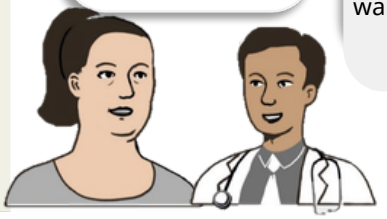
ASCVD PREVENTION:

Shared Decision-Making Resource for Providers & Patients

In shared decision-making, healthcare providers and patients work together to make the best possible healthcare decisions. These decisions consider evidence about available options, the clinician's experience, and the patient's values and preferences. There is evidence that shared decision-making contributes to improvements in health. This resource is a guide for healthcare providers and patients to engage in shared decision-making about treatment for atherosclerotic cardiovascular disease (ASCVD) using the SHARED approach.

STEPS OF SHARED DECISION-MAKING	SAMPLE TALKING POINTS
S Seek Your Patient's Participation	1 What is ASCVD?
	2 ASCVD is a condition where blood vessels become blocked, which can lead to heart attack, stroke, the need for a stent, bypass surgery, or other serious outcomes. Can I discuss options for lowering your risk?
	3 Yes, what options will work best for me?
H Help Your Patient Explore and Compare Treatment Options	
	4 Your lab results show that you have high LDL cholesterol, which increases your risk for ASCVD. Based on your risk, healthy lifestyle habits and medicine can be helpful for you.
A Assess Your Patient's Values and Preferences	5 I'm not sure I have time to change my lifestyle.
	6 I understand that finding time can be a challenge. We can think about different ways to add healthy habits to your lifestyle. How do you feel about taking a daily medicine as well?
	7 Are there side effects?
R Reach a Decision With Your Patient	
	8 I'd like to prescribe a statin, a safe and effective drug used to lower cholesterol levels. Most people who take statins don't have side effects.
E Evaluate Your Patient's Decision	9 Can I learn more about my options before deciding?
	10 Let's discuss the different statins available and what may work best for you. After you start treatment, we will check your blood work to see how well it is working. Additionally, I want to check your lipoprotein(a) [Lp(a)] levels because high Lp(a) can increase your chance of heart disease, heart attack, and stroke.
D Decide Which Resources Can Support Your Patient	
	11 I'd also like to refer you to a dietitian to see if there are any changes to your diet that can help lower your cholesterol.

Find this resource and other guides at natforum.org/ASCVD_Guide and natforum.org/Shared_Decision

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FOR PROVIDERS

ASCVD Shared Decision-Making Guide

Step 1: Seek Your Patient's Participation

Many patients are unaware that they can and should participate in their healthcare decision-making. Communicate that a choice exists and invite your patient to participate in the process.

Summarize the health problem:

- "ASCVD refers to a buildup of cholesterol in your arteries that causes heart attacks, strokes, and peripheral vascular disease (pain and cramping in your legs due to reduced circulation)."
- "One in 3 people will have a heart attack or stroke in their lifetime. If you have had a heart attack or stroke in the past, you are more likely to have one again."

Invite your patient to be involved in decisions. Invite your patient to ask questions and discuss options with you.

- "I'd like to discuss lifestyle changes and treatment to lower your risk for a future heart attack or stroke. Then, we can decide together which options may be best for you."

Step 2: Help Your Patient Explore and Compare Treatment Options

Discussing options with your patient can help you build a trusting relationship.

Assess what your patient already knows about their options.

- "What have you heard about ways to lower the risk of heart disease or ASCVD?"

Explain each option clearly, using plain language. Avoid using technical or medical jargon. Point out when there are clear differences between specific options.

- "The best treatment depends on your risk for developing ASCVD in the future."
- "People at low risk for ASCVD can avoid or delay heart disease through lifestyle changes, such as eating a heart-healthy diet, exercising, and maintaining a healthy weight."
- "People at medium or high risk for ASCVD may benefit from taking medicine to lower their risk. For most people, taking a statin daily is an effective way to lower the risk of a heart attack or stroke. Some people need other medications to lower their risk sufficiently."

Additional talking points are provided in the accompanying patient handout, **"Reducing Your Risk for Heart Attack or Stroke" (page 5 of this document)**.

Discuss the benefits and harms of each option. Clearly communicate the risks and benefits of each option. Some resources include:

- American College of Cardiology ASCVD Risk Estimator Plus: tools.acc.org/ascvd-risk-estimator-plus
- Mayo Clinic Statin Choice Decision Aid: statindecisionaid.mayoclinic.org/statin/index
- Family Heart Foundation: familyheart.org/ldlsafezone
- Preventive Cardiovascular Nurses Association: pcna.net/resources/resource-library/?_topic=atherosclerotic-cardiovascular-disease-ascvd

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A

Step 3: Assess Your Patient's Values and Preferences

Encourage your patient to talk about what is important to them regarding the options.

Use open-ended questions and listen actively to your patient.

- "What are the benefits of reducing the risk of ASCVD for you?" "What are the disadvantages?" "Do the benefits outweigh the disadvantages?"
- "What lifestyle and treatment goals are achievable for you?"
- "What will motivate you to stay on a treatment plan?"

Acknowledge the values and preferences that matter to your patient. Paraphrase what you have heard from your patient. This signals to your patient you are listening to their perspective.

R

Step 4: Reach a Decision With Your Patient

Ask if they are ready to make a decision or if they have any additional questions. Follow up with your patient if they request more time to consider the options.

