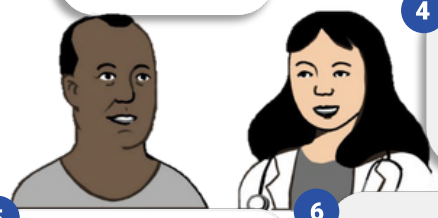
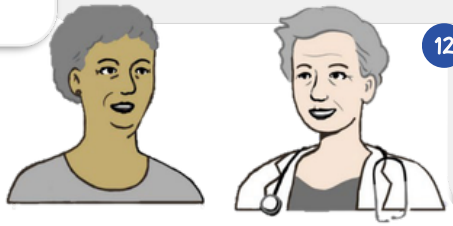
STATIN TREATMENT PLANNING:

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 statin treatment using the SHARED approach.

STEPS OF SHARED DECISION-MAKING	SAMPLE TALKING POINTS
S Seek Your Patient's Participation	1 Why do I need to take a statin?
	2 Statins are medications that lower your risk for a heart attack or stroke. They work by lowering the amount of cholesterol in the blood.
	3 How long do I take it for?
H Help Your Patient Explore and Compare Treatment Options	4 Statins are lifelong therapy. Millions of people in the U.S. take statins because they are safe and effective. What are the benefits of taking a statin for you?
	5 It can help me control my high cholesterol.
A Assess Your Patient's Values and Preferences	6 Yes, statins can help lower your cholesterol. This will lower your risk for heart attack or stroke. What are your concerns about taking a statin?
	7 I worry that there may be side effects.
	8 Most people who take a statin do not have side effects. But if you have side effects, I can adjust the dose or switch you to a different statin.
R Reach a Decision With Your Patient	9 What are my options?
	10 Let's discuss the different statins that are 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 and if we need to change anything. I also want to check your lipoprotein(a) [Lp(a)] levels because high Lp(a) can increase your chance of heart disease, heart attack, and stroke.
E Evaluate Your Patient's Decision	11 What resources are available to help me?
	12 Your care team includes me, a lipid (cholesterol) specialist, registered dietitian, and a pharmacist. We can all help you manage your cholesterol.
D Decide Which Resources Can Support Your Patient	





Find this resource and other guides at natforum.org/Cholesterol_Lowering_Guide and natforum.org/Shared_Decision.
This guide is intended to support patients new to statin treatment.

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FOR PROVIDERS

Statin 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:

- "One in 3 people will have a heart attack or stroke in their lifetime. Heart attack or stroke is more likely when a person has high LDL cholesterol."
- "Bringing down your LDL cholesterol can lower the chance of a heart attack or stroke in the future."

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

- "I'd like to discuss treatment for high cholesterol with you. Then, we can decide together what type 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 high LDL cholesterol?"

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

- "Adopting a heart-healthy diet and getting regular physical activity are very important steps you can take to prevent or control cholesterol problems and heart disease."
- "Many people with high LDL cholesterol also need to take medicine to lower their cholesterol levels at some point. Statins are medications that lower LDL cholesterol. Taking a statin is one of the most effective ways to lower the risk of a heart attack or stroke."
- "Statins are among the most well-studied and widely prescribed medications. The benefits of taking statins outweigh the risks for most people."

Additional talking points are provided in the accompanying patient handout, "Help Control Your Cholesterol Levels with Statins" **(pages 6 and 7 of this document)**.

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

- Foundation of the National Lipid Association About Statin Medication: learnyourlipids.com/lipid-lowering-medications/about-statin-medication/
- American College of Cardiology CardioSmart: cardiosmart.org/topics/high-cholesterol/treatment/statins-what-you-need-to-know
- 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/?_search=LDL&_topic=lipid-management

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Statin Shared Decision-Making Guide

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. Acknowledge the values and preferences that matter to your patient.

- "Which of the options fits best with the treatment goals we've discussed?"
- "What are the benefits of taking a statin for you?" "What are the disadvantages of taking a statin?" "Do the benefits outweigh the disadvantages of taking a statin?"
- For patients already on treatment and experiencing symptoms, you can ask, "How important is it to relieve the symptoms you are experiencing?"

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've discussed your treatment options, which treatment do you think is right for you?"
- For patients already on treatment and with symptoms attributed to statin treatment, you can say, "I recommend that you maintain statin treatment in some form. What is your preference?"
- "Statins should be taken every day (if tolerated) to lower your risk for a heart attack or stroke. Make taking a statin part of your daily routine, like brushing your teeth."

The decisions can be documented in the **"Statin Treatment Planning Worksheet" (page 4).**

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 for your patient.

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

D

Step 6: Decide Which Local Resources Will Effectively Support the 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.

References

- 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
- Jacobson TA, Cheeley MK, Jones PH, et al. The Statin Adverse Treatment Experience Survey: Experience of patients reporting side effects of statin therapy. J Clin Lipidol. 2019 May-Jun;13(3):415-424.
- Blumenthal RS, Morris PB, Gaudino M, Johnson HM, Anderson TS, Bittner VA, Blankstein R, Brewer LC, Cho L, de Ferranti SD, Gianos E, Gluckman TJ, Gradney KF, Isiadinso I, Lloyd-Jones DM, Marrs JC, Martin SS, McLain KH, Mehta LS, Mora S, Mulugeta WM, Natarajan P, Navar AM, Orringer CE, Polonsky TS, Reynolds HR, Saseen JJ, Shapiro MD, Soffer DE, Tynes DE, Villavaso CD, Virani SS, Wilkins JT. 2026 ACC/AHA/AACVPR/ABC/ACPM/ADA/AGS/APhA/ASPC/NLA/PCNA guideline on the management of dyslipidemia. Circulation. Published online March 13, 2026. doi: 10.1161/CIR.0000000000001423

