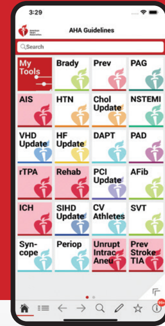
Conducting a detailed risk assessment is an important part of ASCVD prevention. You can find the assessment **online** or within the AHA Guidelines on the Go app on **Google Play** or **Apple's App Store**.



Shared Decision-Making for Initiating Therapy

Before initiating therapy for treatment of elevated blood cholesterol, doctors and their patients should consider these items.

- ☐ **Calculate risk.** Use the 2018 Prevention Guidelines Tool CV Risk Calculator.
- ☐ **Assess lifestyle modifications.**
  - Review lifestyle habits (see inside panel) and emphasize a heart-healthy lifestyle.
  - Provide relevant advice, materials or referrals.
- ☐ **Appraise the net benefit of pharmacotherapy.**
  - Recommend statins as first-line pharmacotherapy.
  - Consider the combination of statin and nonstatin therapy in selected patients.
  - Discuss potential risk reduction from lipid-lowering therapy.
  - Discuss the potential for adverse effects or drug–drug interactions.
- ☐ **Consider cost.** Discuss potential out-of-pocket cost of therapy, given insurance plan coverage, tier level and copayment.
- ☐ **Make a decision together.**
  - Encourage patients to verbalize their understanding of treatment options and risks, ask questions, express values, and state ability to adhere to lifestyle changes and medications.
  - Refer patient to trustworthy materials to aid in their understanding of issues regarding risk decisions.
  - Collaborate to determine therapy and follow-up plan.

The 2018 Guideline on the Management of Blood Cholesterol: A Report of the American College of Cardiology/American Heart Association Task Force on Clinical Practice Guidelines has important implications for the treatment of more than 121 million adults in the United States who have some form of cardiovascular disease.

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PRIMARY PREVENTION

CLINICIAN POCKET GUIDE

Treatment of High Blood Cholesterol

High blood cholesterol contributes to a higher risk for cardiovascular diseases (CVD), such as heart disease and stroke. Nearly half of American adults have some form of CVD, but you can make a difference. Research shows approximately 80% of all cardiovascular disease can be prevented by controlling high blood pressure, diabetes and high cholesterol, along with adopting healthy lifestyle behaviors.

