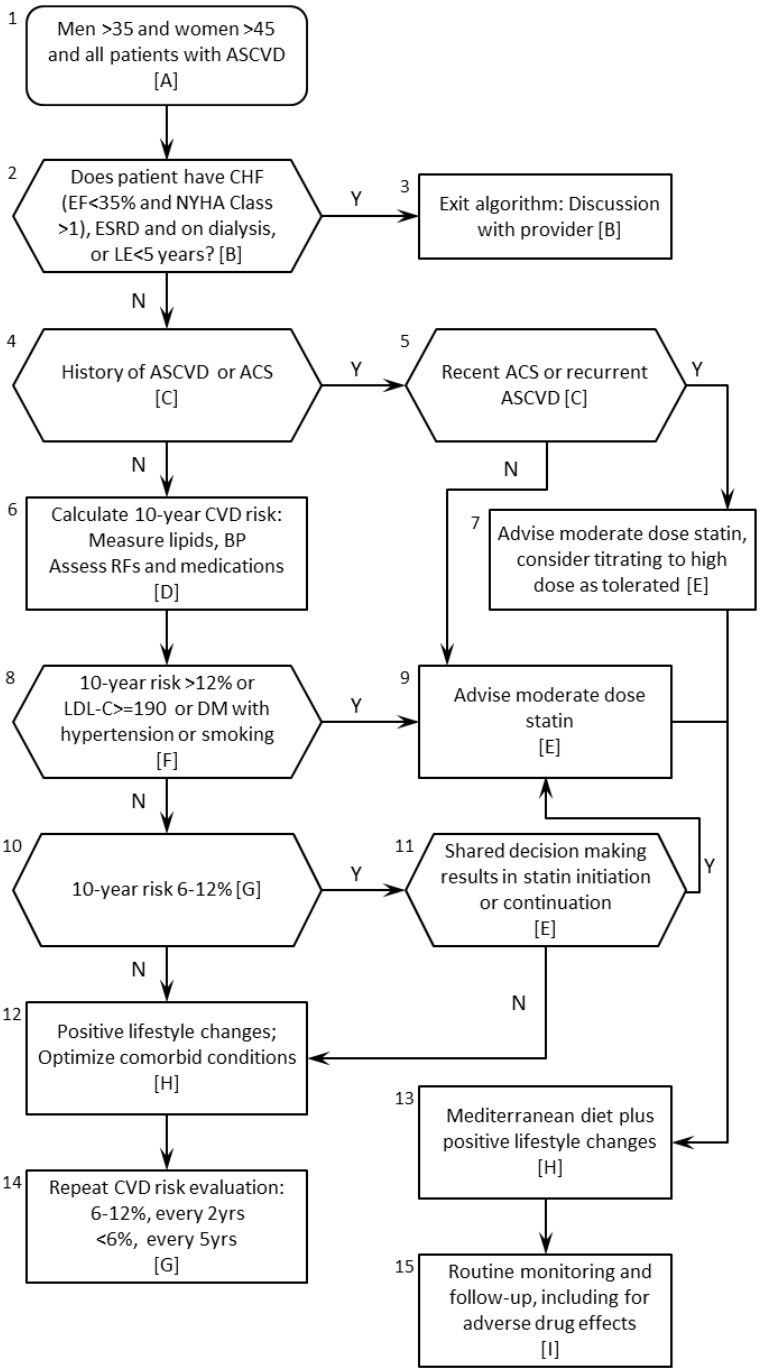
Pocket Card

Card 1, Side 1

Algorithm

Management of Dyslipidemia



ASCVD and Equivalents

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

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

Statin Dose (by10-yr CVD Risk)

10-yr risk	Statin Dose
ASCVD (2nd prevention)	Mod-Hi
>12%	Mod
6-12% (with SDM)	Mod
<6%	None

Drug Doses

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

In patients unable to tolerate appropriate mod-hi dose statin according to their risk, then the highest tolerable statin dose is an 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 graft; 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; LDL-C – low density lipoprotein cholesterol; MI – myocardial infarction; Mod – Hi - moderate to high; NYHA – New York Heart Association; PCI – percutaneous coronary intervention; PVD – peripheral vascular disease; QD – once a day; RF – risk factors; SDM – shared decision making; TIA – transient ischemic attack

Pocket Card

Card 1, Side 2

http://www.healthquality.va.gov/guidelines/CD/lipids/

Key points from this guideline
1. Patients who are interested in CVD risk reduction should be screened for dyslipidemia. Pages 18-19
2. For CVD risk screening, patient does not need to fast for initial lab testing. Pages 18-19
3. CVD risk can be estimated using one of several risk calculators. Pages 19-21
4. Recommend that all patients adopt non-pharmacologic, healthy lifestyle choices. Pages 35-39
5. Use of a moderate dose statin is the recommended pharmacological approach to reducing CVD risk. Pages 22-25, 29-32
6. 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
7. 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
8. Consider a high dose statin for patients with ACS or with very high 10 year CVD risk. Pages 29-32
9. Remain vigilant for possible statin related adverse drug events in all patients. Pages 22-23, 80-84
10. There is limited value in adding non-statin medications to the drug regimen of patients already on a moderate dose statin. Page 32-34