Figure 2. Major recommendations for statin therapy for ASCVD prevention **ASCVD Statin Benefit Groups** Heart healthy lifestyle habits are the foundation of ASCVD prevention. In individuals not receiving cholesterol-lowering drug therapy, recalculate estimated 10-y ASCVD risk every 4-6 y in individuals aged 40-75 y without clinical ASCVD or diabetes and with LDL-C 70-189 mg/dL. Age ≤75 y **High-intensity statin**(Moderate-intensity statin if not Yes candidate for high-intensity statin) Adults age >21 y and Clinical Yes• ASCVD a candidate for statin therapy Age >75 y **OR** if not candidate for high-intensity statin Moderate-intensity statin Νo Definitions of High- and Moderate-Intensity Statin Therapy **High-intensity statin** (See Table 5) LDL-C ≥190 (Moderate-intensity statin if not mg/dL candidate for high-intensity statin) Moderate High Daily dose lowers LDL-C by appox. 30% to <50% Daily dose lowers LDL–C by appox. ≥50% Νo **Moderate-intensity statin** Yes **Diabetes** Type 1 or 2 Age 40-75 y Estimated 10-y ASCVD risk ≥7.5%\* Yes **High-intensity statin** Νo Estimate 10-y ASCVD Risk with Pooled Cohort Equations\* ≥7.5% estimated 10-y ASCVD risk Moderate-to-high intensity statin and age 40-75 y Νo ASCVD prevention benefit of statin therapy may be less clear in other groups In selected individuals, consider additional factors influencing ASCVD risk‡ and potential ASCVD risk benefits and adverse effects, drug-drug interactions, and patient preferences for statin treatment

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