with coronary artery disease^{1,2}





Reduction in all major cardiovascular events

Manage cholesterol aggressively for patients at highest risk of atherosclerotic cardiovascular disease (ASCVD)³

Patients at highest risk should be prescribed statins unless contraindicated.

High Risk Groups	High-intensity statin	Moderate- intensity statin
Prior ASCVD	≤ 75 y	> 75 y
LDL-C ≥ 190mg/dL	YES	If not a candidate for high-intensity statin
Diabetes LDL-C 70-189mg/dL, Age 40-75 y	≥ 7.5% Estimated 10-y ASCVD risk	< 7.5% Estimated 10-y ASCVD risk
ASCVD risk ≥ 7.5%	Either high or moderate intensity (based on clinical factors)	

Intensity level definitions for commonly used statins³

High-intensity statins
Lower LDL by ≥ 50%

Atorvastatin 40-80 mg

Rosuvastatin 20-40 mg

Moderate-intensity statins Lower LDL by 30-50%

Atorvastatin 10-20 mg Simvastatin 20-40 mg

Rosuvastatin 5-10 mg Pravastatin 40-80 mg

Prescribing statins for primary prevention based on CV risk

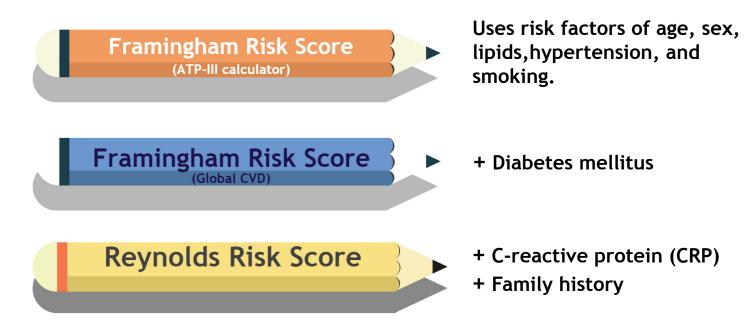
The 2013 ACC/AHA ASCVD risk calculator is the most recent tool for assessing patients' risk of CV endpoints. While prior guidelines focused on LDL targeting, the **ASCVD approach** uses patient risk to guide treatment. The calculator incorporates race into the risk assessment, and outcomes are "hard" CV endpoints that patients care about.³

For interactive calculators, up-to-date statistics, and more information on this

initiative, visit our website: http://ophic.ouhsc.edu/rpr

ASCVD Calculator

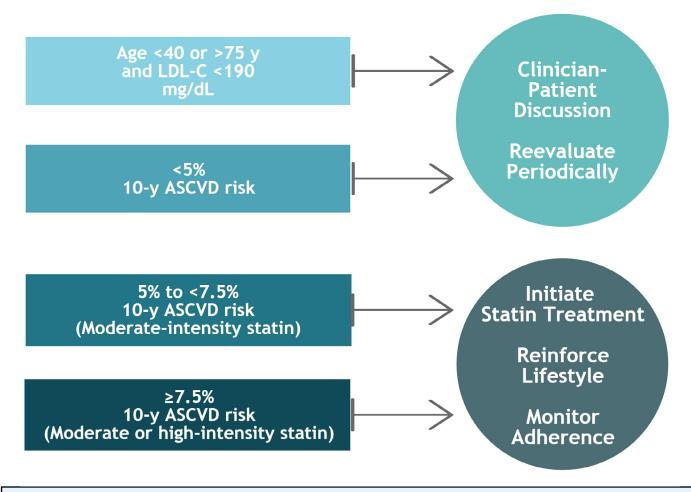
Several other validated tools can be used to identify patients most likely to benefit from cholesterol treatment.^{4,5,6}





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



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.8 Statins should remain the first choice.

References

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