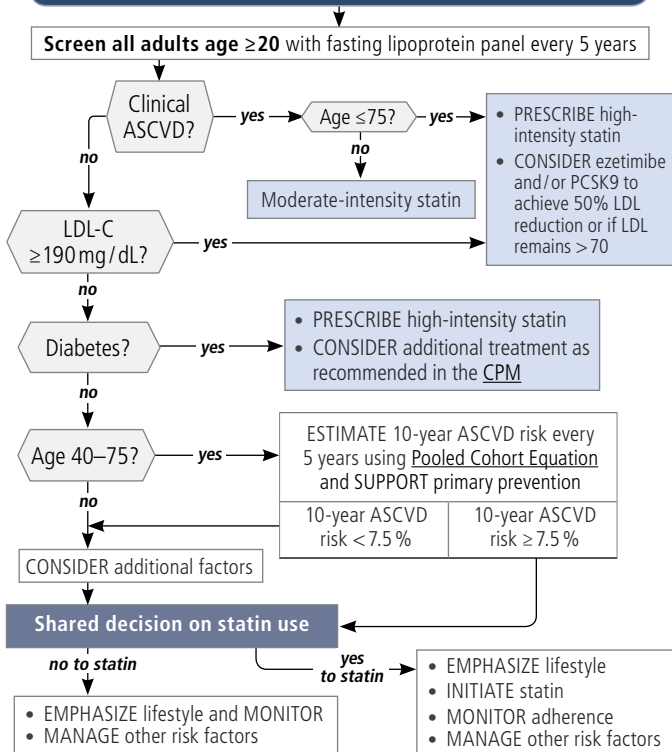


# CV Risk and Cholesterol

Reference Link

## RISK ASSESSMENT

### ASCVD Risk Reduction



For recommendations based on lifetime risk, including for patients who do not meet the above criteria, refer to the CPM.

# CV Risk and Cholesterol

Reference  
Link

## 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.

- **Atorvastatin 10 (20) mg**
- **Simvastatin 20 mg to 40 mg**
- **Pravastatin 40 (80) mg**
- **Lovastatin 40 mg**
- *Fluvastatin XL 80 mg*
- *Fluvastatin 40 mg bid*
- *Pitavastatin 2 mg to 4 mg*
- *Rosuvastatin (5) 10 mg*

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

- **Atorvastatin (40)–80 mg**
- *Rosuvastatin 20 (40) mg*

### Additional factors / shared decision making

Prior to initiating statin therapy, discuss with patient:

- Additional CV risk factors (LDL-C  $\geq 160$  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.