

Guideline on the Management of Blood Cholesterol

MVP Health Care®, Inc., as part of its continuing Quality Improvement Program, adopted the 2018 American College of Cardiology (ACC)/American Heart Association (AHA) Guideline on the Treatment of Blood Cholesterol to Reduce Atherosclerotic Cardiovascular Risk in Adults

United States Statistics – Morbidity

- In 2015–2018, nearly 12% of adults age 20 and older had total cholesterol higher than 240 mg/dL, and about 17% had high-density lipoprotein (HDL, or “good”) cholesterol levels less than 40 mg/dL.¹
- Slightly more than half of U.S. adults (54.5%, or 47 million) who could benefit from cholesterol medicine are currently taking it.²
- Nearly 94 million U.S. adults age 20 or older have total cholesterol levels higher than 200 mg/dL. Twenty-eight million adults in the United States have total cholesterol levels higher than 240 mg/dL.¹
- 7% of U.S. children and adolescents ages 6 to 19 have high total cholesterol.³
- High cholesterol has no symptoms, so many people don’t know that their cholesterol is too high. A simple blood test can check cholesterol levels.
- Having high blood cholesterol raises the risk for heart disease, the leading cause of death, and for stroke, the fifth leading cause of death.

Statistics reference: [High Cholesterol Facts | cdc.gov](https://www.cdc.gov/cholesterol/factsheets/cholesterol-factsheet.html)

Summary of the Guidelines and Other Support for Management of High Blood Cholesterol

The guidelines address the clinical practice recommendations for the treatment of blood cholesterol levels to reduce atherosclerotic cardiovascular disease (ASCVD) risk. The recommendations are intended to provide a strong evidence-based foundation for the treatment of cholesterol for the primary and secondary prevention of ASCVD in women and men.

According to the ACC/AHA Task Force on Clinical Practice Guidelines, the intensity of statin therapy is the goal of treatment. The recommendations for guideline-directed management and therapy, which encompasses clinical evaluation, diagnostic testing, and both pharmacological and procedural treatments, are effective only when followed by both practitioners and patients. Adherence to recommendations can be enhanced by shared decision-making between clinicians and patients, with patient engagement in selecting interventions based on individual values, preferences, and associated conditions and comorbidities.

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1995, 1997, 1999, 2001, 2003, 2005, 2007, 2009, 2011, 2012, 2013, 2015, 2017, 2020, 2021

It updates the 2013 guideline and emphasizes a more intensive approach based on recent controlled studies and expert consensus with the top 10 take-home messages to reduce risk of atherosclerotic cardiovascular disease through cholesterol management:

1. In all individuals, emphasize heart-healthy lifestyle across the life-course.
2. In patients who are 75 years of age or younger with clinical ASCVD,* high intensity statin therapy should be initiated or continued with the aim of achieving a 50% or greater reduction in LDL-C levels, targeting a level of 70 or below.
3. In patients with clinical ASCVD who are judged to be very high risk and who are on maximally tolerated LDL-C lowering therapy with LDL-C 70 mg/dL (≥ 1.8 mmol/L) or higher or a non-HDL-C level of 100 mg/dL (≥ 2.6 mmol/L) or higher, it is reasonable to add a PCSK9 inhibitor to current therapy following a clinician-patient discussion about the net benefit, safety, and cost.
4. In patients with severe primary hypercholesterolemia (LDL-C level ≥ 190 mg/dL [≥ 4.9 mmol/L]) begin high-intensity statin therapy without calculating 10-year ASCVD risk.
5. In patients 40 to 75 years of age with diabetes mellitus and LDL-C ≥ 70 mg/dL (≥ 1.8 mmol/L), start moderate-intensity statin therapy without calculating 10-year ASCVD risk.
6. In adults 40 to 75 years of age evaluated for primary ASCVD prevention, have a clinician-patient risk discussion before starting statin therapy.
7. In adults 40 to 75 years of age without diabetes mellitus and with LDL-C levels ≥ 70 mg/dL (≥ 1.8 mmol/L), at a 10-year ASCVD risk of $\geq 7.5\%$, start a moderate-intensity statin if a discussion of treatment options favors statin therapy.
8. In adults 40 to 75 years of age without diabetes mellitus and 10-year risk of 7.5% to 19.9% (intermediate risk), risk-enhancing factors favor initiation of statin therapy (see #7).
9. In adults 40 to 75 years of age without diabetes mellitus and with LDL-C levels ≥ 70 mg/dL- 189 mg/dL (≥ 1.8 -4.9 mmol/L), at a 10-year ASCVD risk of $\geq 7.5\%$ to 19.9%, if a decision about statin therapy is uncertain, consider measuring Coronary Artery Calcium (CAC).
10. Assess adherence and percentage response to LDL-C-lowering medications and lifestyle changes with repeat lipid measurement 4 to 12 weeks after statin initiation or dose adjustment, repeated every 3 to 12 months as needed.

Guideline Reference: <https://www.ahajournals.org/doi/10.1161/cir.0000000000000625>

This guideline is not intended to replace the role of clinical judgment by the physician in the management of this, or any other disease entity. It is an educational guideline to assist in the delivery of good medical care. All treatment decisions are ultimately up to the physician.

Where medication recommendations are made, please refer to each health plan's formulary for coverage considerations.

MVP Health Care updates its clinical guidelines at least every two years. The review process is also initiated when new scientific evidence or national standards are published. Practitioners are alerted via the web site and by written notices from the plan via fax or newsletter. A hard copy of the clinical guideline can be requested by calling the MVP Quality Improvement Department at **(800) 777-4793 extension 1-2247**.