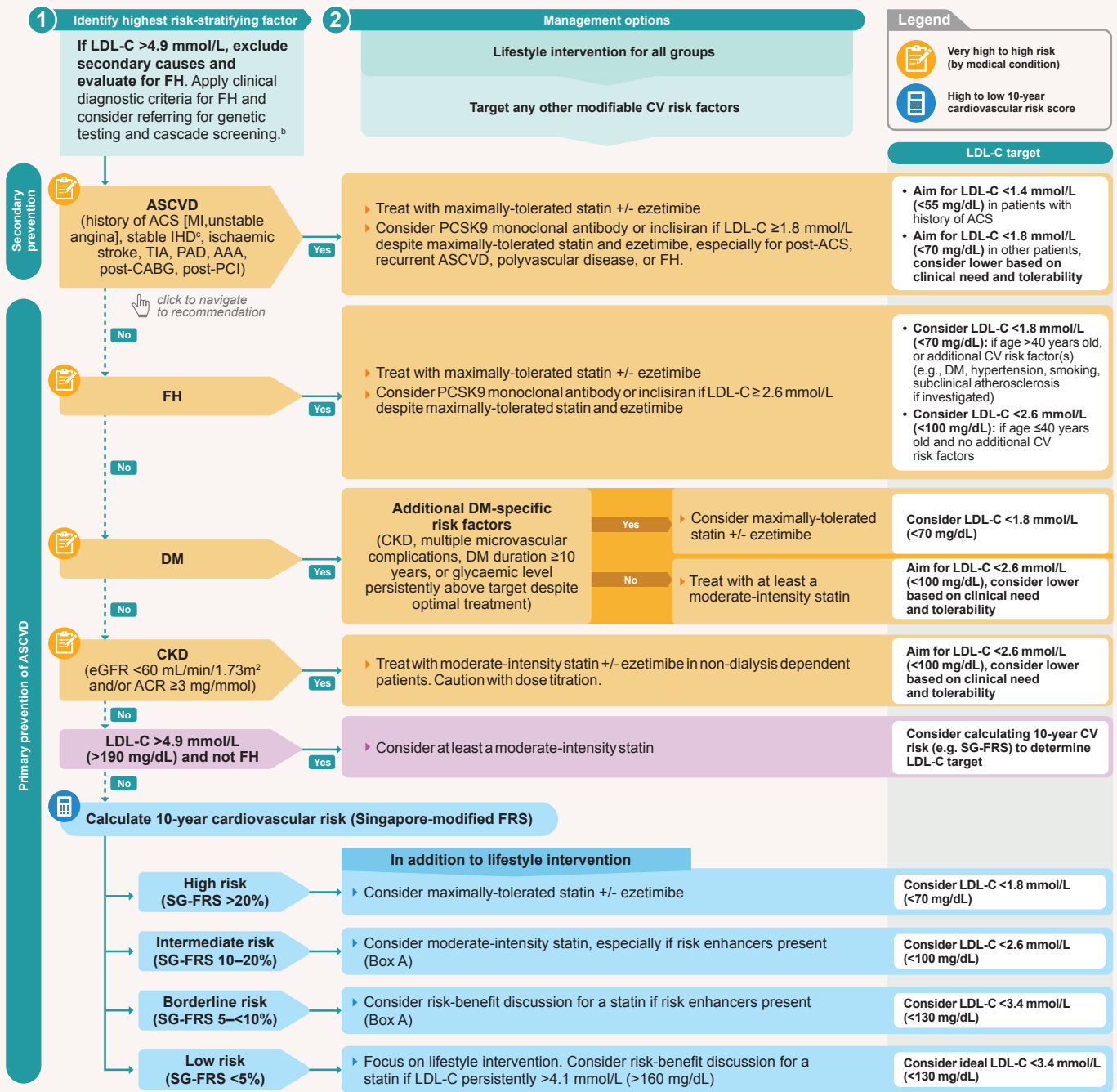


Figure 1. A practical guide to risk stratification for lipid management in key patient groups

Details can be found under each Recommendation in the ACG (click on the interactive boxes to navigate). The sequence is ordered from highest to lowest risk categories. For patients with multiple comorbidities, refer to the comorbidity that confers the highest risk to guide management (e.g., for a patient with ASCVD and diabetes, refer to the box for ASCVD). In the absence of ASCVD, DM, CKD, or FH, a 10-year risk score can be calculated to classify patient as high, intermediate, borderline, or low risk.



Practice reminders

High-intensity statin (≥50% LDL-C reduction): Atorvastatin 40–80 mg, Rosuvastatin 20–40 mg

Moderate-intensity statin (30–49% LDL-C reduction): Atorvastatin 10–20 mg, Lovastatin 40–80 mg, Pitavastatin 1–4 mg, Pravastatin 40–80 mg, Rosuvastatin 5–10 mg, Simvastatin 20–40 mg

Exercise care with statins in certain populations

- Avoid use of statin in women who are pregnant, breastfeeding, or planning to conceive, and refer to specialist especially if at high risk.
- Titrate statin with caution in the elderly and people with renal impairment as they are more prone to adverse effects.

Always individualise treatment

Consider potential benefits, tolerability of side effects, life expectancy, and patient's preferences. Depending on the patient's circumstances, lower treatment intensity than recommended may be acceptable.

Where 'consider' is used next to an LDL-C target, expert consensus contributed to the basis for selection. Alongside use of the target, it is important to select appropriate intensity of treatment to bring about a sufficient reduction in LDL-C and reduce CV risk.

Box A. Examples of risk enhancers

- Family history of premature ASCVD
- Chronic inflammatory or autoimmune disorders (rheumatoid arthritis, SLE, HIV)
- Persistently elevated triglycerides
- Metabolic syndrome
- Premature menopause (before 40 years old)
- Severe mental illness
- Abnormal ankle-brachial index (<0.9) without symptoms of PAD
- Elevated lipoprotein(a)

Abbreviations

AAA, abdominal aortic aneurysm; ACR, albumin creatinine ratio; ASCVD, atherosclerotic cardiovascular disease; CABG, coronary artery bypass graft; CKD, chronic kidney disease; DM, diabetes mellitus; eGFR, estimated glomerular filtration rate; FH, familial hypercholesterolaemia; HIV, human immunodeficiency virus; IHD, ischaemic heart disease; LDL-C, low-density lipoprotein cholesterol; MI, myocardial infarction; PAD, peripheral artery disease; PCI, percutaneous coronary intervention; PCSK9, proprotein convertase subtilisin/kexin type 9; SG-FRS, Singapore-modified Framingham Risk Score; SLE, systemic lupus erythematosus; TIA, transient ischaemic attack

b. Some patients may be eligible for subsidised genetic testing under the national FH genetic testing programme. For more details on the criteria, refer to this [link](#) (login details are required).

c. Also known as chronic coronary syndrome (CCS). The [2025 ACG Management of chronic coronary syndrome](#) provides further information on clinical presentations of CCS.