Major Recommendations for Statin Therapy for Atherosclerotic Cardiovascular Disease Prevention

2013 ACC/AHA Blood Cholesterol Guideline

**Patients over 21 years old** and candidate for statin therapy

- Clinical atherosclerotic cardiovascular disease
  - Yes: Age ≤ 75 and candidate for high-intensity statin
  - No: LDL-C ≥ 190 mg/dl
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  - Yes: Type 1 or 2 Diabetes age 40-75
  - No: Age 40-75 Estimated 10 yr atherosclerotic CVD risk > 7.5%

**High-Intensity Statin**
- Daily dose lowers LDL-C by approx ≥ 50%

**Moderate-Intensity Statin**
- Daily dose lowers LDL-C by approx 30-50%

**High-Intensity Statins**
- Atorvastatin 40-80 mg
- Rosuvastatin 20-40 mg

**Moderate-Intensity Statins**
- Atorvastatin 10–20 mg
- Rosuvastatin 5–10 mg
- Simvastatin 20–40 mg
- Pravastatin 40–80 mg
- Lovastatin 40 mg
- Fluvastatin XL 80 mg
- Fluvastatin 40 mg bid
- Pitavastatin 2–4 mg

**Patients over age 75**
For patients with clinical CVD, moderate-to-high intensity statins if tolerated.
For all other indications, consider comorbidities, safety, and priorities of care before initiating or continuing statin therapy.

**Calcium Scoring Considerations**
For individuals at intermediate risk (5%-7.5%) or those who are unsure about their risk, consider calcium scoring.
A CAC score of zero is associated with a very low CVD event rate and those individuals are unlikely to benefit from statin therapy.*
A CAC score ≥100 is associated with an elevated risk of a CVD event (> 20%) regardless of traditional risk factors.*

**Online CVD Risk Calculator**
Go to [www.heart.org](http://www.heart.org) and search “cv risk calculator” for online web application.

*Calcium scoring considerations are provided by Minneapolis Heart Institute® and are not part of the official ACC/AHA Guidelines.

Minneapolis Heart Institute®
Center for Preventive Cardiology
612-863-3900