Be Prepared With Answers About the New Cholesterol Guidelines

You'll hear buzz about the **new cholesterol guidelines that bring back some emphasis on LDL and promote even more individualization**.

LDL will guide use of non-statins...but ONLY for the highest-risk patients with CV disease, such as those with multiple CV events OR additional CV risks (diabetes, smoking, etc).

Experts have landed on 70 mg/dL as the threshold to consider adding a non-statin...AFTER verifying adherence to statins and lifestyle changes. The change is based on more data that "lower is better" in these patients.

Continue to recommend a high-intensity statin (atorvastatin 80 mg, etc) for very high-risk patients. Then use a stepped approach if needed.

Suggest adding ezetimibe first. It prevents one CV event for every 50 acute coronary syndrome patients treated for about 7 years...is well tolerated...and the generic costs about $360/yr.

If LDL is still above 70 mg/dL, weigh pros and cons of injectable *Praluent* (alirocumab) or *Repatha* (evolocumab). Adding one of these PCSK9 inhibitors to a statin in patients with CV disease and other CV risks prevents about one CV event for every 70 patients treated for 2 to 3 yrs.

But *Repatha* costs about $4,150/yr...*Praluent* about $13,400/yr. Payer contracts may result in similar costs for either med.

Don't routinely suggest adding ezetimibe or a PCSK9 inhibitor for lower-risk CV disease patients. Help them stick to their statin instead.

And don't suggest a bile acid sequestrant, fibrate, or niacin...these aren't shown to improve CV outcomes when added to a statin.

Individualization will be a bigger focus...for patients ages 40 to 75 who DON'T have CV disease. Use the Am Coll of Cardiology/Am Heart Assn CV risk estimator as a starting point to discuss if a statin is needed.

Advise using a high-intensity statin if 10-year CV risk is 20% or higher, since this level of risk is similar to having CV disease.

If CV risk is 7.5% to 19.9%, statin use will now be guided by "risk enhancers"...family history, kidney disease, etc. If patients have risks, generally suggest a moderate-intensity statin (atorvastatin 20 mg, etc).

Continue to recommend a statin for patients with diabetes ages 40 to 75. This improves outcomes...and is a Star Ratings quality measure.

Listen to *PL Voices* for insights from a guideline author. See our chart, *2018 ACC/AHA Cholesterol Guidelines*, to get the full scoop.

Key References:

-J Am Coll Cardiol Published online Nov 8, 2018; doi:10.1016/j.jacc.2018.11.003
-J Am Coll Cardiol Published online Nov 3, 2018; doi:10.1016/j.jacc.2018.11.004
-J Am Coll Cardiol Published online Nov 3, 2018; doi:10.1016/j.jacc.2018.11.005
-Medication pricing by Elsevier, accessed Dec 2018

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