

events. Another difference is the use of fatal ASCVD events as the target of prevention, but this is not critical to the function of the guidelines.

2019 Endocrine Society Clinical Practice Guideline: Primary Prevention of ASCVD and T2DM in Patients at Metabolic Risk

This guideline provides recommendations for the management of lipids, blood pressure, blood glucose, and excess weight or increased waist circumference in patients with increased metabolic risk (defined in the guideline), who have not developed ASCVD or T2D (463). Lifestyle and behavioral therapies, and medical and pharmacologic management are discussed. High-intensity statin treatment is recommended for people ages 40 to 75 with increased metabolic risk and LDL-C of 190 mg/dL (4.9 mmol/L) or greater to achieve a $\geq 50\%$ reduction in LDL-C, and also for individuals ages 40 to 75 with increased metabolic risk who have a 10-year ASCVD risk $\geq 7.5\%$ to either achieve an LDL-C goal of < 100 mg/dL (2.6 mmol/L), or a $\geq 50\%$ reduction in LDL-C. In individuals with increased metabolic risk and a 10-year ASCVD risk of 5.0% to 7.5%, moderate-intensity statin therapy is recommended to achieve an LDL-C goal of < 130 mg/dL (3.4 mmol/L) or a 30% to 50% reduction in LDL-C. In individuals with increased metabolic risk who are older than 75 years and have a 10-year risk $\geq 7.5\%$, the guideline recommends discussion with the patient of the risks/benefits for statin therapy on an individualized basis in order to reach a decision about statin treatment.

American Diabetes Association Standards of Medical Care in Diabetes – 2020: Lipid Management

The ADA updates their guidelines for diabetes management annually, and the 2020 update (537) aligned their recommendations for statin treatment with the 2018 AHA/ACC guidelines for the management of blood cholesterol.

In contrast to prior American Diabetes Association (ADA) Standards of Medical Care, recommendations for lipid management in adults with diabetes were individualized based upon the presence of ASCVD, or risk for ASCVD, diabetic kidney disease, or heart failure. Lifestyle modification is recommended for all patients with diabetes. For patients of all ages with diabetes and ASCVD, high-intensity statin therapy as adjunct to lifestyle is recommended. For patients with ASCVD and LDL-C ≥ 70 mg/dL (1.8 mmol/L) on maximally tolerated statin therapy, the ADA suggests consideration of additional LDL-C lowering therapy, with either ezetimibe (possibly preferred because of lower cost) or a PCSK9 inhibitor. In individuals with diabetes and without ASCVD but older than 40 years of age, moderate-intensity statins are recommended (as adjunct to lifestyle), with consideration of high-intensity statin treatment for those with multiple ASCVD risk factors or in the age range of 50 to 70 years, and consideration of the addition of ezetimibe to maximally tolerated statin therapy in adults with a 10-year ASCVD risk of 20% or greater.

In people older than 75 years and with diabetes, and who are not taking a statin, the ADA suggests considering statin treatment after a discussion about the potential risks/benefits. For younger adults with diabetes, in the age range of 20–39 years, the ADA suggests consideration of statin therapy in those with other ASCVD risk factors.

The authors of the 2020 Standards of Care had the opportunity to consider the results of the REDUCE-IT trial (76), which showed a CVD benefit of the omega-3 fatty acid, EPA ethyl ester, 4 g daily, when added to statin therapy in adults with elevated TG up to 500 mg/dL (5.6 mmol/L) and either ASCVD or T2D with additional risk factors. Based on these data, the ADA recommended consideration of EPA ethyl ester to reduce ASCVD risk in statin-treated adults with diabetes and TG levels between 135 and 499 mg/dL (1.5 and 5.6 mmol/L).