Top Ten Things To Know
Secondary Prevention and Risk Reduction


2. New or revised recommendations are included for
   - management of lipids
   - type-2 diabetes mellitus
   - use of antiplatelet agents/anticoagulants use and duration of renin-angiotensin-aldosterone system blockers
   - effectiveness of β-Blocker use

3. Lipid recommendations include treating patients at highest risk to an LDL-C target of < 70 mg/dL - Class IIa (Level of Evidence C) is reasonable. Additionally, because lipid-lowering therapy benefits are proportional to the LDL-C reduction, when LDL-C is above 100 mg/dL, treatment should achieve at least a 30% reduction in LDL-C – Class I (Level of Evidence C).

4. Very High Risk patients are defined by the “Presence of established cardiovascular disease plus (1) multiple major risk factors (especially diabetes), (2) severe and poorly controlled risk factors (especially continued cigarette smoking), (3) multiple risk factors of the metabolic syndrome (especially high triglycerides 200 mg/dL plus non–HDL-C 130 mg/dL with low HDL-C 40 mg/dL), and (4) patients with acute coronary syndromes.”

5. The lipid recommendations in this update will be revisited when the updated ATP guidelines are released.

6. To avoid misunderstanding about management of cholesterol in general, it was re-emphasized that a reasonable cholesterol level of < 70 mg/dL does not apply to other types of lower-risk individuals who do not have coronary heart disease or other forms of atherosclerotic disease. In those cases, “recommendations contained in the 2004 ATP III update still pertain.”

7. An annual Influenza vaccination for patients with cardiovascular disease continues to be recommended. New areas with recommendations in this guideline are depression and cardiac rehabilitation.

8. The 2006 recommendations for blood pressure control were not updated, but will be reviewed when JNC 8 Guidelines are released.

9. For patients with atherosclerotic vascular disease, comprehensive management of risk factors reduces risk, assessed by improvement in outcomes and include survival, reduced recurrent events, need for revascularization procedures, and quality of life.

10. The Secondary Prevention and Risk Reduction Guidelines are important because
   - increasing numbers of older adults are living with cardiovascular disease, and
   - in clinical practice many patients are not getting indicated therapies.

It is important that clinical providers not only “implement therapies according to their class of recommendation but also assess for and assist with patient compliance with these therapies in each patient encounter.

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