<table>
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<th>Guideline</th>
<th>LDL Goal</th>
<th>Recommendation</th>
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| **ACC/AHA**<sup>7</sup> | No | **High-intensity statin** (atorvastatin 40-80 mg daily, rosuvastatin 20-40 mg daily)  
- Age < 75 with clinical ASCVD; ≤ 75 with LDL-C ≥190 mg/dL; diabetes with age 40-75, LDL-C 70-189 mg/dL, and ASCVD risk ≥ 7.5%; age 40-75, LDL-C 70-189 mg/dL, and ASCVD risk ≥ 7.5%  
**Moderate-intensity statin** (atorvastatin 10 mg daily, rosuvastatin 10 mg daily, simvastatin 20-40 mg daily, pravastatin 40 mg daily, lovastatin 40 mg daily, fluvastatin 40 mg twice daily)  
- Clinical ASCVD and not a high-intensity statin candidate; LDL-C ≥190 mg/dL and not a high-intensity statin candidate; diabetes with age 40-75, LDL-C 70-189 mg/dL, and ASCVD risk < 7.5%; age 40-75, LDL-C 70-189 mg/dL, and ASCVD risk 5-7.5% + a secondary risk factor |
| **AACE**<sup>8</sup> | Yes | **Statins are recommended as the primary lipid lowering agent with established treatment goals**  
- Extreme risk: progressive ASCVD, established clinical cardiovascular disease in patients with DM<sup>4</sup>, CKD<sup>5</sup> stage 3 or 4, or HeFH<sup>5</sup>, history of premature ASCVD  
  - Goals: LDL-C <55, non-HDL-C < 80, Apo B <70  
- Very high risk: established or recent hospitalization for ACS<sup>5</sup>, carotid or peripheral vascular disease, 10-year risk >20%, DM or CKD stage 3 or 4 with ≥ 1 risk factor<sup>4</sup>, HeFH  
  - Goals: LDL-C <70, non-HDL-C <100, Apo B <80  
- High risk: ≥ 2 risk factors and 10-year risk 10-20%, DM or CKD stage 3 or 4 with no other risk factors  
  - Goals: LDL-C <100, non-HDL-C <130, Apo B <90  
- Moderate risk: ≤ 2 risk factors and 10 year risk <10%  
  - Goals: LDL-C <100, non-HDL-C <130, Apo B <90  
- Low risk: 0 risk factors  
  - Goals: LDL-C <130, non-HDL-C <160 |
| **NLA**<sup>9</sup> | Yes | **Moderate or high-intensity statin therapy with established treatment goals**  
- Very high risk: ASCVD or DM with ≥ 2 major ASCVD risk factors or evidence of end-organ damage  
  - Goals: LDL-C <70, non-HDL-C <100, Apo B <80  
- High risk: ≥3 major ASCVD risk factors<sup>6</sup>, DM with 0-1 major ASCVD risk factors and no evidence of end-organ damage, CKD stage 3 or 4, LDL-C of ≥190 mg/dL, or quantitative risk score reaching the high-risk threshold  
  - Goals: LDL-C <100, non-HDL-C <130, Apo B <90  
- Moderate risk: 2 major ASCVD risk factors  
  - Goals: LDL-C <100, non-HDL-C <130, Apo B <90  
- Low risk: 0-1 major ASCVD risk factors  
  - Goals: LDL-C <100, non-HDL-C <130, Apo B <90 |

<sup>4</sup>Diabetes mellitus  
<sup>5</sup>Chronic kidney disease  
<sup>6</sup>Familial hypercholesterolemia  
<sup>7</sup>AACE ASCVD risk factors: Major: advancing age, increased total serum cholesterol level, increased non-HDL-C, increased LDL-C, low HDL-C, diabetes mellitus, hypertension, chronic kidney disease, cigarette smoking, family history of ASCVD; additional: obesity, abdominal obesity, family history of hyperlipidemia, increased small
dense LDL-C, increased apoB, increased LDL particle concentration, fasting/post-prandial hypertriglyceridemia, PCOS, dyslipidemic triad; nontraditional: increased lipoprotein, clotting factors, inflammation markers, homocysteine levels, uric acid, triglyceride-rich remnants, and apo E4 isoform

NLA major ASCVD risk factors:
1. Age (male > 45, female > 55), family history of early coronary heart disease (<55 in a male or <65 in a female first-degree relative), current cigarette smoking, high blood pressure (>140/90 mmHg, or on blood pressure medication), Low HDL-C (male <40 mg/dL, female <50 mg/dL)

References: