

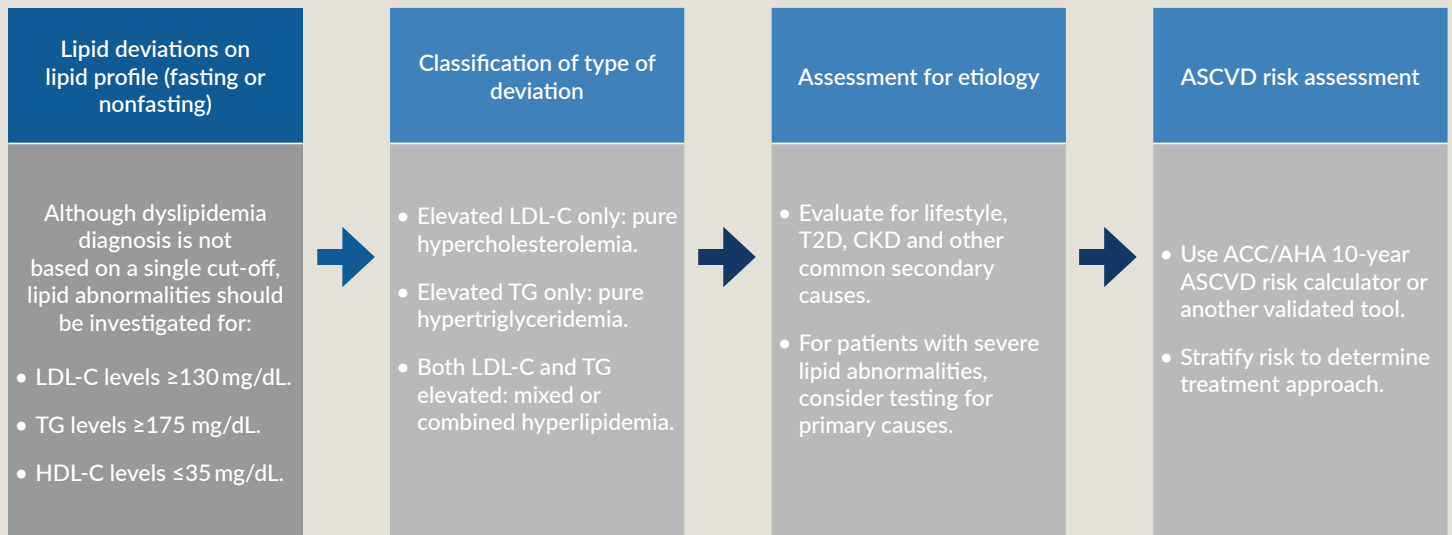
A NURSE PRACTITIONER'S GUIDE TO HELPING PATIENTS REACH LIPID TARGETS

Dyslipidemia is one of the most common modifiable risk factors for atherosclerotic cardiovascular disease (ASCVD). Helping your patients set and reach lipid targets is key to reducing their risk for serious cardiovascular events, such as heart attacks and stroke.

DID YOU KNOW?

For every 1 mmol/L (38.7 mg/dL) decrease in LDL-C levels, ASCVD risk decreases by 23%.

EVALUATION OF PATIENTS WITH LIPID ABNORMALITIES



[Figure legend]

ACC, American College of Cardiology; AHA, American Heart Association; ASCVD, atherosclerotic cardiovascular disease; CKD, chronic kidney disease; HDL-C, high-density lipoprotein cholesterol; LDL-C, low-density lipoprotein cholesterol; T2D, Type 2 diabetes; TG, triglyceride

RISK ASSESSMENT AND TREATMENT DECISION-MAKING



ACC/AHA ASCVD RISK ESTIMATOR
PLUS ONLINE CALCULATOR

Begin by assessing your patient's 10-year ASCVD risk using the ACC/AHA Risk Estimator Plus tool.

Record the risk percentage and category (low, borderline, intermediate or high) in the patient's chart.

