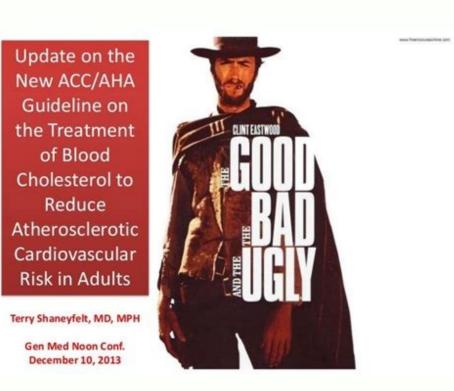
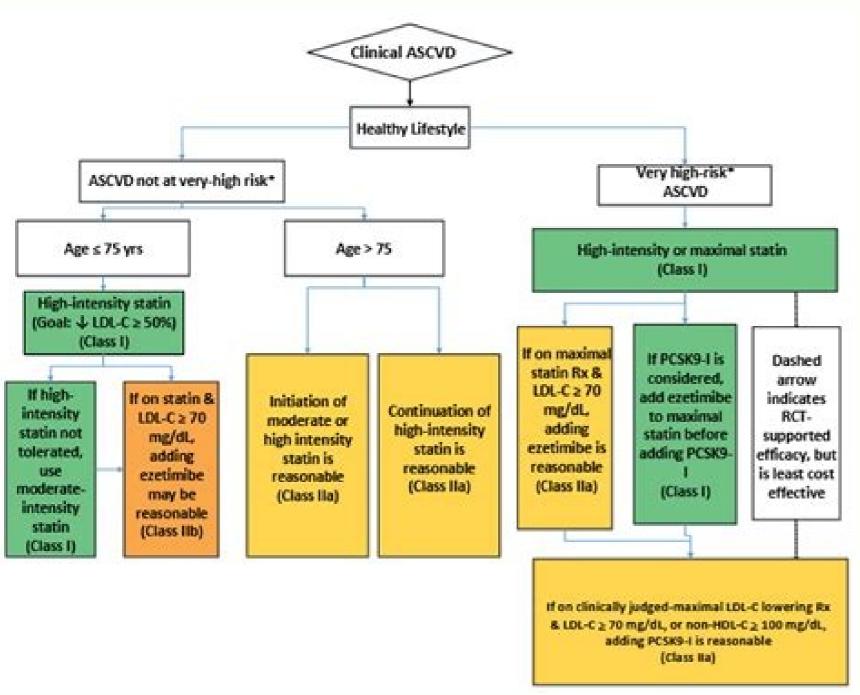
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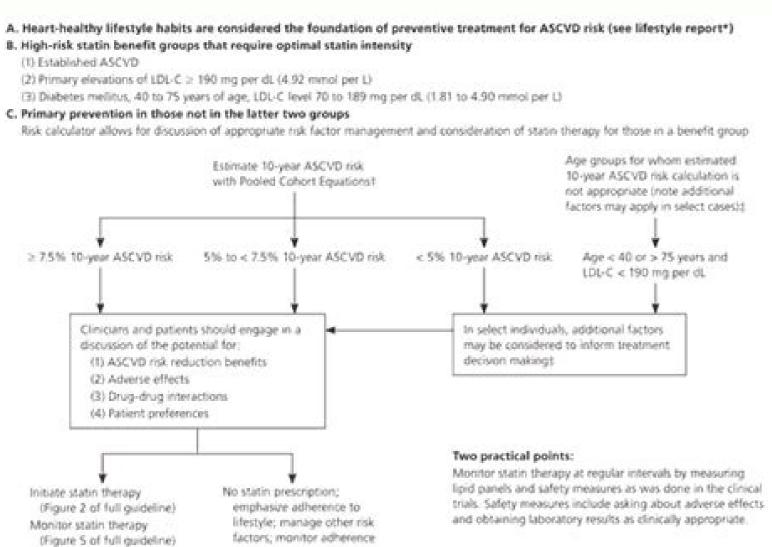
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2013 ACC/AHA BLOOD CHOLESTEROL GUIDELINES Des Subhasish Deb Burdwan Medical College and Respital Department of General Medicine





*—2013 AHAIACC Guideline on Lifestyle Management to Reduce Cardiovascular Risk.

1—The Pooled Cohort Equations can be used to estimate 10-year ASCVD risk in individuals with and without diabetes. A downloadable spreadsheet enabling estimation of 10-year and lifetime risk for ASCVD and a web-based calculator are available at http://my.americanheart.org/cvriskcalculator.and.http://www.cardiosource.org/science-and-quality/practice-guidelines-and-quality-standards/2013-prevention-guideline-tools.aspx.

1—Additional factors that may be considered to inform decision making if a risk decision is uncertain include LDL-C > 160 mm nex cli. (4.14 mmol.)

t—Additional factors that may be considered to inform decision making if a risk decision is uncertain include LDL-C ≥ 160 mg per dL (4.14 mmol per L), family history of premature ASCVD, lifetime risk of ASCVD; high-sensitivity C-reactive protein level ≥ 2.0 mg per L (19.05 nmol per L); coronary artery calcium score ≥ 300 Agastson units, and ankle-brachial index < 0.9.
</p>

Very High Risk of Future ASCVD Events

History of congestive heart failure

ABI, ankle-brachial index; ACS, acute coronary syndrome;

MI, myocardial infarction; PAD, peripheral artery disease.

CKD, chronic kidney disease; eGFR, estimated glomerular filtration rate;

ASCVD, atherosclerotic cardiovascular disease:

Major ASCVD Events Recent ACS (within past 12 months) History of MI (other than recent ACS) History of ischemic stroke Symptomatic PAD (history of claudication with ABI < 0.85 or previous revascularization or amputation **High-Risk Conditions** Age ≥65 years Heterozygous familial hypercholesterolemia History of prior CABG or PCI outside of the major ASCVD event Diabetes mellitus Hypertension CKD (eGFR 15-59 mL/min/1.73 m²) Current smoking Persistently elevated LDL-C (≥100 mg/dL) despite maximally tolerated statin therapy and ezetimibe

prevention A wide population and individuals with diabetes, respectively. 840mg of N-3 fatty acids, including Eicosapentia monitor (EPA) and 380mg of docosaexaenic acid (DHA). Use of statin therapy in severe hypertriglyceridemia The third recommendation (class IIA) endorses the beginning of statins in those with severe hypertriglyceride



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