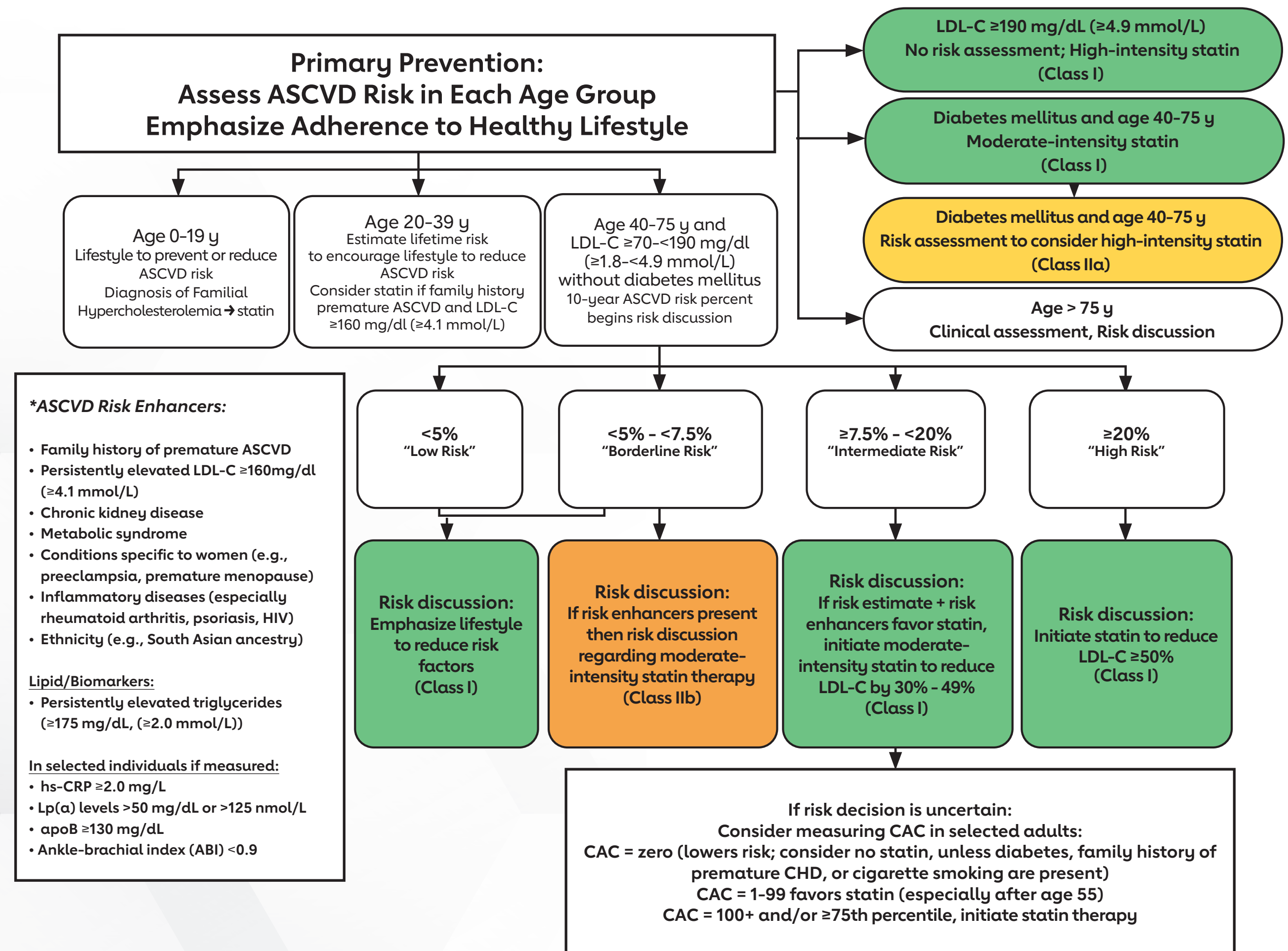
The **2018 AHA/ACC Cholesterol Guideline** outlines recommendations for **primary prevention** of atherosclerotic cardiovascular disease (ASCVD) in all age groups. (See companion pocket guide for Secondary Prevention: Managing Blood Cholesterol in Patients at Very High-Risk for Future ASCVD Events.)

Prevention starts early

Primary prevention of ASCVD requires attention to prevention or management of ASCVD risk factors beginning early in life. In children, adolescents and young adults, priority should be given to estimation of lifetime risk and promotion of lifestyle risk reduction through healthy choices.

Take-home messages to reduce ASCVD risk through cholesterol management (refer to chart for full guidelines)

- In patients with severe primary hypercholesterolemia (LDL-C level ≥190 mg/dL (≥4.9 mmol/L)), begin high-intensity statin therapy without calculating 10-year ASCVD risk.
- In patients 40 to 75 years of age **with** diabetes mellitus and an LDL-C level of ≥70 mg/dL (≥1.8 mmol/L), start moderate-intensity statins without calculating 10-year ASCVD risk.
- In adults 40 to 75 years of age evaluated for primary ASCVD prevention, have a clinician-patient risk discussion before starting statin therapy.
- In adults 40 to 75 years of age **without** diabetes mellitus:
  - if LDL-C levels ≥70 mg/dL (≥1.8 mmol/L) and at a 10-year ASCVD risk of ≥7.5%, start a moderate-intensity statin if a discussion of treatment options favors statin therapy.
  - if at a 10-year risk of 7.5%-19.9% (intermediate risk), risk-enhancing factors* favor initiation of statin therapy.
- Assess adherence and percentage response to LDL-C–lowering medications and lifestyle changes with repeat lipid measurement 4 to 12 weeks after statin initiation or dose adjustment, repeated every 3-12 months as needed.



Lead with lifestyle modification

A healthy lifestyle reduces ASCVD risk at all ages. In younger individuals, healthy lifestyle can reduce development of risk factors and is the foundation of ASCVD risk reduction. In young adults 20 to 39 years of age, an assessment of lifetime risk facilitates the clinician–patient risk discussion and emphasizes intensive lifestyle efforts. In all age groups, lifestyle therapy is the primary intervention for metabolic syndrome.

Encourage Lifestyle Therapies

Follow a heart-healthy diet

Reach and maintain a healthy weight

Avoid tobacco products

Get regular exercise

Moderation of alcohol consumption