



## CLINICAL PEARLS: Hypertension Summary

- Automated Office Blood Pressure (AOBP) measurement is the **preferred method** for measuring BP in the clinic (office) or hospital setting.
- The **initial 3 antihypertensive classes** recommended (in no particular order) that have favorable outcomes associated with them are **RAS blockers-(ACEI or ARB), Calcium Channel Blockers, and Thiazide/Thiazide-like diuretics.**
- The European and American Hypertension Guidelines, while using a different classification system for defining hypertension and different thresholds for beginning antihypertensive therapy are actually **more similar** to one another in the **targets (goals)** they recommend for BP attainment.



## CLINICAL PEARLS: Lipid Summary

- 1) Emphasize a **heart-healthy lifestyle** across the life course of **all** individuals.
- 2) In patients with clinical atherosclerotic cardiovascular disease (**ASCVD**), reduce low-density lipoprotein cholesterol (LDL-C) levels with **high-intensity** statin therapy or the **maximally tolerated** statin therapy accepted by the patient.
- 3) In individuals with **very high-risk ASCVD**, use an LDL-C threshold of **70 mg/dL** (1.8 mmol/L) to **consider** the addition of **non-statins** to statin therapy.



## CLINICAL PEARLS: Lipid Summary

- 4) In patients with **severe primary hypercholesterolemia** (LDL-C level  $\geq 190$  mg/dL [ $\geq 4.9$  mmol/L]), **without** calculating the 10-year ASCVD risk, begin **high-intensity** statin therapy.
- 5) In patients **40 to 75 years** of age with **diabetes mellitus** and an LDL-C level of  $\geq 70$  mg/dL: Start **moderate-intensity** statin therapy **without** calculating their 10-year ASCVD risk.
- 6) In patients aged 40 to 75 years evaluated for primary ASCVD prevention: Have a clinician–patient risk discussion **before** starting statin therapy.



## CLINICAL PEARLS: Lipid Summary

7) In **non-diabetic** patients aged 40 to 75 years with the following characteristics:

LDL-C levels  $\geq 70$  mg/dL ( $\geq 1.8$  mmol/L) and,

a) A 10-year ASCVD risk of  $5 < 7.5$  %: Start a **moderate-intensity** statin if a discussion of treatment options and risk enhancers favors statin therapy (**IIb**).

b) A 10-year risk of 7.5-19.9% (intermediate risk): Where Risk-enhancing factors favor initiation of statin therapy (**I**).

c) LDL-C levels  $\geq 70$ -189 mg/dL ( $\geq 1.8$ -4.9 mmol/L), and a 10-year ASCVD risk of  $\geq 7.5$ -19.9%: If a decision about statin therapy is uncertain, consider measuring **coronary artery calcium (CAC)** levels.

8) Assess patient adherence and the percentage response to LDL-C-lowering medications and lifestyle changes with a **repeat lipid measurement 4-12 weeks** after initiation of statin therapy or dose adjustment; **repeat** every 3-12 months, as needed.