What is Atherosclerotic Cardiovascular Disease (ASCVD)?

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.

**Shared Decision Making for Atherosclerotic Cardiovascular Disease (ASCVD)**

- **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.**
- **Why is taking medication important?**
  - 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.
  - 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 needed to be added to reduce the risk of an ASCVD event and death.
- **Why is a heart-healthy lifestyle important?**
  - 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 needed to be added to reduce the risk of an ASCVD event and death.
- **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.
- **Risk factors for ASCVD?**
  - 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.
- **Non-statins:**
  - Ezetimibe
  - PCSK9 inhibitors
  - Bile acid sequestrants
- **Statins:** First line treatment. Safe and effective.
- **Heart Healthy Diet and Regular Exercise**
  - 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.
- **Treatment:**
  - **Heart Healthy Diet and Regular Exercise**
    - **Lowering Effect:** 10-15%
  - **Statin:** First line treatment. Safe and effective.
    - **Lowering Effect:** 40-65%
  - **Non-statin:**
    - Ezetimibe: 18-25%
    - PCSK9 inhibitors: 30-55%
    - Bile acid sequestrants: 18-25%
  - **Approximate LDL-C Lowering Effect:**
  - **LDL-C level from statin therapy:**
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      - **LDL-C level from statin therapy:** 40-65%
      - **Non-statin:**
        - Ezetimibe: 18-25%
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- **Understanding 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.**

**Seek Your Patient’s Participation**

- **What would treatment look like for me?**
- **How do I know if I have ASCVD or am at risk for ASCVD?**
- **If I have ASCVD or am at risk for ASCVD, what can I do about it? Are there any side effects?**
- **Assess Your Patient’s Values and Preferences**
  - **What if I have challenges sticking to my goals? What resources are available to help me?**
- **Reach a Decision With Your Patient**
  - **How long do we try? How will I know if what I am doing is making a difference?**
  - **If I have an ASCVD event, those with ASCVD and multiple risk factors, 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.**
- **Evaluate Your Patient’s Decision**
  - **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.**
  - **Let’s take a look of the treatment options that are best for you.**
- **SHARED Decision Making for Atherosclerotic Cardiovascular Disease (ASCVD)**
  - **Seek Your Patient’s Participation**
  - **Help Your Patient Explore and Compare Treatment Options**
  - **Assess Your Patient’s Values and Preferences**
  - **Reach a Decision With Your Patient**
  - **Evaluate Your Patient’s Decision**
  - **Decide Which Local Resources Will Effectively Support the Patient and How To Connect**

**SHARED Decision Making for Atherosclerotic Cardiovascular Disease (ASCVD)**

- **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.**
- **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.**
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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.

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: __________________________ Dose Frequency _______________
Medication: __________________________ Dose Frequency _______________
Medication: __________________________ Dose Frequency _______________

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


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