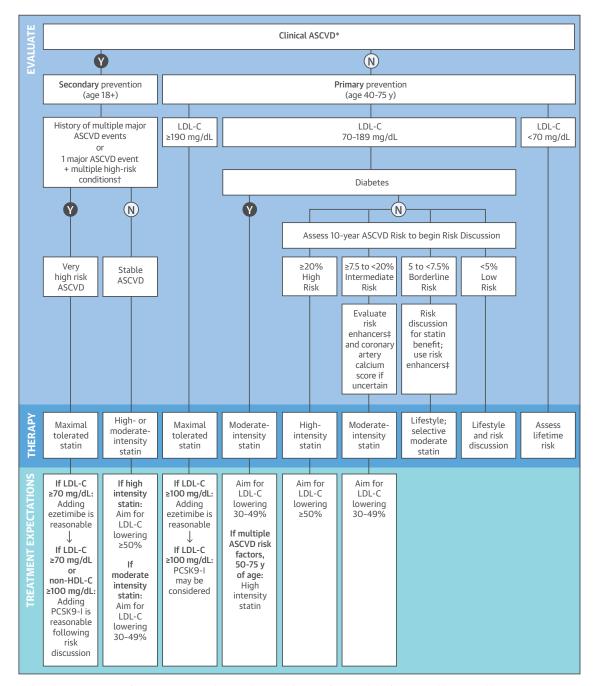
Chol 2018 Guideline on the Management of Blood Cholesterol

Overview of Primary and Secondary ASCVD Prevention

This tool provides a broad overview of the 2018 Cholesterol Guideline. Please refer to the full guideline document for specific recommendations.



^{*} Clinical ASCVD consists of acute coronary syndromes, those with history of myocardial infarction, stable or unstable angina or coronary other arterial revascularization, stroke, TIA, or peripheral artery disease including aortic aneurysm, all of atherosclerotic origin.

[‡] Risk Enhancers: Family history of premature ASCVD, persistently elevated LDL-C ≥160 mg/dl, chronic kidney disease, metabolic syndrome, conditions specific to women (e.g. pre-eclampsia, premature menopause), inflammatory disease (especially psoriasis, RA, or HIV), ethnicity (e.g. South Asian ancestry), Lipid/biomarkers; persistently elevated triglycerides (≥175 mg/dL), if measured: hs-CRP ≥2.0 mg/L, Lp(a) levels ≥50 mg/dL or ≥125 nmol/l, apoB ≥130 mg/dL especially at higher levels of Lp(a), ABI <0.9.



[†] Major ASCVD events: Recent ACS, history of MI, history of Ischemic stroke, symptomatic PAD; High-Risk Conditions: ≥65 y of age, heterozygous FH, hx of HF, prior CABG or PCI, DM, HTN, CKD, current smoking, persistently elevated LDL-C≥100 mg/dL.