Measure lipid levels

Determine diabetes status

The American Heart Association (AHA) has identified seven simple measures to prevent cardiovascular disease.

**Life’s Simple 7**

- Measure height, weight, waist circumference
- Measure blood pressure
- Measure A1C
- Nonpharmacologic interventions are recommended for all adults with elevated blood pressure or hypertension and cardiovascular disease. For those requiring pharmacologic therapy, the target blood pressure should generally be less than 130/80 mmHg.
- For adults with type 2 diabetes mellitus, lifestyle changes, such as improving dietary habits and achieving exercise recommendations, are crucial. If medication is indicated, metformin is first-line therapy, followed by consideration of a sodium-glucose co-transporter 2 inhibitor or a glucagon-like peptide-1 receptor agonist.
- For adults with type 2 diabetes mellitus, lipid-lowering therapy is considered. The American College of Cardiology/American Heart Association (ACC/AHA) 2019 guidelines recommend the use of the PCE as an important starting point, not as the final arbiter, for decision-making in primary prevention of ASCVD.

**ASCVD RISK CALCULATOR**

Adults who are 40 to 75 years of age and are being evaluated for cardiovascular disease prevention should undergo a 10-year atherosclerotic cardiovascular disease (ASCVD) risk estimation and have a clinician-patient risk discussion before starting on pharmacological therapy, such as antihypertensive therapy, a statin, or aspirin.

**ASCVD Risk Calculator: KNOWDIABETESBYHEART.ORG/RISKCALC**

- Measure height, weight, waist circumference
- Measure blood pressure (systolic blood pressure)
- Medication use (antihypertensives, statin, aspirin)
- Determine diabetes status
- Assess tobacco use (smoking status)

**STATIN RECOMMENDATIONS FOR ADULTS WITH TYPE 2 DIABETES**

In adults 40 to 75 years of age with diabetes mellitus, regardless of estimated 10-year ASCVD risk, moderate-intensity statin therapy is indicated (S4.3-1—S4.3-9).

In adults 40 to 75 years of age with diabetes mellitus and an LDL-C level of 70 to 189 mg/dL, (1.7 to 4.8 mmol/L), it is reasonable to assess the 10-year risk of a first ASCVD event by using the race and sex-specific PCE to help stratify ASCVD risk (S4.3-10, S4.3-11).

In adults with diabetes mellitus who have multiple ASCVD risk factors, it is reasonable to prescribe high-intensity statin therapy with the aim to reduce LDL-C levels by 50% or more (S4.3-12, S4.3-13).

In adults older than 75 years of age with diabetes mellitus and who are already on statin therapy, it is reasonable to continue statin therapy (S4.3-5, S4.3-8, S4.3-13).

In adults with diabetes mellitus and 10-year ASCVD risk of 20% or higher, it may be reasonable to add ezetimibe to maximally tolerated statin therapy to reduce LDL-C levels by 50% or more (S4.3-14, S4.3-15).

In adults older than 75 years with diabetes mellitus, it may be reasonable to initiate statin therapy after a clinician-patient discussion of potential benefits and risks (S4.3-5, S4.3-8, S4.3-13).

In adults 20 to 39 years of age with diabetes mellitus that is either of long duration (>10 years of type 2 diabetes mellitus, ≥20 years of type 1 diabetes mellitus), albuminuria (≥30 mg of albumin/mg creatinine), estimated glomerular filtration rate (eGFR) less than 60 mL/min/1.73 m2, retinopathy, neuropathy, or ABL (>0.9), it may be reasonable to initiate statin therapy (S4.3-5, S4.3-6, S4.3-8, S4.3-16—S4.3-25).
DECISION CYCLE FOR PATIENT-CENTERED GLYCEMIC MANAGEMENT IN TYPE 2 DIABETES

Approaches to management of glycemia in adults with type 2 diabetes, with the goal of reducing complications and maintaining quality of life in the context of comprehensive cardiovascular risk management and patient-centered care. The principles of how this can be achieved are summarized and underpin the approach to management and care. These recommendations are not generally applicable to patients with monogenic diabetes, secondary diabetes, or type 1 diabetes, or to children.

GOALS OF CARE
- Prevent complications
- Optimize quality of life

IMPLEMENT MANAGEMENT PLAN
- Patients' not meeting goals generally should be seen at least every 3 months as long as progress is being made, more frequent contact is advisable if otherwise indicated for DUMES

ASDVS – Atherosclerotic Cardiovascular Disease
CVD – Chronic Kidney Disease
HbA1c – Glycated Hemoglobin
DUMES – Diabetes Self-Management Education and Support
SMBG – Self-Monitored Blood Glucose

IMPLEMENT MANAGEMENT PLAN
- Patients' not meeting goals generally should be seen at least every 3 months as long as progress is being made, more frequent contact is advisable if otherwise indicated for DUMES

ARROW® Indicators of High-Risk or Established ASCVD, CVD, or HbA1c


2. 2018 AHA/ACC/AACVPR/AAPA/ABC/ACPM/ADA/AGS/APhA/ASPC/NLA/PCNA Guideline on the Management of Blood Cholesterol: Executive Summary: A Report of the American College of Cardiology/American Heart Association Task Force on Clinical Practice Guidelines Scott M. Grundy, MD, PhD, FAHA, Chair, Neil J. Stone, MD, FACC, FAHA, Vice Chair, Alison L. Bailey, MD, FACC, Kim K. Birtcher, MS, PharmD, AACC, FNLA, Roger S. Blumenthal, MD, FACC, FNLA, Lynne T. Braun, PhD, CNP, FAHA, FPCNA, FNLA, Roland K. Coudray, MD, MPH, Joseph Feightle-Simmons, PhD, FACP, Daniel E. Forman, MD, FAHA, Ronald Goldberg, MD, Paul A. Harrison, MD, MS, FACC, FAHA, Mark A. Haskins, MD, MDS, FACC, FAHA, Daniel W. Jones, MD, FAHA, Donald Lloyd-Jones, MD, FACC, FAHA, Antonio Lopez-Pajares, MD, PhD, FACC, Joseph P. Sackey, MD, MS, FACC, Joseph J. Saseen, PharmD, FAHA, Sidney S. Smith Jr, MD, MACC, FAHA, Laurence Sperling, MD, FACC, FAHA, Salim S. Virani, MD, FACC, FAHA, Joseph Yeboah, MD, MS, FACC, FAHA


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