

ASCVD RISK REDUCTION ALGORITHM: DYSLIPIDEMIA

ASSESS LIPID PANEL (LDL-C, HDL-C, Non-HDL-C, TG, Apo B)¹

LIFESTYLE INTERVENTION: Increase ↑ dietary fiber | ↑ healthy fat | ↓ saturated fat | ↓ simple carbs | ↓ added sugars | ↑ physical activity | weight management

PREDIABETES OR T2D + RISK FACTORS: USE ASCVD 10-YEAR RISK CALCULATOR

Major ASCVD Risk Factors: Age >40 | HTN | CKD >3a | Smoking | Family History of Premature ASCVD | Low HDL-C | High Non-HDL-C

INITIATE STATIN THERAPY

HIGH RISK <10%
T2D <10 years
<2 other risk factors
No target organ damage

VERY HIGH RISK 10%-30%
T2D >10 years
Age >40 years
No ASCVD
No target organ damage
≥2 additional risk factors

EXTREME RISK >30%
T2D & ASCVD
Severe target organ damage: eGFR <45 mL/min/1.73 m², UACR >300, ABI <0.9, LV systolic/diastolic dysfunction

Moderate-Intensity statin

GOAL

LDL-C (mg/dL)	<100	<70	<55
Non-HDL-C (mg/dL)	<130	<100	<80
TG (mg/dL)	<150	<150	<150
Apo B (mg/dL)	<90	<80	<70

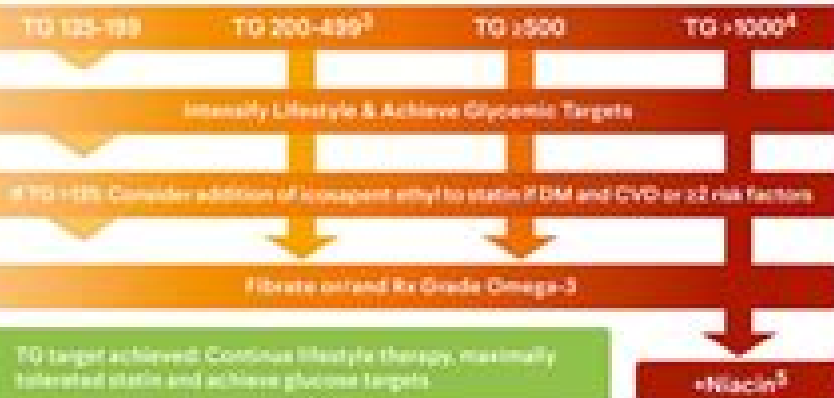
Monitor and titrate therapy every 3-6 months to achieve lipid targets according to risk²

Intensify statin and lifestyle & optimize glycemic control

Add ezetimibe

Consider additional therapy: bile acid sequestrant, bempedoic acid, PCSK9 inhibitors, inclisiran

HYPERTRIGLYCERIDEMIA MANAGEMENT:



¹Baseline LDL-C >190 mg/dL, consider familial hypercholesterolemia. ²Statin intolerance: Use alternative statin with lower incidence of myopathy (pitavastatin, extended-release fluvastatin) or decrease dose/frequency, use non-statin Rx, check for Rx interactions, consider CoQ10. ³If TG >200 and HDL <40, add fibrate/omega-3 to achieve apo B and non-HDL goals. ⁴Elevated triglycerides >500 mg/dL, to >1000 mg/dL, can cause acute pancreatitis, urgent intervention with dietary management and fibrate/omega-3 therapy is needed. Suspect familial chylomicronemia syndrome or lipodystrophy, refer to lipid specialist. ⁵For severe hypertriglyceridemia >1000 refractory to previous interventions, consider niacin to reduce the risk of pancreatitis. Niacin may lower TG and Lp(a) but does not reduce ASCVD and can promote hyperglycemia.

Endocrinology Diabetes Guidelines 2014

S Ashworth



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