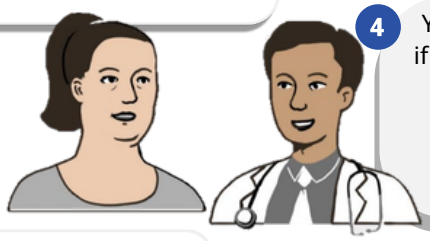
STATINS AND OTHER CHOLESTEROL-LOWERING THERAPY:

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 statins and additional cholesterol-lowering treatments using the SHARED approach.

STEPS OF SHARED DECISION-MAKING	SAMPLE TALKING POINTS
S Seek Your Patient's Participation	1 I've had side effects. When this happens, I don't take the statin.
H Help Your Patient Explore and Compare Treatment Options	2 Your lab results show that your bad cholesterol (LDL-C) levels are still quite high even though you have been taking a statin for some time now. I'd like to explore how we can lower your cholesterol more to lower your risk for heart attack. 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. For you to get the full benefits from a medication, it is important that you take the amount and timing prescribed. Let's discuss your side effects and how they affect you.
A Assess Your Patient's Values and Preferences	3 Is there another medicine I can take that does not have side effects?
R Reach a Decision With Your Patient	4 Yes. We can try another statin to see if it works better for you. There is also non-statin therapy that can help lower your cholesterol. Let's discuss your options and decide on a new treatment plan.
E Evaluate Your Patient's Decision	5 OK, but what if I have problems with the new treatment?
D Decide Which Resources Can Support Your Patient	6 If you are still having trouble with this new treatment, I can refer you to a cholesterol specialist to determine a treatment plan that would work best for you.



Find this resource and other guides at natforum.org/Cholesterol_Lowering_Guide and natforum.org/Shared_Decision.
This guide is intended for patients already on statin treatment and who may be experiencing side effects.

The Value & Access Collaborative facilitated by the National Forum for Heart Disease & Stroke Prevention developed this resource. It was made possible by support from AstraZeneca, BMS-Pfizer Alliance, Novartis, and Regeneron.

FOR PROVIDERS

Statins and Other Cholesterol-Lowering Therapy: Shared Decision-Making Guide

S

Step 1: Seek Your Patient's Participation

- "Your lab results show that your cholesterol is still high. Having too much cholesterol in the blood can lead to heart attack and stroke."
- "I'd like to explore why the statin you are taking is not lowering your cholesterol levels to a healthy level. We can decide together if different or additional treatment may help."

H

Step 2: Help Your Patient Explore and Compare Treatment Options

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

- "If you have any issues taking your statin, we can try a different medicine or change the dose (amount) you are taking."
- "Other therapies are sometimes considered for patients who are unable to take a statin."

Use the **"Statin and Other Treatment Planning Worksheet" (page 3 of this document)** and patient handout, **"Statin and Other Treatments to Lower Cholesterol" (page 4)**, to guide the discussion about treatment options, intolerance, and adherence. Additional resources:

- National Lipid Association: learnyourlipids.com/lipid-lowering-medications
- American College of Cardiology Statin Intolerance Tool: tools.acc.org/StatinIntolerance
- Mayo Clinic Statin Choice Decision Aid: statindecisionaid.mayoclinic.org/statin/index
- Family Heart Foundation: familyheart.org/ldlsafezone

Most people who take a statin do not have side effects. However, possible side effects may include:

Muscle ache	Muscle weakness	Muscle soreness
Muscle stiffness	Muscle cramping	General fatigue

If you experience severe muscle pain and weakness or dark or decreased urination, stop your statin and call your doctor right away.

A

Step 3: Assess Your Patient's Values and Preferences

- "What are the benefits of trying a different treatment for you?"
- "Which of the options fits best with the treatment goals we've discussed?"

Assess your patient's medication adherence using the Morisky 8-item medication adherence scale.

R

Step 4: Reach a Decision With Your Patient

- "What additional questions do you have for me to help you make your decision?"
- "Now that we have discussed your treatment options, which do you think is right for you?"

