

CHOLESTEROL SCREENING TOOL



AGES 20-39:

Every 4-6 years, screen for risk factors

AGES 40-75:

On a routine basis, assess for risk factors and calculate 10-year risk: <https://ccccalculator.ccctracker.com/>

<5% LOW RISK

► Emphasize healthy lifestyle changes.

- Eat less red meat/fried foods and more fruits/vegetables
- Be more physically active
- Smoke less or not at all
- Avoid or limit alcohol and caffeine
- Manage stress

5% TO <7.5% BORDERLINE RISK

≥7.5% TO <20% INTERMEDIATE RISK

► Emphasize healthy lifestyle changes.

► Evaluate risk-enhancing factors and consider statin therapy based on results.

- Consider a coronary artery calcium (CAC) test to help reclassify risk for preventive interventions. (Keep in mind that **this test may not be covered by some insurance plans**, so check first before ordering a CAC for your patient.)

≥20% HIGH RISK

► Immediate statin therapy is recommended.

- High-intensity dosage (LDL-C Reduction $\geq 50\%$) recommended.
 - » High-intensity statins reduce ASCVD risk a third more than moderate-intensity statins.
- Closely monitor side effects, increase/decrease dosage as needed.

Clinical Risk-Enhancing Factors to Assess	Parameters
Family history of premature ASCVD	Males <55 years; Females <65 years
Primary Hypercholesterolemia	LDL-C, 160-189 mg/dL [4.1- 4.8 mmol/L]; non-HDL-C 190-219 mg/dL [4.9-5.6 mmol/L]
Metabolic Syndrome	Increased waist circumference, elevated triglycerides [>175 mg/dL], elevated blood pressure, elevated glucose, and low HDL-C [<40 mg/dL in men; <50 mg/dL in women] are factors; tally of 3 makes the diagnosis
Chronic Inflammatory Conditions	Ex – psoriasis, RA, or HIV / AIDS
Chronic Kidney Disease	eGFR 15-59 mL/min/1.73 m ² with or without albuminuria, not treated with dialysis or kidney transplantation
Sex Specific Characteristics	History of premature menopause (before age 40) History of pregnancy-associated conditions that increase later ASCVD risk (pre-eclampsia)



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