

What is Atherosclerotic Cardiovascular Disease (ASCVD) ?

...AND WHAT DO I DO ABOUT IT?

Shared Decision Making (SDM) is a collaborative process enabling both patients and providers to make healthcare decisions together. It takes into account both medical information and patient preferences.

The **SHARED** approach was created to help facilitate the SDM process, which can help improve patient outcomes, rates of self-management, satisfaction with care, and lower healthcare costs.

S Seek Your Patient's Participation

What is ASCVD?

Atherosclerotic Cardiovascular Disease (ASCVD) develops due to a buildup of sticky, cholesterol-rich plaque. Over time, plaque can harden and narrow your arteries. ASCVD causes heart attacks, strokes, symptoms from blocked arteries, and death.

H Help Your Patient Explore and Compare Treatment Options

How do I know if I have ASCVD or am at risk for ASCVD?

You might have been hospitalized for an ASCVD event. Or, you might have risk factors that put you at increased risk of ASCVD. LDL-C, blood pressure, smoking and diabetes are all risk factors that can be treated to reduce your ASCVD risk.

A Assess Your Patient's Values and Preferences

If I have ASCVD or am at risk for ASCVD, what can I do about it? Are there any side effects?

Healthy lifestyle habits are the foundation for preventing risk factors and ASCVD events. With increasing age or higher risk factor levels, medications such as statins are often need to be added to reduce the risk of an ASCVD event and death.

R Reach a Decision With Your Patient

What would treatment look like for me?

Statins are recommended for all people with an ASCVD event and people at high risk of an ASCVD event. Although some people have symptoms during statin therapy, most can find a statin and dose that works for them.

E Evaluate Your Patient's Decision

How long do we try? How will I know if what I am doing is making a difference?

Let's set some goals for the next 1-3 months. We want to focus on healthy eating, exercise and taking your medication. After that time, we will check your LDL-C levels again.

D Decide Which Local Resources Will Effectively Support the Patient and How To Connect

What if I have challenges sticking to my goals? What resources are available to help me?

Your Care Team includes me, a nurse practitioner, registered dietitian, and a pharmacist. We can help.

* Note. Adapted from "The SHARE Approach," by the Agency for Healthcare Research and Quality, Content last reviewed August 2018. Retrieved from <http://www.ahrq.gov/professionals/education/curriculum-tools/shareddecisionmaking/index.html>

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Shared Decision Making for Atherosclerotic Cardiovascular Disease (ASCVD)

S Seek Your Patient's Participation

Why Is A Heart-Healthy Lifestyle Important?

- At least 1 in 3 people will experience a heart attack or stroke that will cause death or damage to their heart or brain.
- Eating a healthy diet, filled with vegetables, fruit, whole grains, and limiting sweets and red meats; exercising; maintaining a healthy weight; and not smoking, help reduce your risk for heart attack, stroke, and death and other health conditions.
- Knowing your ASCVD risk, LDL-C and blood pressure numbers is important; and can help your care team best assess whether the therapy is working for you.

H Help Your Patient Explore and Compare Treatment Options

Why is taking medication important?

- In addition to a heart-healthy lifestyle, medications to lower your LDL-C level will reduce your ASCVD risk.
- Taking a higher intensity (dose) of statin will lower LDL-C more, and prevent more ASCVD events, than a lower dose. Most patients can tolerate higher intensities (doses) of statin.
- Once statin therapy is maximized, some high risk patients may benefit from further lowering their LDL-C with a nonstatin medication such as ezetimibe, a PCSK9 inhibitor or a bile acid sequestrant. High risk patients include those who have had more than one heart attack, stroke or other ASCVD event, those with ASCVD and multiple risk factors, or those with familial hypercholesterolemia with ASCVD or other risk factors.
- The more LDL-C is reduced the greater the ASCVD risk reduction, so it is important to lower LDL-C as much as possible from a statin before adding a nonstatin to further lower LDL-C.

