How Do I Use the New Cholesterol Guidelines?

Ashley Fort, MPAS, PA-C

I’m still confused by the change in approach to use of statin therapy for cardiovascular disease. How do I determine which patients need statins?

Atherosclerotic cardiovascular disease (ASCVD) is the leading cause of death in adults in the United States. Statins have long been recommended in the management of individuals with ASCVD.

Historically, statin use was guided by an LDL cholesterol (LDL-C) target, per the Adult Treatment Panel (ATP III) guidelines. Therapy was intensified based on whether patients met these targets. Newer guidelines from the American Heart Association/American College of Cardiology (AHA/ACC) base statin therapy not on an LDL-C number but rather on risk stratification that considers several factors.

The AHA/ACC guidelines classify statins as high-, moderate-, or low-intensity. They also identify four major groups in whom the benefits of statin therapy for reducing ASCVD risk outweigh the risks of therapy. These include patients with
1. Clinical ASCVD (eg, coronary heart disease, stroke, transient ischemic attack, or atherosclerotic peripheral arterial disease)
2. Primary elevated LDL-C ≥ 190 mg/dL
3. Diabetes (specifically, in those ages 40-75 with an LDL-C of 70-189 mg/dL)
4. An estimated 10-year ASCVD risk ≥ 7.5%. (A risk calculator can be found at www.cvriskcalculator.com).

Recommended statin regimens for patients meeting these criteria are outlined in the Table (see next page).

These new guidelines significantly increase the number of adults who are eligible for statin therapy. The number of adults ages 60 to 75 without cardiovascular disease who now qualify for statin therapy has substantially increased (from 30% to 87% in men and from 21% to 54% among women). Evidence as to whether expanded use of statins will improve clinical outcomes is still pending. —AF CR

REFERENCES
TABLE
Recommended Statin Regimens for Patients Meeting Criteria for Therapy*  

<table>
<thead>
<tr>
<th>Risk Stratification Group</th>
<th>Medium-intensity Statin</th>
<th>High-intensity Statin</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Clinical ASCVD</strong></td>
<td>Age &gt; 75 or cannot tolerate high-intensity</td>
<td>Age &lt; 75</td>
</tr>
<tr>
<td></td>
<td>Atorvastatin 10-20 mg</td>
<td>Atorvastatin 40-80 mg</td>
</tr>
<tr>
<td></td>
<td>Rosuvastatin 5-10 mg</td>
<td>Rosuvastatin 20-40 mg</td>
</tr>
<tr>
<td></td>
<td>Simvastatin 20-40 mg</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Pravastatin 40-80 mg</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Fluvastatin 80 mg</td>
<td></td>
</tr>
<tr>
<td><strong>LDL ≥ 190 mg/dL</strong></td>
<td>Not recommended</td>
<td>Recommended: see medications above</td>
</tr>
<tr>
<td><strong>Diabetes with LDL 70-189 mg/dL Ages 40-75</strong></td>
<td>10-year risk &lt; 7.5% (see medications above)</td>
<td>10-year risk ≥ 7.5% (see medications above)</td>
</tr>
<tr>
<td><strong>10-year risk ≥ 7.5% Ages 40-75</strong></td>
<td>Clinical decision-making needed (see medications above)</td>
<td>Clinical decision-making needed (see medications above)</td>
</tr>
</tbody>
</table>

* Low-intensity statins are only recommended when the patient cannot tolerate medium-intensity statins.  
Abbreviation: ASCVD, atherosclerotic cardiovascular disease.  

CHALLENGES TO IMPLEMENTATION
All-too-common product  
CS/GC is available OTC and advertised directly to consumers. With this medication so readily available, identifying patients who are taking the supplement and encouraging discontinuation can be a challenge.  

REFERENCES

ACKNOWLEDGEMENT
The PURLs Surveillance System was supported in part by Grant Number U1RR024999 from the National Center For Research Resources, a Clinical Translational Science Award to the University of Chicago. The content is solely the responsibility of the authors and does not necessarily represent the official views of the National Center For Research Resources or the National Institutes of Health.  
Copyright © 2018. The Family Physicians Inquiries Network. All rights reserved.  