E

Step 5: Evaluate Your Patient's Decision

Make plans to review the decision in the future: "After starting this new treatment plan, we will check your cholesterol levels to see how well the treatment is working."

D

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

Share resources to support patient, including their cardiovascular care team, such as a pharmacist and registered dietitian. Give contact information for each resource. If a patient has failed two statins, consider consulting a lipid (cholesterol) specialist. Find a lipid specialist at: learnyourlipids.com/find-a-clinician/

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

FOR PROVIDERS & PATIENTS

Statins and Other Treatment Planning Worksheet

Visit Date		Patient Name	
Upcoming Appointments:		Date:	

LDL Cholesterol Level			
Current:		Goal:	

Treatment Plan			
Name:		Name:	
Dose:		Dose:	
How often?		How often?	
How to store:		How to store:	

Healthy Lifestyle Goals	

Treatment Adherence Plan	Treatment Coverage
☐ Pillbox ☐ Make part of morning/evening routine ☐ Calendar alerts ☐ Other:	☐ Health insurance ☐ Patient assistance program ☐ Other:

Side Effects			
Symptom	Where do you feel it?	When did it start?	How tolerable is it?
			☐ Mild / moderate / tolerable ☐ Severe / intolerable
			☐ Mild / moderate / tolerable ☐ Severe / intolerable

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

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FOR PATIENTS

Statins and Other Treatments to Lower Cholesterol

Why should I take a statin?

Statins are safe and effective medications that can help lower your risk for heart attack and stroke. They work by lowering the amount of cholesterol in the blood.

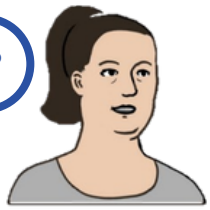
Can I take a different statin than the one I started with?

Yes, there are seven statins available. We can try a different statin than the one you started with. Statins must be taken every day to better protect you from heart disease, so it's important to choose a statin that you feel comfortable taking every day.

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. LipidScan

Are there other treatments for high cholesterol?



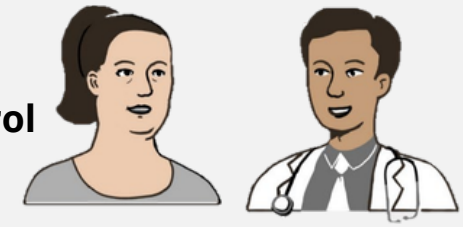
Yes, a non-statin therapy may be recommended:

- To lower your heart disease risk more
- If your cholesterol remains high even when taking a statin
- If you are unable to take a statin (for example, due to side effects or interactions with other medications you take)
- If you have heart disease and high Lp(a), and your cholesterol is still higher than the target level — even with a statin — your clinician may add a non-statin medicine, such as PSCK9-targeted therapies.

Treatment	Type	Can lower LDL cholesterol
Ezetimibe	Pill taken daily	18 to 25%
Evolocumab	Self-administered injection 1-2 times a month	55 to 71%
Alirocumab	Self-administered injection 1-2 times a month	48 to 58%
Bempedoic acid	Pill taken daily	15 to 25%
Inclisiran	Injection by a healthcare provider every 6 months (after starter shots)	48 to 52%
Enlicitide	Pill taken daily	56 to 59%

FOR PATIENTS AND PROVIDERS

Statins and Other Treatments to Lower Cholesterol



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)?

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.

To learn more, visit:

- Foundation of the National Lipid Association: learnyourlipids.com/lipid-lowering-medications
- American College of Cardiology: cardiosmart.org/topics/high-cholesterol/treatment/beyond-statins-other ldl-lowering-treatments
- Family Heart Foundation: familyheart.org/ldlsafezone
- Preventive Cardiovascular Nurses Association: pcna.net/resources/resource-library/?_search=LDL&_topic=lipid-managementt

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.

Table on Previous Page Citations: 1. Repatha® (evolocumab) Prescribing Information, Amgen. 2. Praluent (alirocumab) Prescribing Information, Regeneron. 3. Leqvio® (inclisiran) Prescribing Information, Novartis. 4. Lipfendra® (enlicitide), Prescribing Information, Merck.

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