

Guidelines updated for managing dyslipidemia to cut CVD risk

24 September 2020



[prevention](#) in patients aged younger than 40 years who are not receiving statins and have not developed new CVD risk factors. A 10-year risk calculator is suggested for CVD risk assessment in primary prevention. Moderate-dose statin therapy is recommended for primary prevention for patients with a 10-year CVD risk ≥ 12 percent, a low-density lipoprotein cholesterol level ≥ 4.9 mmol/L, or diabetes. At least moderate statin doses are recommended for [secondary prevention](#). Recommended lifestyle interventions include an exercise-based cardiac rehabilitation program for patients with recent coronary heart disease.

"We present a pragmatic, patient-centered approach to managing lipid levels to reduce CVD risk, applying evidence for treatment that is concordant with the risk in the populations studied," the authors write.

(HealthDay)—In a synopsis of the 2020 updated clinical practice guideline from the U.S. Department of Veterans Affairs and the U.S. Department of Defense, published online Sept. 22 in the *Annals of Internal Medicine*, recommendations are presented for the management of dyslipidemia to reduce cardiovascular disease (CVD) risk.

Patrick G. O'Malley, M.D., M.P.H., from the Uniformed Services University of the Health Sciences in Bethesda, Maryland, and colleagues developed key questions, evaluated the literature, and developed 27 recommendations and a simple algorithm for managing dyslipidemia to reduce CVD in adults.

The recommendations address targeting of statin dose, additional tests for [risk prediction](#), primary and secondary prevention, laboratory testing, physical activity, and nutrition. The authors suggest against offering a CVD risk assessment more frequently than every five years for [primary](#)

More information: [Clinical Practice Guideline Synopsis](#)
[Evidence Review \(subscription or payment may be required\)](#)
[Editorial \(subscription or payment may be required\)](#)

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