CARE COMPASS NETWORK

Title: Algorithm Based on AHA-13 Report on Lipids
Date Created: 11/30/2015
Date Modified: N/A
Date Approved by Board of Directors: 12/08/2015
Clinical Guideline # CGC-CG-12

Purpose: To establish a guideline in order to reduce ASCVD risk based the four identified statin benefit groups

Note: The following document is a clinical guideline based on evidence based medicine and recommended best practices for DSRIP purposes. At no time should this document supersede existing hospital, practice, or state policies.

Clinical Guideline:

1. **Based on a comprehensive set of data from RTCs that identified 4 statin benefit groups which focus efforts to reduce ASCVD events in secondary and primary intervention.**
   Identifies high-intensity and moderate-intensity statin therapy for use in secondary and primary prevention**.**

2. **A new perspective on LDL-C and/or Non HDL-C Treatment Goals**
   The expert panel was unable to find RTC evidence to support continued and use of specific LDL-C and/or non-HDL-C treatment targets.

   The appropriate intensity of statin therapy should be used to reduce ASCVD risk in those most likely to benefit Nonstatin therapies do not provide acceptable ASCVD risk education benefits compared to their potential for adverse effects in the routine prevention of ASCVD

3. **Global Risk Assessment for Primary Prevention**
   This guideline recommends use of the new Pooled Cohort Equations to estimate 10-year ASCVD risk in both white and black men and women.
   By more accurately identifying higher risk individuals for statin therapy, the guideline focuses statin therapy on those most likely to benefit

   It also indicated, based on RCT data, those high-risk groups that may not benefit

Before initiating statin therapy, this guideline recommends a discussion by clinician with patients.

4. **Safety Recommendations**
   This guideline used RCTs to identify important safety consideration in individuals receiving treatment of blood cholesterol to reduce ASCVD risk

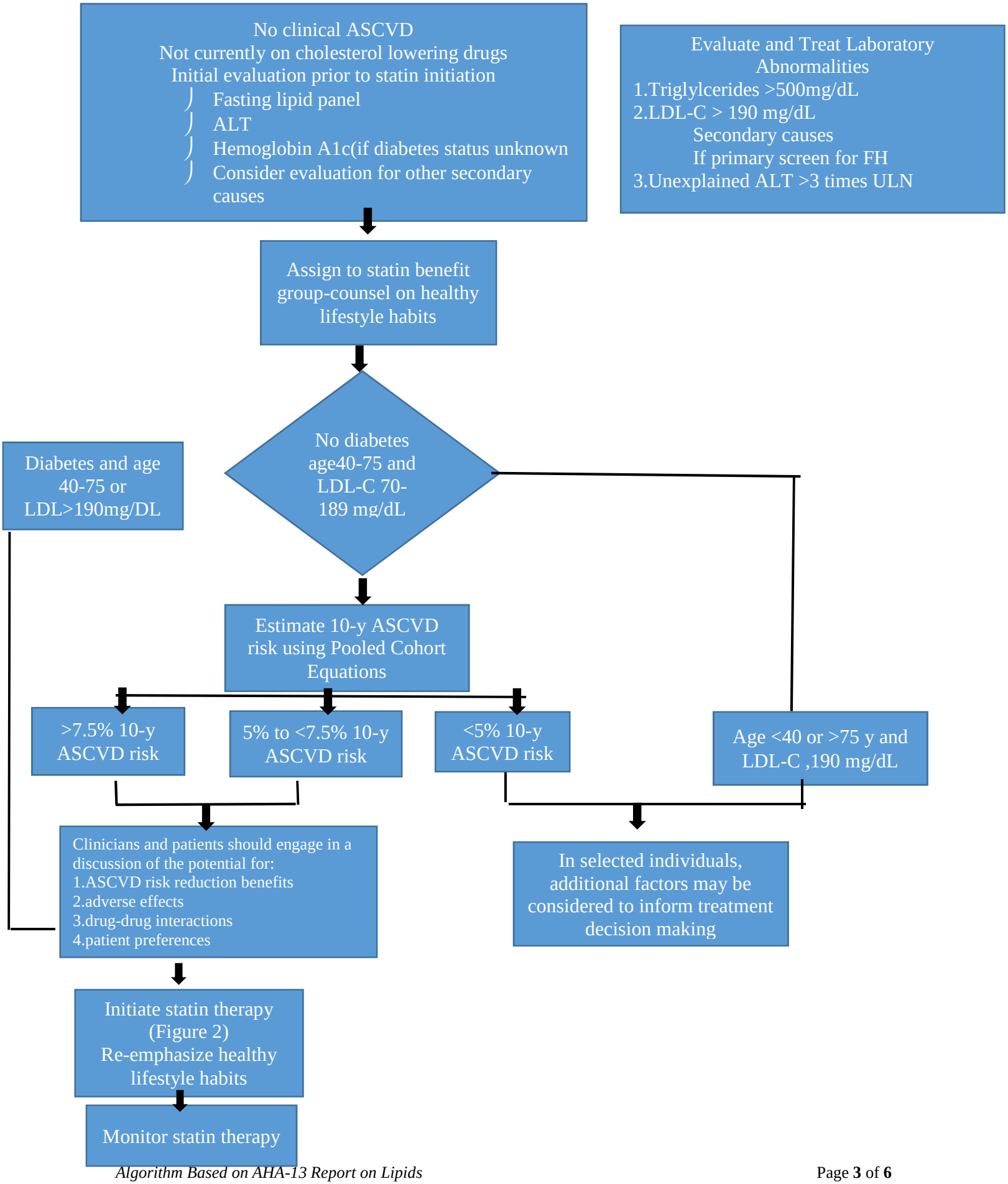
   Using RCTs to determine statin adverse effects facilitates understanding of the net benefit from statin therapy

