Interim revisions to the UMHS Screening and Management of Lipids clinical guideline
7/9/2020

To: Family Medicine, General Internal Medicine, Geriatric Medicine, Cardiology, Ambulatory Pharmacy Services, Residents in Family Medicine and Internal Medicine CC: Hae Mi Choe

Subject: Interim revisions to the UMHS Screening and Management of Lipids clinical guideline

**Background.** UMHS clinical guidelines undergo periodic systematic updates, and occasionally new evidence and consensus about changes in clinical practice result in interim revisions to specific topics within a guideline.

**Screening and Management of Lipids Guideline:**

- Assess ASCVD risk. Table 3 has been updated with additional patient factors that may enhance risk for ASCVD or increase benefit from statin therapy.
- Continue to recommend a healthy lifestyle for all.
- Use statins as the first-line pharmacological treatment. Table 5 shows the four main groups of patients likely to benefit. Choose statin dosing based on % LDL-C reduction: high-intensity statin (≥ 50%), moderate-intensity statin (30–49%).
- Non-statin treatment. If a patient is at very high-risk for ASCVD, on maximally tolerated statin, and LDL-C is ≥ 70 mg/dL, consider adding ezetimibe. If LDL-C remains ≥ 70 mg/dL, consider adding a PCSK9 inhibitor. Information about PCSK9 inhibitors has been added to Table 7.

The updated version of this guideline is now available at [http://www.uofmhealth.org/provider/clinical-care-guidelines](http://www.uofmhealth.org/provider/clinical-care-guidelines). The guidelines can also be accessed through the UMHS Clinical Home Page under Clinical References: FGP Guidelines: Ambulatory / Inpatient.

If you have questions about these revisions or other aspects of the UMHS Ambulatory Care Clinical Guidelines Program, please contact us via email ClinCareGuidelines@med.umich.edu or phone 734-936-9771.

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