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 ≥190 mg/dL [≥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 ≥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 ≥70 mg/dL (≥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).


c) LDL-C levels ≥70-189 mg/dL (≥1.8-4.9 mmol/L), and a 10-year ASCVD risk of ≥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.