   Provides expert guidance on management of statin-associated adverse effects, including muscle symptoms

5. **Role of Miomarkers and Noninvasive Tests**
   Treatment decisions in selected individuals who are not included in the 4 statin benefit groups may be informed by other factors as recommended by the Risk Assessment Work Group Guideline.

6. **Future Updates to the Blood Cholesterol Guideline**
   This is a comprehensive guideline for the evidence-based treatment of blood cholesterol to reduce ASCVD risk.

   Future updates will build upon this foundation to provide expert guidelines on the management on the management of complex lipid disorders and incorporate refinements in risk stratification based on critical review of emerging data.


No clinical ASCVD
Not currently on cholesterol lowering drugs
Initial evaluation prior to statin initiation
Fasting lipid panel
ALT
Hemoglobin A1c(if diabetes status unknown
Consider evaluation for other secondary causes
Evaluate and Treat Laboratory Abnormalities
1.Triglylcerides >500mg/dL
2.LDL-C > 190 mg/dL
Secondary causes
If primary screen for FH
3.Unexplained ALT >3 times ULN
Assign to statin benefit group-counsel on healthy lifestyle habits
Diabetes and age 40-75 or LDL>190mg/DL
No diabetes age40-75 and LDL-C 70-189 mg/dL
Estimate 10-y ASCVD risk using Pooled Cohort Equations
>7.5% 10-y ASCVD risk
5% to <7.5% 10-y ASCVD risk
<5% 10-y ASCVD risk
Age <40 or >75 y and LDL-C ,190 mg/dL
Clinicians and patients should engage in a discussion of the potential for:
1.ASCVD risk reduction benefits
2.adverse effects
3.drug-drug interactions
4.patient preferences
In selected individuals, additional factors may be considered to inform treatment decision making
Initiate statin therapy (Figure 2)
Re-emphasize healthy lifestyle habits
Monitor statin therapy

Statin Therapy According to Intensity

High Intensity Statin (Lowers LDL-C by 50% or more)	Moderate-Intensity Statin (Lowers LDL-C by 30% to 50%)	Low-Intensity Statin (Lowers LDL-C by less than 30%)
Atorvastatin 80 mg daily Rosuvastatin 20 mg daily	Atorvastatin 10 mg daily Rosuvastatin 10 mg daily Simvastatin 20-40 mg daily Pravastatin 40 mg daily Lovastatin 40 mg daily Fluvastatin 40 mg twice daily	Pravastatin 10-20 mg daily Lovastatin 20 mg daily

**Only statins which were evaluated in RTC's were included in this chart, others were FDA approved, but not studied.*

When PPS clinical protocols and pathways are developed through the Clinical Governance Committee(s) of the PPS and approved by the CCN Board of Directors and are applicable to Partner Organization's delivery of health care services and project participation, such protocols and pathways shall not (1) override the professional judgment of Partner Organization and its licensed health care professionals in treating patients in individual cases or (2) interfere with the governing body/established operator of any licensed health care facility or its medical staff in overseeing the provision of clinical services to patients and the quality of care

Clinical Guideline Board Approval History:

Clinical Guideline Revisions:

Date	Revision Log	Updated By

This Clinical Guideline shall be reviewed periodically and updated consistent with the requirements established by the Board of Directors, Care Compass Network's senior management, Federal and State law(s) and regulations, and applicable accrediting and review organizations.