Treatment:

Heart Healthy Diet and Regular Exercise ↓10-15%

Statin: First line treatment. Safe and effective. ↓35-55%

Non-statins:

- Ezetimibe ↓18-25%
- PCSK9 inhibitors ↓40-65%
- Bile acid sequestrants ↓18-25%

Approximate LDL-C Lowering Effect*:

Let's take a look at the treatment options that are best for you.



*Hegele RA, Gidding SS, Ginsberg HN, McPherson R, Rader DJ, Robinson JG, Welty FK. Nonstatin Low-Density Lipoprotein-Lowering and Cardiovascular Risk Reduction--Statement from ATVB Council. *Arterioscler Thromb Vasc Biol.* 2015; 35:2269-2280. DOI: 10.1161/ATVBAHA.115.306442.

A Assess Your Patient's Values and Preferences

Questions to Ask About Treatment:

Will these treatments work for me?

- Statins have been studied in clinical trials in 200,000+ people over 30 years and have been shown to be safe and effective in preventing cardiovascular (CV) disease.
- Large reductions in LDL-C result in large reductions in CV risk.
- If you do not already have an ASCVD diagnosis, and are not sure about taking a statin, a Coronary Artery Calcium (CAC) score may better guide your decision.

Are there side effects to the medications or anything else I should know?

- Some people who take statins will experience muscle aches; but most muscle symptoms are not related to statin therapy. Stopping and retrying statins, under medical supervision, can help determine if symptoms are related to treatment.
- If you experience rhabdomyolysis symptoms (severe muscle pain or weakness, or dark/decreased urination), a very rare side effect, stop your statin and call me right away.
- There are seven statins available. Usually you can find one that works for you with no or minimal side effects.
- The benefit of statins for reducing heart attack and stroke risk outweighs the small excess risk of diabetes associated with taking them.
- We can also take a look at the potential out-of-pocket costs of therapies.

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R

Reach a Decision With Your Patient

My Treatment Plan

Date: _____ For the next ____ months
Heart-Healthy Diet goals: _____
Exercise goals: _____
Other risk factor goals: _____

Medication: _____ Medication: _____ Medication: _____
Dose Frequency _____ Dose Frequency _____ Dose Frequency _____
Lab test: ____ months Next appointment: ____ months

It is recommended that you aim to maintain statin treatment in some form. However, the decision of whether to continue taking the statin is up to the patient.

The symptoms that I'm experiencing while taking my statin(s) include:

- Muscle aches in my legs, trunk, shoulders, or upper arms
- Muscle weakness
- Other: _____

On a scale from 1 to 10, with 1 being hardly noticeable, to 10 entirely negatively impacting my daily routine, I rate my symptoms as a _____.

Are these symptoms tolerable? Y | N

Is my ability to exercise limited by these symptoms: Y | N

E

Evaluate Your Patient's Decision

What are the benefits of sticking with my treatment plan?

- _____

What might get in the way of achieving my goals and what can we do about that?

- _____

D

Decide Which Local Resources Will Effectively Support Your Patient and How To Connect

Connect with the Cardiovascular Care Team

- Primary Care Physician: _____
- Nurse Practitioner: _____
- Registered Dietician: _____
- Genetic Counselor: _____
- Pharmacist: _____
- Other Specialist Referrals: Pediatric Specialist, Cardiologist _____
- Health Insurance Plan: _____

This is how I connect with my Cardiovascular Care Team.



*References

American College of Cardiology. 2018 Guideline on the management of blood cholesterol guidelines made simple: A selection of tables and figures. J Am Coll Cardiol. Nov 2018; DOI: 10.1016/j.jacc.2018.11.003

Grundy SM, Stone NJ, Bailey AL, et al. 2018 AHA/ACC/AACVPR/AAPA/ABC/ACPM/ADA/AGS/APhA/ASPC/NLA/PCNA guideline on the management of blood cholesterol: a report of the American College of Cardiology/American Heart Association Task Force on Clinical Practice Guidelines. Circulation. 2018; DOI: 10.1161/CIR.0000000000000625

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