

**AMERICAN ASSOCIATION OF CLINICAL ENDOCRINOLOGISTS AND
AMERICAN COLLEGE OF ENDOCRINOLOGY**

**SUMMARY OF GUIDELINES FOR MANAGEMENT OF DYSLIPIDEMIA AND
PREVENTION OF CARDIOVASCULAR DISEASE**

AACE & ACE issued new lipid-management guidelines that bring back LDL-cholesterol "targets" and are the first ever to include a new "extreme-risk" category of patients, for whom an LDL-cholesterol level of less than 55 mg/dL is now advised.

AACE/ACE now recommend LDL goals of < 55 mg/dL, < 70 mg/dL, < 100 mg/dL, and < 130 mg/dL for individuals at extreme, very high, high/moderate, and low risk for cardiovascular events, respectively

The analysis found that **LDL-C reduction with rosuvastatin was significantly greater than with all other statins. The percentage of moderate/high-risk individuals who achieved LDL-C goal was also significantly higher among those taking rosuvastatin compared with the other statin groups**

Targets for Five CVD Risk Categories

Atherosclerotic Cardiovascular Disease Risk Categories and LDL-C Treatment Goals				
Risk category	Risk factors^a/10-year risk^b	Treatment goals		
		LDL-C (mg/dL)	Non-HDL-C (mg/dL)	Apo B (mg/dL)
Extreme risk	<ul style="list-style-type: none"> - Progressive ASCVD including unstable angina in patients after achieving an LDL-C <70 mg/dL - Established clinical cardiovascular disease in patients with DM, CKD 3/4, or HeFH - History of premature ASCVD (<55 male, <65 female) 	<55	<80	<70
Very high risk	<ul style="list-style-type: none"> - Established or recent hospitalization for ACS, coronary, carotid or peripheral vascular disease, 10-year risk >20% - Diabetes or CKD 3/4 with 1 or more risk factor(s) - HeFH 	<70	<100	<80
High risk	<ul style="list-style-type: none"> - ≥2 risk factors and 10-year risk 10-20% - Diabetes or CKD 3/4 with no other risk factors 	<100	<130	<90
Moderate risk	≤2 risk factors and 10-year risk <10%	<100	<130	<90
Low risk	0 risk factors	<130	<160	NR

In scientific interest from

