Cardiology

Lipids and ASCVD Prevention

Known ASCVD/prior MI/stroke/PAD/coronary revascularization	**TREAT: High-intensity statin (atorvastatin 40-80 mg or rosuvastatin 20-40 mg)** **RULE:** Aim for at least **50% LDL reduction**; add nonstatin therapy when LDL remains above secondary-prevention threshold (**≥70 mg/dL**, or **≥55 mg/dL** for very high-risk ASCVD)
LDL cholesterol ≥190 mg/dL	**TREAT: High-intensity statin without waiting for risk calculator** **CONTRAST:** LDL **70-189 mg/dL** in age **40-75** -> use ASCVD risk and comorbidities **RULE:** Think familial hypercholesterolemia when LDL is very high
Diabetes age 40-75 with LDL 70-189 mg/dL	**TREAT: Moderate-intensity statin (e.g., atorvastatin 10-20 mg or rosuvastatin 5-10 mg)**; use high-intensity when multiple risk factors are present **CONTRAST:** Diabetes outside this age range -> individualized risk discussion
Age 40-75 + LDL 70-189 + 10-year ASCVD risk ≥20%	**TREAT: High-intensity statin** **CONTRAST:** Risk **7.5%-19.9%** -> **moderate-intensity statin**; risk **5%-7.5%** -> consider risk enhancers/CAC
Borderline/intermediate ASCVD risk and statin uncertainty	**TEST: Coronary artery calcium (CAC) scoring** when the statin decision remains uncertain **RULE: CAC = 0** may defer statin unless active smoker, diabetes, or strong premature ASCVD family history; **CAC ≥1** or ≥75th percentile favors statin **CONTRAST:** LDL ≥190 mg/dL, established ASCVD, or diabetes age 40-75 usually does not need CAC to justify statin
Fasting triglycerides ≥500 mg/dL **after secondary-cause review**	**TREAT:** Address diabetes, alcohol, hypothyroidism, diet, and offending drugs; use a **low-fat diet** and consider **fenofibrate** or prescription omega-3 therapy to reduce pancreatitis risk **RULE:** Pancreatitis risk is greatest at **≥1000 mg/dL**; use a **very-low-fat diet** and urgent management when extreme TG or pancreatitis is present AVOID: **Gemfibrozil + statin**; prefer **fenofibrate** if a fibrate is needed with statin therapy
TG 150-499 mg/dL **+ established ASCVD (or diabetes with additional risk) despite optimized statin therapy**	**TREAT:** Consider **icosapent ethyl** to reduce cardiovascular events when LDL and other eligibility criteria are met **CONTRAST:** This is a **residual cardiovascular-risk** decision; severe TG management focuses on pancreatitis prevention