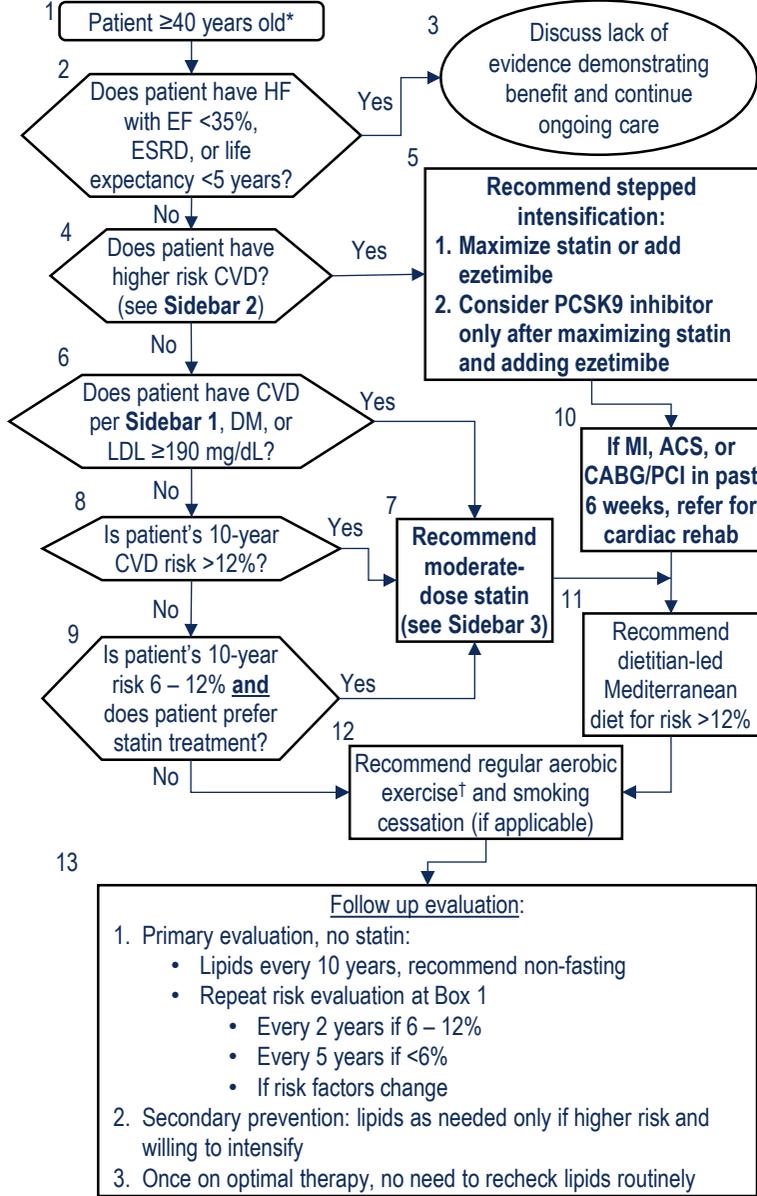


The Management of Dyslipidemia for Cardiovascular Risk Reduction



### Sidebar 1: CVD and Equivalents

- MI or ACS
- CABG/PCI
- Stable CAD (angina or equivalent)
- Atherosclerotic CVA/TIA
- PAD (claudication or AAA)
- Does **not** include asymptomatic incidental finding of potential atherosclerosis (e.g., CAC)

### Sidebar 2: Higher Risk CVD Patients

- MI or ACS in past 12 months; or
- Recurrent ACS, MI, or CVA; or
- Known CVD (see **Sidebar 1**) and any of the following: currently smoking, DM, PAD, or CABG/PCI

### Sidebar 3: Drug Doses

| Generic name | Moderate-dose <sup>‡</sup> | High-dose  |
|--------------|----------------------------|------------|
| Atorvastatin | 10 – 20 mg                 | 40 – 80 mg |
| Rosuvastatin | 5 – 10 mg                  | 20 – 40 mg |
| Simvastatin  | 20 – 40 mg                 | N/A        |
| Pravastatin  | 40 – 80 mg                 | N/A        |
| Lovastatin   | 40 – 80 mg                 | N/A        |
| Fluvastatin  | 80 mg (XL) or 40 mg BID    | N/A        |
| Pitavastatin | 1 – 4 mg                   | N/A        |

- In patients who are intolerant of statins: after washout (e.g., 1 month), re-challenge with same or a different statin or lower dose, and if that fails, a trial of intermittent (nondaily) dosing
- Intensified patient care (e.g., phone calls, emails, patient education, drug regimen simplification) may improve adherence to lipid-lowering medications

\* There are no evidence-based recommendations for patients under age 40 because there is no evidence for the benefit of lipid screening and treatment within this age group. In patients younger than 40 years old interested in pursuing lipid testing and management, shared decision making is recommended to discuss the risks and unknown benefit of pharmacotherapy, with therapeutic lifestyle changes being the primary focus of CVD primary prevention.

† Suggest regular aerobic activity of any intensity or duration. Although incremental benefit is associated with increased doses of physical activity, lower doses including leisure time activity (i.e., walking, landscaping, washing dishes) are associated with benefit when compared to mostly sedentary behavior. A provider's considerations when recommending physical activity might include a patient's motivation, functional capacity, and physical activity preferences.