If your patient is borderline or intermediate risk, check for the presence of risk-enhancing factors that can increase their risk of developing ASCVD:

- Family history of early ASCVD.
- Primary hypercholesterolemia (LDL-C, 160-189 mg/dL; non-HDL-C, 190-219 mg/dL).
- Metabolic syndrome.
- Chronic kidney disease.
- Chronic inflammatory conditions (e.g., psoriasis, rheumatoid arthritis, lupus, HIV infection).
- History of pregnancy-associated conditions that increase ASCVD risk (e.g., pre-eclampsia).
- History of premature menopause.
- High-risk race or ethnicity (e.g., South Asian ancestry).
- Persistent primary hypertriglyceridemia (≥ 175 mg/dL, nonfasting).
- Elevated high-sensitivity C-reactive protein (≥ 2.0 mg/L).
- Elevated Lp(a) (≥ 50 mg/dL).
- Elevated apoB (≥ 130 mg/dL).
- Ankle-brachial index (ABI) < 0.9 .

Engage in a shared decision-making discussion with your patient to determine the appropriate initial therapy.

	Low risk	Borderline risk	Intermediate risk	High risk
10-year ASCVD risk	$< 5\%$	5%-7.4%	7.5%-19.9%	$\geq 20\%$
Risk discussion	Emphasize lifestyle factors to reduce risk	If risk enhancers present, discuss risks and benefits of statin therapy	If risk enhancers and risk estimate favor statin, initiate statin therapy	Initiate statin therapy
Statin intensity	N/A	Moderate	Moderate	High
Target LDL-C reduction	N/A	30%-49%	30%-49%	$\geq 50\%$



Regardless of lipid levels or ASCVD risk, initiation of an at least moderate-intensity statin is recommended for all patients with Type 2 diabetes who are between 40 and 75 years of age.

REACHING LIPID TARGETS

After statin initiation, it is important to maintain communication with your patients to ensure adherence and monitor lipid levels, in case treatment adjustment or intensification is needed.

Mitigating and Managing Adverse Events

Although statins are usually safe and well tolerated with an excellent risk-benefit profile, statin-associated muscle symptoms have been reported in 5%-20% of patients and are one of the most common causes of nonadherence.

Help your patients stick with their statin regimens by reducing the risk of adverse events and adjusting their medications, as needed:



- **Recognize risk factors** for statin-associated muscle symptoms (e.g., female sex, small size, older age, East Asian ancestry, frailty).



- In at-risk patients, **consider initiation of lower statin doses with careful up-titration** and/or statins with lower risk of muscle side effects (e.g., pitavastatin, fluvastatin XR).



- **Counsel patients on the risk** for muscle symptoms and the importance of reporting new symptoms to providers.



- After symptom resolution, **consider statin rechallenge with a lower dose** of the same statin or an alternative statin.



- For patients with continued intolerance, **consider less frequent dosing** (one to three times per week), trial of coenzyme Q10 therapy (based on low-level evidence) and/or use of non-statin pharmacotherapies.

Monitoring and Follow-up



After starting statin therapy, evaluate your patient's lipid levels at least every three months, until they are at target.

If their lipid levels are **not** at target, assess and promote adherence by:



Identifying barriers to adherence and engaging with patients to find solutions.



Reviewing medications and identifying opportunities for simplification, cost reduction or synchronization.



Counseling patients on the importance of treatment adherence for cardiovascular risk reduction.

DID YOU KNOW?

About **one-quarter of patients** with chronic health conditions underuse their medications due to costs.

MEDICATION AFFORDABILITY RESOURCES

Ask your patients if cost is a barrier to taking their medications, and let them know you can help. If your patient is struggling with medication costs, you or a medical assistant can:

- Review the patient's insurance coverage.
 - Refer uninsured or underinsured patients to your state's marketplace.
 - Ensure patients with Medicare have Part D.
 - Review insurer options for mail-order or 90-day prescriptions for cost savings.
- Connect patients with a local navigator program.
- Connect patients with medication assistance programs such as NeedyMeds or Partnership for Prescription Assistance.
- Follow up with patients to make sure they were able to access the necessary services.



INFORMATION ABOUT YOUR STATE'S
INSURANCE MARKETPLACE AND
LOCAL NAVIGATORS CAN BE FOUND AT
[HEALTHCARE.GOV](https://www.healthcare.gov).



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