- "Now that we discussed your options for reducing your risk of ASCVD, which lifestyle changes and treatment do you think is right for you?"

The decisions can be documented in the accompanying **"ASCVD Treatment Planning Worksheet" (page 4 of this document)**.

E

Step 5: Evaluate Your Patient's Decision

Make plans to review the decision in the future. Remind your patient that decisions may be reviewed and some can be changed if they are not working well.

- "After starting treatment, we will check your blood work regularly to find out how well the treatment is working."
- "Side effects are uncommon, but if you do have any, we can try a different medicine or change the dose (amount) you are taking."

D

Step 6: Decide Which Local Resources Will Effectively Support Your Patient

Share resources to support your patient, including their cardiovascular care team (such as a lipid (cholesterol) specialist, pharmacist, and registered dietitian). Give contact information for each resource.

Reference

The SHARE Approach. Content last reviewed February 2026. Agency for Healthcare Research and Quality, Rockville, MD. ahrq.gov/health-literacy/professional-training/shared-decision/index.html

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FOR PROVIDERS & PATIENTS

ASCVD Treatment Planning Worksheet

Visit date: _____

Reason for treatment/Treatment goals	
☐ Lower risk of heart attack and stroke ☐ Heart disease risk	☐ Family history of heart disease ☐ Lower cholesterol
Heart-healthy diet goals	**Exercise goals**

Medication regimen		
Name:	Dose (amount):	Frequency:
Name:	Dose (amount):	Frequency:
Name:	Dose (amount):	Frequency:
Treatment adherence concerns:	**Treatment adherence strategies:**	

LDL-C = low-density lipoprotein cholesterol; HDL-C = high-density lipoprotein cholesterol;
Non-HDL-C = non-high-density lipoprotein cholesterol; TG = triglyceride; Lp(a) = lipoprotein(a) cholesterol

Date	**Lab Results**						**Medication Changes**
	LDL-C	HDL-C	Non-HDL-C	Total cholesterol	TG	Lp(a)	
	Desirable values						

	Contact Info		**Contact Info**
Primary care provider		Registered dietitian	
Cholesterol specialist		Pharmacist	
Other specialist		Health insurance	

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FOR PROVIDERS & PATIENTS

<table>
<tr><th>Risk for ASCVD</th><th colspan="2">Medical recomendations to reduce risk for patients who have not had a prior event</th></tr>
<tr><td>Low risk (less than 3%)</td><td rowspan="2">Lifestyle Changes</td><td rowspan="2">Eat a heart-healthy diet, exercise regularly, maintain a healthy body weight and quit smoking, vaping, and using tobacco. Statins may be recommended depending on other factors.</td></tr>
<tr><td>Borderline
(3% to less than 5%)</td></tr>
<tr><td>Medium risk (5% to 10%)</td><td rowspan="2">Lifestyle Changes</td><td>Statin recommended if one or more risk factors are present.</td></tr>
<tr><td>High risk
(greater than 10%)</td><td>Statin recommended; other therapy may also be recommended.</td></tr>
</table>

Heart Attack Prevention Begins Early
A heart attack can happen at any age. If you are over 40, or have several risk factors, work with your doctor to decide the best way to lower the risk of heart attack and stroke. Learn more at: learnyourlipids.com/lipid-lowering-medications/about-statin-medication.

Adapted from: Lipid.org, Heart.org

CPR Model for Cardiovascular Risk Assessment and Treatment

CALCULATE & CLASSIFY the patient's cardiovascular risk: Low risk (0% - 3%), Borderline risk (3% - <5%), Intermediate risk (5% - <10%), High risk (>10%)

PERSONALIZE the treatment plan: Discuss risk estimate and therapy options with the patient.

RECLASSIFY & REASSESS as needed: If there is clinical or patient uncertainty, consider the coronary artery calcium (CAC) score and revise the results as appropriate.

DECIDE & TREAT: Discuss lifestyle modifications and potential lipid-lowering therapy.

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FOR PATIENTS

Reducing Your Risk for Heart Attack or Stroke

Knowing Your Risk of Heart Attack or Stroke

Stroke, heart attack and other heart diseases (known as ASCVD) are the leading cause of death in the U.S. The likelihood that a person will have a stroke or heart attack depends on several risk factors. For example, the older a person is, the more likely they are to have a stroke or heart attack. Age, gender, race, and family history of heart disease are risk factors for ASCVD. Your doctor may also recommend screening for high Lp(a), a condition that runs in families and causes sticky build-up in blood vessels. Lp(a) increases your risk of heart disease.

Lowering Your Risk for Heart Attack or Stroke With Lifestyle Changes

Some risk factors for ASCVD — like age — cannot be changed. However, many risk factors can be changed. These include the following lifestyle changes:

Lowering Your Risk for Heart Attack or Stroke With Medicine

Some people may also need to take astatin (type of medicine) daily to lower the risk of ASCVD. The recommendation for each person depends on their risk for ASCVD. A doctor can help you assess your risk for ASCVD. Your doctor may recommend adding another medicine (e.g., ezetimibe, bempadoic acid, PCSK9 therapies) if you are on a statin but still have not reached your LDL-C goal.

Target LDL-C Levels	
Risk of Cardiovascular Events	**Target LDL-C Level**
Very High	<55 mg/dL
High	≤70 mg/dL
Low	100 mg/dL

Reference: Family Heart Foundation. (2026). Know your LDL Safe Zone. Family Heart Foundation

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