

Full Hearts: Treating Dyslipidemia in the Current Age of Medicine

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“Very High Risk”

LDL target <55mg/dL
AND 50%

Add high-intensity statin

• Not at target?

Add ezetimibe

• Not at target?

Add PCSK-9 inhibitor

“High Risk”

LDL target <70mg/dL
AND 50%

Add high-intensity statin

• Not at target?

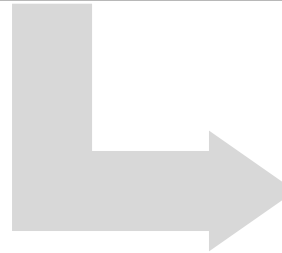
Add ezetimibe

• Not at target?

Add PCSK-9 inhibitor

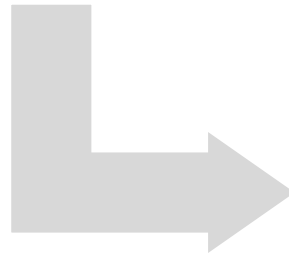
“Very High & High Risk”

Triglyceride target <135



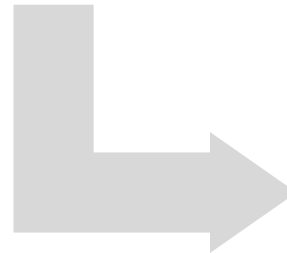
Add high-intensity statin

• Not at target?



Add icosapent ethyl

• Not at target?





Consider fibrate if very high risk

Treating dyslipidemia: **Statins**

High Intensity	Moderate Intensity			
Atorvastatin 40-80mg	Atorvastatin 10-20mg	Simvastatin 20-40mg	Fluvastatin XL 80mg	Pitavastatin 2-4mg
Rosuvastatin 20-40mg	Rosuvastatin 5-10mg	Pravastatin 40-80mg	Fluvastatin 40mg BID	Lovastatin 40mg

Treating dyslipidemia: **Augment Therapy**

Suboptimal **LDL**?





- Escalate the intensity of statin
- Then:
 - Ezetimibe* 
 - Colesevelam
 - PCSK-9 inhibitor* 
 - Bempedoic acid

Suboptimal **TGs**?

- Icosapent ethyl* 
- Fibrate

 Has established cardiovascular outcomes trials (CVOTs)

*Supported by AACE/ACE + ESC/EAS

Name	Target	Primary or Secondary Prevention	CV Indication	NNT
Statins	LDL	Primary		217
Ezetimibe	LDL	Primary		50
PCSK-9 Inhibitors	LDL	Secondary/FH		50
Bempedoic Acid	LDL	Secondary/FH	No	N/A
Icosapent Ethyl	TG	Secondary/DM		21
Fibrate	TG	Primary	No	N/A