

RECOMMENDATIONS FOR LDL-C THERAPEUTIC TARGETS

LDL-C Therapeutic Targets: Borderline Risk and Low Risk Groups
<i>In individuals at borderline risk, a LDL-C goal < 3.4 mmol/L (< 130 mg/dl) can be considered. If risk enhancers are present, a risk-benefit discussion for statin can be considered.</i>
<i>In individuals at low risk, focus on lifestyle intervention, and a risk-benefit discussion for statin can be considered if the LDL-C is persistently > 4.1 mmol/L (160 mg/dl). Ideally, an LDL-C of < 3.4 mmol/L (130 mg/dl) can be considered.</i>
Cardiovascular risk by medical condition
<i>In very high-risk group with established ASCVD, LDL goal <1.8 mmol/L (<70 mg/dL) is recommended. Consider LDL-C goal of <1.4 mmol/L (<55 mg/dL) in patients with acute coronary syndrome.</i>
<i>For FH patients with ASCVD or additional CV risk factors (such as DM, smoking, HPT, > 40 years), treatment to achieve a LDL-C goal of <1.8 mmol/L (<70 mg/dL) is recommended.</i>
<i>For FH patients with no known ASCVD or other major risk factors, a LDL-C goal of <2.6 mmol/L (<100 mg/dL) is recommended.</i>
<i>In patients with DM at high risk (CKD, multiple microvascular complications, DM duration > 10 years, or glycaemic level persistently above the target despite optimal treatment), a LDL-C goal of <1.8 mmol/L (<70 mg/dL) is recommended.</i>
Otherwise healthy patients without the above conditions: CV risk by 10-year risk scoring
<i>In high-risk patients, an LDL goal <1.8 mmol/L (<70 mg/dL) is recommended.</i>
<i>In individuals at intermediate risk, consider an LDL-C goal of <2.6 mmol/L (<100 mg/dL).</i>
<i>In individuals at borderline risk, a LDL-C goal < 3.4 mmol/L (< 130 mg/dl) can be considered.</i>
<i>Re-evaluate LDL levels 4-6 weeks after therapy initiation to determine if target is achieved and address other safety issues during follow-up.</i>

Remark: *Reference to CPG for management of lipids, Chapter of Cardiologists, Dec 2023.