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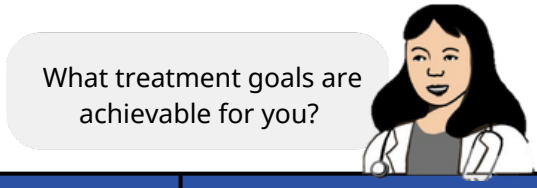
Statin Treatment Planning Worksheet

Visit date: _____



Reason for treatment/Treatment goals	
Reduce LDL cholesterol to: ☐ Below 100 mg/dL (for people who do not have heart disease) ☐ Below 70 mg/dL (for people who already have heart disease)	

Heart-healthy diet goals	Excercise goals

Medication regimen		
Name:	Dose (amount):	Frequency:
Name:	Dose (amount):	Frequency:
Name:	Dose (amount):	Frequency:

Treatment adherence concerns:	Treatment adherence strategies:

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

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

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

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Statin Treatment Planning Worksheet

Lp(a) Levels	
Classification	**Level (nmol/L)**
Very High	≥250
High	125-250
Moderate	75-124
Low	<75

Reference: American Heart Association. (2026). What is lipoprotein(a)?

Statin Intensity Levels	
High-intensity	Lowers LDL by 50% or more
Moderate-intensity	Lowers LDL by 30-49%
Low-intensity	Lowers LDL by less than 30%

Reference: LipidScan. (2026, January 23). Statin intensity chart: Low, moderate & high intensity doses.

Target LDL-C Levels	
Risk of Cardiovascular Events	**Target LDL-C Level**
If you have cardiovascular disease (CVD) and multiple high-risk conditions	<55 mg/dL
If you have CVD without multiple high-risk conditions	<70 mg/dL
If you've never had CVD	<100 mg/dL

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

CPR Model for Cardiovascular Risk Assessment and Treatment

CALCULATE & CLASSIFY the patient's cardiovascular risk: Low risk (<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: Lifestyle modifications and potential lipid-lowering therapy.

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FOR PATIENTS

Help Control Your Cholesterol Levels with Statins

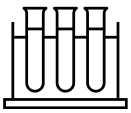
How is high cholesterol harmful to health?

Cholesterol in your blood can be harmful to health and lead to heart attack and stroke.

Blood cholesterol is found in high-density lipoproteins (HDL) and in low-density lipoproteins (LDL). The LDL-C promotes plaque formation in the arteries, especially when other risk factors are present like smoking, high blood pressure, high Lp(a), diabetes, and family history of early heart disease.

LDL cholesterol can build up in your arteries that supply blood to your heart (think of a clogged pipe). This is known as atherosclerosis. Atherosclerosis can lead to heart attack and stroke.

People can lower their heart disease risk by eating a heart-healthy diet and doing more physical activity. Some people may also need medicine (statins) to lower their cholesterol levels.



LDL cholesterol and other risk factors

Atherosclerosis

Heart attack and stroke

What medicines lower cholesterol levels?

Statins are medicines that lower the level of LDL cholesterol in the blood.

There are several statin options that your doctor can prescribe.

Lower-intensity statin therapy:

Atorvastatin (Lipitor®), lower dose
Fluvastatin (Lescol®)
Lovastatin (Mevacor®, Altoprev™)
Pitavastatin (Livalo, Zypitamag)
Pravastatin (Pravachol®)
Rosuvastatin (Crestor®), lower dose
Simvastatin (Zocor®)

Moderate-intensity statin therapy:

Atorvastatin, moderate dose
Rosuvastatin, moderate dose
Simvastatin (Zocor®), moderate dose
Pravastatin (Pravachol®), moderate dose
Lovastatin (Mevacor®), moderate dose
Fluvastatin (Lescol®), moderate dose
Pitavastatin (Livalo), moderate dose

Higher-intensity statin therapy:

Atorvastatin (Lipitor®), higher dose
Rosuvastatin (Crestor®), higher dose

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FOR PATIENTS

Help Control Your Cholesterol Levels with Statins

Who needs statins?

Statins are recommended for people at higher risk for heart attack or stroke, including adults ages 40 to 79 with diabetes, kidney disease, or HIV — even if their LDL-C, sometimes called "bad cholesterol" is not elevated. For adults over 75, treatment can be decided based on overall health and risk. Depending on your medical history, your clinician may use the PREVENT risk calculator to determine the best treatment for you.

- Adults with a history of heart disease* (including stroke)
- Adults with LDL-C levels of greater than 160 mg/dL
- Adults with type 2 diabetes
- Adults ages 30 to 79 with risk factors for heart disease*

**caused by atherosclerosis*

What are the side effects of statins?

Side effects from statins are uncommon. Take note of any side effects to discuss with your clinician.

Side effects may include headache and muscle pain. Actions your doctor may recommend to relieve side effects from statins include:

- Switching to another statin.
- Changing your dose.
- Taking a statin holiday.
- Trying other medicines that lower cholesterol.

If you have severe muscle pain or weakness, or dark or decreased urination, stop taking statins and call your clinician right away.

Statins are often part of a lifelong treatment plan to lower heart disease risk, which also includes a heart-healthy diet and physical activity. If prescribed, statins should be taken every day in order to lower the risk for heart attack or stroke.

Heart-healthy diet + **Exercise (150 minutes per week)** + **Medicine (statin therapy)** = **Lower LDL cholesterol**

Your care team can work with you to design a treatment plan that meets your health goals.

Adapted from: CardioSmart.org, Heart.org, Lipid.org, MayoClinic.org

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