

Medical Guidelines

DYSLIPIDEMIA

HYPERTENSION

LIFESTYLE THERAPY (Including Medically Assisted Weight Loss)

LIPID PANEL: Assess ASCVD Risk

STATIN THERAPY
 If TG > 500 mg/dL, fibrates, Rx-grade omega-3 fatty acids, niacin

If statin-intolerant

Try alternate statin, lower statin dose or frequency, or add nonstatin LDL-C-lowering therapies

Repeat lipid panel; assess adequacy, tolerance of therapy

Intensify therapies to attain goals according to risk levels

RISK LEVELS	HIGH	VERY HIGH
	DM but no other major risk and/or age <40	DM + major ASCVD risk(s) (HTN, Fam Hx, low HDL-C, smoking) or ASCVD*
	DESIRABLE LEVELS	DESIRABLE LEVELS
LDL-C (mg/dL)	<100	<70
Non-HDL-C (mg/dL)	<130	<100
TG (mg/dL)	<150	<150
TC/HDL-C	<3.5	<3.0
Apo B (mg/dL)	<90	<80
LDL-P (nmol/L)	<1200	<1000

IF NOT AT DESIRABLE LEVELS: Intensify lifestyle therapy (weight loss, physical activity, dietary changes) and glycemic control; consider additional therapy

TO LOWER LDL-C:
TO LOWER Non-HDL-C, TG:
TO LOWER Apo B, LDL-P:
TO LOWER LDL-C in FH:**

Intensify statin, add ezetimibe, PCSK9i, colesvelam, or niacin
 Intensify statin and/or add Rx-grade OM3 fatty acid, fibrate, and/or niacin
 Intensify statin and/or add ezetimibe, PCSK9i, colesvelam, and/or niacin
 Statin + PCSK9i

Assess adequacy & tolerance of therapy with focused laboratory evaluations and patient follow-up

* EVEN MORE INTENSIVE THERAPY MIGHT BE WARRANTED ** FAMILIAL HYPERCHOLESTEROLEMIA

GOAL: SYSTOLIC <130, DIASTOLIC <80 mm Hg

ACEi or ARB

For initial blood pressure >150/100 mm Hg:
DUAL THERAPY

+

Calcium Channel Blocker ✓
 β-blocker ✓
 Thiazide ✓

If not at goal (2-3 months)

Add calcium channel blocker, β-blocker or thiazide diuretic

If not at goal (2-3 months)

Add next agent from the above group, repeat

If not at goal (2-3 months)

Additional choices (α-blockers, central agents, vasodilators, aldosterone antagonist)

Achievement of target blood pressure is critical