Overview of 2021 CCS Dyslipidemia Guidelines

Focus on Secondary Prevention

Key Takeaways

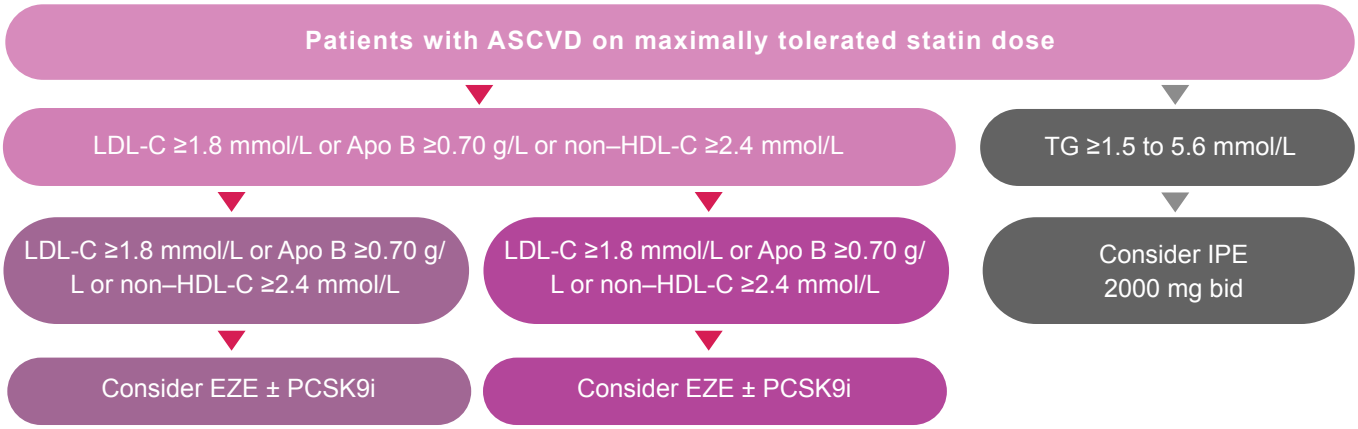
- From target to threshold: **The 2021 CCS Dyslipidemia Guidelines** recommend adding non-statin therapies when LDL-C remains ≥1.8 mmol/L despite use of maximally tolerated statin dose
- The CCS has defined subsets of patients that gain the most benefit from intensifying lipid-lowering therapy
- **Lower LDL-C levels are recommended based on evidence from recent trials showing further benefits when lowering LDL-C beyond 1.8 mmol/L**

Statins remain the cornerstone of dyslipidemia management

However, the following add-on therapies should be considered for patients with ASCVD on maximally tolerated statin when their **LDL-C ≥1.8 mmol/L:**

1.PCSK9 inhibition (alirocumab, evolocumab, inclisiran)

2.Ezetimibe



This decision tree from the 2021 CCS Dyslipidemia Guidelines outlines treatment intensification in adults with ASCVD for secondary prevention of cardiovascular events.

The CCS has identified subsets of patients with established CVD and high-risk factors who gain the greatest benefit from intensifying LLT:

- Recent acute coronary event (ACS) (Hospitalized index ACS to 52 weeks post index ACS)
- Diabetes mellitus or metabolic syndrome
- Polyvascular disease (vascular disease in ≥2 arterial beds)
- Symptomatic PAD
- Recurrent MI
- MI in the past 2 years
- Previous CABG surgery
- LDL-C ≥2.6 mmol/L or heterozygous FH
- Lipoprotein(a) ≥60 mg/dL (120 nmol/L)

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Reference: Pearson GJ, et al. 2021 Canadian Cardiovascular Society Guidelines for the Management of Dyslipidemia for the Prevention of Cardiovascular Disease in Adults. Can J Cardiol. 2021;37(8):1129-1150. doi:10.1016/j.cjca.2021.03.016