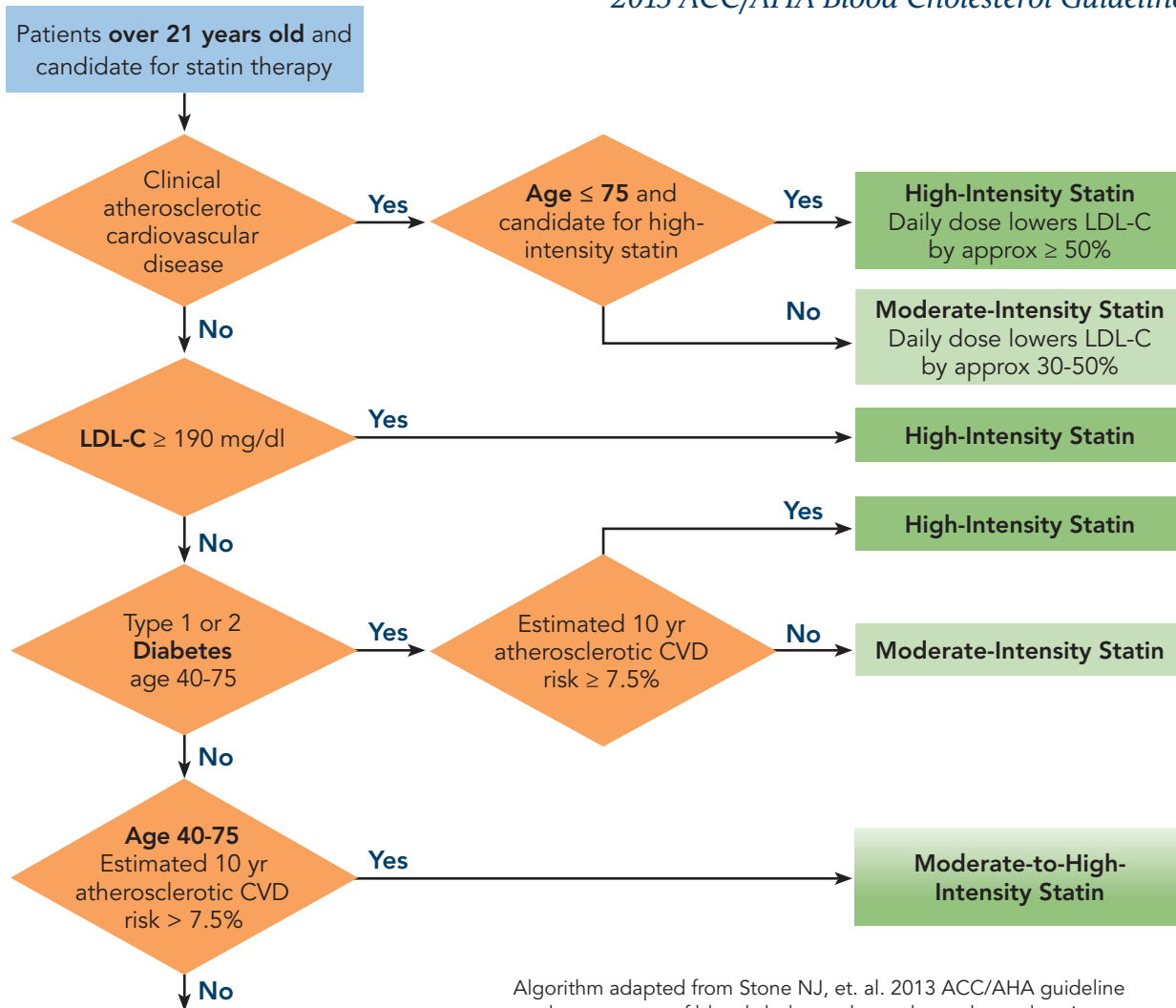


# Major Recommendations for Statin Therapy for Atherosclerotic Cardiovascular Disease Prevention

2013 ACC/AHA Blood Cholesterol Guideline



Algorithm adapted from Stone NJ, et. al. 2013 ACC/AHA guideline on the treatment of blood cholesterol to reduce atherosclerotic cardiovascular risk in adults: a report of the American College of Cardiology/American Heart Association Task Force on Practice Guidelines. Circulation 2013; 0000437738.63853.7a

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

**If risk is 5-7.5%, consider moderate intensity statin if: LDL > 160 mg/dl, family history, hs CRP > 2, CAC>300 or 75%, ABL < .9, or high lifetime risk.**

## Guidance for High-Intensity and Moderate Intensity Statin Dosing

### 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  $\geq 100$  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.