

ASCVD has many contributing causes and as such, other risk-enhancing factors for clinician-patient risk discussion should be considered to include:

- **Family history of premature ASCVD** (males, age <55y, females, age <65y)
- **Primary hypercholesterolemia** (LDL-C, 160-189 mg/dL [4.1-4.8 mmol/L]; non-HDL-C 190-219 mg/dL [4.9-5.6 mmol/L])*
- **Metabolic syndrome** (increased waist circumference, elevated triglycerides [>150 mg/dL], elevated blood pressure, elevated glucose, and low HDL-C [<40 mg/dL in men; <50 in women mg/dL] are factors; tally of 3 makes the diagnosis)
- **Chronic kidney disease** (eGFR 15-59 mL/min/1.73 m² with or without albuminuria; not treated with dialysis or kidney transplantation)
- **Chronic inflammatory conditions** such as psoriasis, RA, or HIV/AIDS
- **History of premature menopause (before age 40 y) and history of pregnancy-associated conditions that increase later ASCVD risk such as preeclampsia**
- **High-risk race/ethnicities** (e.g., South Asian ancestry)
- **Lipid/biomarkers:** Associated with increased ASCVD risk
 - Persistently* elevated, primary hypertriglyceridemia (≥ 175 mg/dL);
 - If measured:
 - **Elevated high-sensitivity C-reactive protein** (≥ 2.0 mg/L)
 - **Elevated Lp(a):** A relative indication for its measurement is family history of premature ASCVD. An Lp(a) ≥ 50 mg/dL or ≥ 125 nmol/L constitutes a risk-enhancing factor especially at highest levels of Lp(a).
 - **Elevated apoB** ≥ 130 mg/dL: A relative indication for its measurement would be triglyceride ≥ 200 mg/dL. A level ≥ 130 mg/dL corresponds to an LDL-C ≥ 160 mg/dL and constitutes a risk-enhancing factor
 - **ABI** <0.9

* Optimally, 3 determinations.

AIDS indicates acquired immunodeficiency syndrome; ABI, ankle-brachial index; apoB, apolipoprotein B; ASCVD, atherosclerotic cardiovascular disease; eGFR, estimated glomerular filtration rate; HDL-C, high-density lipoprotein cholesterol; HIV, human immunodeficiency virus; LDL-C, low-density lipoprotein cholesterol; Lp(a), lipoprotein (a); and RA, rheumatoid arthritis.

Reference:

- [Use of risk assessment tools to guide decision-making in the primary prevention of atherosclerotic cardiovascular disease: a special report from the American Heart Association and American College of Cardiology.](#)