‡ Statin doses listed as "moderate" are equivalent to moderate intensity; statin doses listed as "high" are equivalent to high intensity

Abbreviations: AAA: abdominal aortic aneurysm; ACS: acute coronary syndrome; BID: twice a day; CABG: coronary artery bypass graft; CAC: coronary artery calcium; CAD: coronary artery disease; CVA: cerebral vascular accident; CVD: cardiovascular disease; DM: diabetes mellitus; EF: ejection fraction; ESRD: end-stage renal disease; HF: heart failure; LDL: low density lipoprotein cholesterol; mg/dL: milligrams per deciliter; MI: myocardial infarction; PAD: peripheral arterial disease; PCI: percutaneous coronary intervention; TIA: transient ischemic attack; XL: sustained release

### Patient Education on the Mediterranean Diet

#### Eat More

- Fruits and vegetables
- Whole grains
- Seafood (primarily fatty fish), skinless poultry
- Tree nuts, peanuts, nut butters
- Legumes
- Olive oil
- Low-fat milk and cheese
- Red wine\*

#### Eat Less

- Red meat
- Processed meat
- Full-fat milk and cheese
- Butter or stick margarine
- Commercial bakery goods
- Avoid trans fat

\* Providers should consider the risk of recommending alcohol to individual patients.

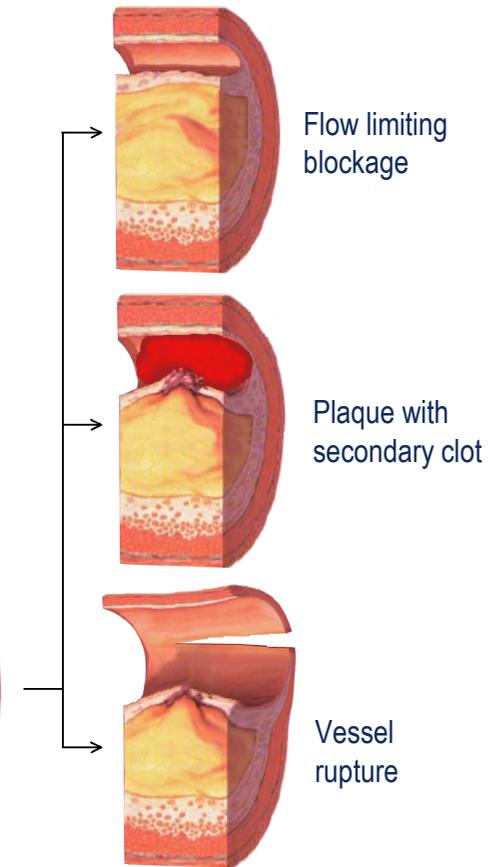
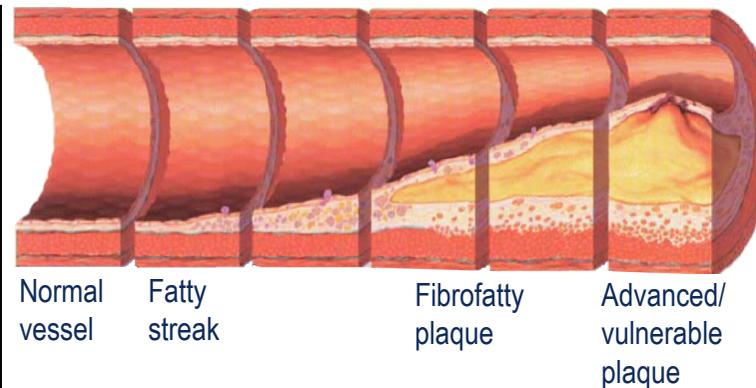
### Patient Education on Aerobic Exercise

- Avoid being sedentary.
- Movement is better than no movement. Some exercise is better than no exercise. Even activities not typically thought of as exercise such as walking, doing the dishes, taking the stairs instead of the elevator, or working in the yard are associated with lower risk for cardiovascular disease.
- Start low and go slow. Over days and weeks, try to add a little more movement as tolerated. Increasing activity too rapidly can lead to injuries and burn out.
- Observational data indicates a dose-response relationship between aerobic activity and a reduction in cardiovascular risk.

### Examples of Cardiovascular Risk Calculators

- The Framingham Risk Score (FRS) is available at: <https://www.thecalculator.co/health/Framingham-Risk-Score-Calculator-for-Coronary-Heart-Disease-745.html>
- The Pooled Cohort Equation (PCE) is available at: <https://clincalc.com/cardiology/ascd/pooledcohort.aspx>
- The VA Cardiac Risk Factor Score (VARs-CVD) is available at: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5561663/>

### Atherosclerosis Disease Progression<sup>1</sup>



<sup>1</sup> The Atherosclerosis Disease Progression image can be found at:

[https://commons.wikimedia.org/wiki/File:Late\\_complications\\_of\\_atherosclerosis.PNG](https://commons.wikimedia.org/wiki/File:Late_complications_of_atherosclerosis.PNG)

Access to the full guideline and additional resources are available at the following link:

<https://www.healthquality.va.gov/guidelines/cd/lipids/>