May 7, 2014

Memorandum

To: UMHS Physicians, Nurse Practitioners, and Physician Assistants

From: Grant Greenberg MD, MA, MHSA, Guidelines Clinical Lead
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Subject: UMHS Clinical Care Guideline: Screening and Management of Lipids [2014 update]

What’s New!

- **Change in treatment strategy**: moving from previous "treat to target" approach to now focusing on using appropriate intensity statin therapy based on ASCVD risk level

- **Dosing for LDL-C reduction**: high-intensity statin (≥ 50% LDL-C reduction), moderate-intensity statin (30%-50% LDL-C reduction).
  - Clinical ASCVD: age ≤ 75 years = high-intensity; age > 75 years = moderate-intensity
  - LDL-C ≥ 190 mg/dL, age ≥ 21 = high-intensity
  - Diabetes (type 1 or 2) and age 40-75 years with LDL-C 70-189 mg/dL = moderate-intensity; can consider high-intensity if 10-year ASCVD risk ≥ 7.5% (expert opinion)
  - 10-year ASCVD risk ≥ 7.5% and age 40-75 years with LDL-C 70-189 mg/dL, without DM, without clinical ASCVD = moderate-to-high intensity

- **Screening and monitoring**:
  - Obtain a screening lipid profile, either fasting or, for patient convenience, non-fasting to facilitate obtaining baseline data. Abnormal non-fasting screening lipids can go on to have a fasting lipid panel.
  - Monitor with annual lipid profile in order to assess for adherence (rather than to adjust statin dose).

Key Aspects

- **Lipid management is effective and cost-effective** for secondary prevention and in some circumstances for primary prevention.

- **Lifestyle modification is a critical component** of health promotion and ASCVD risk reduction in both primary and secondary prevention

- **Secondary prevention** reduces mortality and CHD/atherosclerotic cardiovascular disease endpoints. All secondary prevention patients should be considered for drug therapy

- **Primary prevention** using lifestyle modifications and, if needed, drug therapy is targeted to patients' individual risk levels

Patient education material.

- Cholesterol