

VA/DoD CLINICAL PRACTICE GUIDELINE

Management of Dyslipidemia for Cardiovascular Risk Reduction

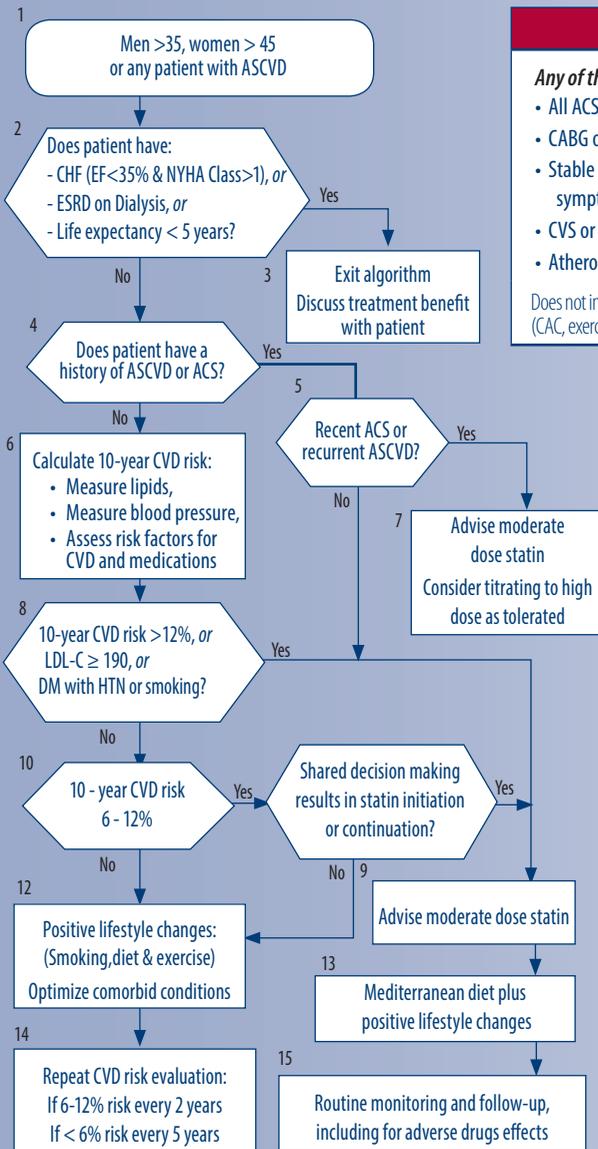
KEY ELEMENTS OF THE DYSLIPIDEMIA GUIDELINE

- » Patients who are interested in CVD risk reduction should be screened for dyslipidemia. (Pages 18-19)
- » For CVD risk screening, patient does not need to fast for initial lab testing. (Pages 18-19)
- » CVD risk can be estimated using one of several risk calculators. (Pages 19-21)
- » Recommend that all patients adopt non-pharmacologic, healthy lifestyle choices. (Pages 35-39)
- » Use of a moderate dose statin is the recommended pharmacological approach to reducing CVD risk. (Pages 22-25, 29-32)
- » Use shared decision making with patients who have 10 year CVD risk of 6-12% who are contemplating pharmacological treatment (primary prevention). (Pages 22-23)
- » Recommend a moderate dose statin to all patients who have 10-year CVD risk of 12% or greater (and for secondary prevention). (Pages 22-23)
- » Consider a high dose statin for patients with ACS or with very high 10 year CVD risk. (Pages 29-32)
- » Remain vigilant for possible statin related adverse drug events in all patients. (Pages 22-23, 80-84)
- » There is limited value in adding non-statin medications to the drug regimen of patients already on a moderate dose statin. (Pages 32-34)

Access to full guideline and toolkit:
<http://www.healthquality.va.gov> or,
<https://www.qmo.amedd.army.mil>
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Algorithm: Management of Dyslipidemia



ASCVD AND EQUIVALENTS

Any of the following:

- All ACS or MI
- CABG or PCI
- Stable obstructive CAD (stable symptoms of angina or equivalent)
- CVS or TIA
- Atherosclerotic PVD (claudication or AAA)

Does not include asymptomatic atherosclerosis (CAC, exercise test, IMT, ABI, brachial reactivity)

Statin Dose (by 10-yr CVD Risk)

| 10-yr Risk | Dose |
|------------------------------------|----------|
| ASCVD (2 nd Prevention) | Mod - Hi |
| > 12% | Mod |
| 6 - 12% (with SDM) | Mod |
| < 6% | None |

Statin Dose

| | Moderate | High |
|--------------|-------------------------|-------|
| Generic: | [mg] | [mg] |
| Atorvastatin | 10-20 | 40-80 |
| Simvastatin | 20-40 | - |
| Pravastatin | 40 | - |
| Lovastatin | 40-80 | - |
| Fluvastatin | 80 (80 XL QD or 40 BID) | - |
| Brand: | | |
| Rosuvastatin | 5-10 | 20-40 |

In patients unable to tolerate appropriate mod-hi dose statin according to their risk, use the highest tolerable statin dose as treatment option

AAA-abdominal aortic aneurysm;ABI-ankle brachial index; ACS-acute coronary syndrome; ASCVD-atherosclerotic cardiovascular disease; BID-twice a day; BP-blood pressure; CABG-coronary artery bypass; CAC-coronary artery calcium; CAD-coronary artery disease; CHF-chronic heart failure; CVA-cerebral vascular accident; DM-diabetes mellitus; EF-ejection fraction; ESRD-end stage renal disease; IMT-intimal medial thickness; LE-life expectancy; LFT-liver function tests; MI-myocardial infarction; Mod-Hi-moderate to high; NYHA-New York Heart Association; PCI-percutaneous coronary intervention; PVD-peripheral vascular disease; RF-risk factors; SDM-shared decision making; TIA-transient ischemic attack