

# CVD RISK FACTOR MODIFICATIONS ALGORITHM

## DYSLIPIDEMIA

**THERAPEUTIC LIFESTYLE CHANGES** (See Obesity Algorithm)

**LIPID PANEL: Assess CVD RISK**

**STATIN THERAPY**

If TG > 500 mg/dl, fibrates, omega-3 ethyl esters, niacin

If statin-intolerant

Try alternative statin, lower statin dose or frequency, or add nonstatin LDL-C-lowering therapies

Repeat lipid panel; assess adequacy, tolerance of therapy

Intensify therapies to attain goals according to risk levels

**RISK LEVELS**

**MODERATE**

DM but no other major risk and/or age < 40

**HIGH**

DM + major CVD risk(s) (HTN, Fam Hx, Low HDL-C, smoking) or CVD\*

DESIRABLE LEVELS

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LDL-C (mg/dL)

<100

<70

Non-HDL-C (mg/dL)

<130

<100

TG (mg/dL)

<150

<150

TC/HDL-C

<3.5

<3.0

Apo B (mg/dL)

<90

<80

LDL-P (nmol/L)

<1200

<1000

**IF NOT AT DESIRABLE LEVELS:**

Intensify TLC (weight loss, physical activity, dietary changes) and glycemic control; Consider additional therapy

**To LOWER LDL-C:  
To LOWER Non-HDL-C, TG  
To LOWER Apo B, LDL-P:**

Intensify statin, add ezetimibe &/or colesevelam &/or niacin  
Intensify statin &/or add OM3EE &/or fibrates &/or niacin  
Intensify statin &/or ezetimibe &/or colesevelam &/or niacin

Assess adequacy & tolerance of therapy with focused laboratory evaluations and patient follow-up

\*EVEN MORE INTENSIVE THERAPY MIGHT BE WARRANTED

## HYPERTENSION

**GOAL: SYSTOLIC ~ 130,  
DIASTOLIC ~ 80 mm Hg**

ACEi  
or  
ARB

For initial blood pressure > 150/100 mm Hg:  
**DUAL THERAPY**

ACEi or ARB +  
Thiazide ✓  
Calcium Channel Blocker ✓  
β-blocker ✓

If not at goal (2-3 months)

Add β-blocker or calcium channel blocker or thiazide diuretic

If not at goal (2-3 months)

Add next agent from the above group, repeat

If not at goal (2-3 months)

Additional choices (α-blockers, central agents, vasodilators, spironolactone)

Achievement of target blood pressure is critical