**RISK ASSESSMENT**

**ASCVD Risk Reduction**

**Screen all adults age ≥20 with fasting lipoprotein panel every 5 years**

- **Clinical ASCVD?**
  - yes → **Age ≤75?**
    - yes → Moderate-intensity statin
    - no → no to statin
  - no → LDL-C ≥190 mg/dL?
    - yes → yes to statin
    - no → no to statin

- **LDL-C ≥190 mg/dL?**
  - yes → yes to statin
  - no → Diabetes?
    - yes → yes to statin
    - no → Age 40–75?
      - yes → PRESERVE high-intensity statin
      - no → no to statin

- **Diabetes?**
  - yes → yes to statin
  - no → Age 40–75?
    - yes → 10-year ASCVD risk < 7.5 %
      - PRESERVE high-intensity statin
      - CONSIDER additional treatment as recommended in the CPM
    - no → no to statin
    - no to statin → 10-year ASCVD risk ≥ 7.5 %
      - PRESERVE high-intensity statin
      - CONSIDER additional treatment as recommended in the CPM

- **Age 40–75?**
  - yes → 10-year ASCVD risk < 7.5 %
    - PRESERVE high-intensity statin
    - CONSIDER additional treatment as recommended in the CPM
  - no → no to statin

- **CONSIDER additional factors**
  - yes → yes to statin
  - no → no to statin

**Shared decision on statin use**

- no to statin → • EMPHASIZE lifestyle and MONITOR
  • MANAGE other risk factors

- yes to statin → • EMPHASIZE lifestyle
  • INITIATE statin
  • MONITOR adherence
  • MANAGE other risk factors

*For recommendations based on lifetime risk, including for patients who do not meet the above criteria, refer to the CPM.*
# CV Risk and Cholesterol

## TREATMENT

### Lifestyle change for all patients

- **Heart-healthy diet** to manage LDL-C and, if necessary, BP (DASH, Mediterranean, or Cardiac diet)
- **Weight management**
- **Physical activity**: moderate- to vigorous-intensity activity totaling 150 min/week (about 30 min/day)
- **Smoking cessation**

### Statin therapy

- **Do not prescribe if patient is pregnant or lactating**
- **See CPM for drug interaction cautions**

#### Moderate-intensity statin — Daily dose lowers LDL-C on average by approximately 30% to 50%. Individual responses may vary.

<table>
<thead>
<tr>
<th>Statin</th>
<th>Dosage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Atorvastatin</td>
<td>10 (20) mg</td>
</tr>
<tr>
<td>Simvastatin</td>
<td>20 mg to 40 mg</td>
</tr>
<tr>
<td>Pravastatin</td>
<td>40 (80) mg</td>
</tr>
<tr>
<td>Lovastatin</td>
<td>40 mg</td>
</tr>
<tr>
<td>Fluvastatin XL</td>
<td>80 mg</td>
</tr>
<tr>
<td>Fluvastatin</td>
<td>40 mg bid</td>
</tr>
<tr>
<td>Pitavastatin</td>
<td>2 mg to 4 mg</td>
</tr>
<tr>
<td>Rosuvastatin</td>
<td>10 mg</td>
</tr>
</tbody>
</table>

#### High-intensity statin — Daily dose lowers LDL-C on average by approximately 50% or more. Individual responses may vary.

<table>
<thead>
<tr>
<th>Statin</th>
<th>Dosage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Atorvastatin</td>
<td>(40)–80 mg</td>
</tr>
<tr>
<td>Rosuvastatin</td>
<td>20 (40) mg</td>
</tr>
</tbody>
</table>

### Additional factors / shared decision making

Prior to initiating statin therapy, discuss with patient:

- Additional CV risk factors (LDL-C ≥160 mg/dL, family history, lifetime risk, CKD, ABI, hs-CRP, CAC score)
- Potential for ASCVD risk reduction from statin therapy
- Management of other risk factors
- Role of lifestyle change
- Management of other risk factors
- Risk of pregnancy
- Patient preferences

REVIEW Intermountain’s Statin Decision Guide with patient.


Not intended to replace physician judgment with respect to individual variations and needs.