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pcna guideline on the management of blood cholesterol executive summary a report of the american college of cardiology american heart association task force on clinical practice guidelines circulation 2019 139 e1046 e1081 doi 10 1161 cir 000000000000624 the 2018 cholesterol guideline is a full revision of the 2013 acc aha guideline on the treatment of blood cholesterol to reduce atherosclerotic cardiovascular risk in adults the following resource contains tables and figures from the 2018 guideline for the management of blood cholesterol these guidelines which are based on systematic meth ods to evaluate and classify evidence provide a foundation for the delivery of quality cardiovascular care in primary prevention the guidelines provide clarity re garding decision making in patients at inter mediate risk of atherosclerotic cardiovascular disease intermediate meaning a 7 5 20 10 year risk the primary sources for this guideline are the 2013 acc and recommendations for management of dyslipidemia and the 2017 update for use of non statin therapies guideline summary hyperlipidemia management adult inpatient ambulatory target population adult patients being screened treated for hyperlipidemia link to full guideline hyperlipidemia management adult inpatient ambulatory clinical practice guideline risk factors for ascvd in addition to hyperlipidemia the acc aha guidelines favor the universal use of statins in all high risk subjects and in primary prevention where the global risk exceeds 7 5 in 10 years with a percentage reduction in low density lipoprotein cholesterol ldl c based on statin intensity as the goal va dod clinical practice guidelines the management of dyslipidemia for cardiovascular risk reduction lipids 2020 updated january 11 2021 accessed february 25 2021

the 2018 cholesterol guidelines of the american heart association and the american college of cardiology aha acc changed 3 hydroxy 3 methyl glutaryl coenzyme a reductase inhibitor statin eligibility criteria for primary prevention to include multiple risk enhancers and novel intensive lipid lowering therapies for secondary prevention guidelines support lowering cholesterol to decrease atherosclerotic cardiovascular disease ascyd risk across the entire lifespan with intensive lifestyle intervention as well as statin and non statin pharmacotherapy for those at highest risk 1 introduction familial hypercholesterolemia fh is an autosomal hereditary disease with the 3 major clinical features of 1 hyper Idl cholesterolemia 2 premature cad and 3 tendon and skin xanthomas fh is dominantly inherited except autosomal recessive hypercholesterolemia arh a very rare form what is a healthy cholesterol level by age for children and teens borderline high total cholesterol levels are 170 199 mg dl and borderline high ldl levels are 100 129 mg dl for adults aged high cholesterol generally means your total cholesterol is 200 mg dl or higher but providers use additional categories like borderline high and near optimal to break down your results if your numbers are close to normal levels they may be easier to manage through lifestyle and dietary changes high cholesterol levels by age chart a moderate intensity statin is recommended if there are safety concerns or age is greater than 75 years atorvastatin 40 80 mg and rosuvastatin 20 40 mg are considered high intensity statins these new guidelines avoid unnecessary usage of non statins to achieve specific Idl c values thus avoiding potential adverse effects or use of an the american heart association gives you helpful tips on preventing and treating high cholesterol through lifestyle changes and medication as recommended by your doctor defined as a sustained blood pressure greater or equal to 140 90 must be confirmed with multiple readings and including measurements on separate days major risk factor for both ascvd atherosclerotic cardiovascular disease and microvascular complications the range

of nnt to prevent an event was small across guidelines 6 5 7 6 for males and 6 5 7 5 for females a larger range of differences were observed for expected cost per event avoided ranges 117 269 157 186 for males and 115 999 163 775 for females part 1 using national guidelines to determine hyperlipidemia treatment c michael white pharmd fcp fccp distinguished professor and chair pharmacy practice university of connecticut school of pharmacy storrs connecticut the seminal 4s study published in 1994 explored the impact of simvastatin on all cause mortality among people with previous myocardial infarction or angina and hyperlipidemia mean baseline bmi

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#### 2018 guideline on the management of blood cholesterol *Apr 07 2024*

the 2018 cholesterol guideline is a full revision of the 2013 acc aha guideline on the treatment of blood cholesterol to reduce atherosclerotic cardiovascular risk in adults the following resource contains tables and figures from the 2018 guideline for the management of blood cholesterol

#### 2019 acc aha guideline on the primary prevention of Mar 06 2024

these guidelines which are based on systematic meth ods to evaluate and classify evidence provide a foundation for the delivery of quality cardiovascular care

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in primary prevention the guidelines provide clarity re garding decision making in patients at inter mediate risk of atherosclerotic cardiovascular disease intermediate meaning a 7 5 20 10 year risk

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the primary sources for this guideline are the 2013 acc aha recommendations for management of dyslipidemia and the 2017 update for use of non statin therapies

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the acc aha guidelines favor the universal use of statins in all high risk subjects and in primary prevention where the global risk exceeds 7 5 in 10 years with a percentage reduction in low density lipoprotein cholesterol ldl c based on statin intensity as the goal

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a moderate intensity statin is recommended if there are safety concerns or age is greater than 75 years atorvastatin 40 80 mg and rosuvastatin 20 40 mg are considered high intensity statins these new guidelines avoid unnecessary usage of non statins to achieve specific ldl c values thus avoiding potential adverse effects or use of an

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