Talking to Patients About Hyperlipidemia and Cardiovascular Disease Risk:
A CONVERSATION GUIDE

Cardiovascular disease remains a leading cause of morbidity and mortality across all racial and ethnic populations.[1,2] Hyperlipidemia is a significant risk factor for the development of CVD.[3] Primary care clinicians play a crucial role in improving patient outcomes by identifying and managing hyperlipidemia and preventing CVD.

Approximately **86 million U.S. adults** aged 20 or older have total cholesterol levels above 200 mg/dL[4]

Approximately **25 million U.S. adults** have total cholesterol levels above 240 mg/dL[4]

> *"Heart disease is the leading cause of death for people of most racial and ethnic groups in the United States. These include African American, American Indian, Alaska Native, Hispanic, and White men. For women from the Pacific Islands and Asian American, American Indian, Alaska Native, and Hispanic women, heart disease is second only to cancer."[1]*
>
> — CENTERS FOR DISEASE CONTROL AND PREVENTION

Percentage of All Deaths Caused by Heart Disease in 2021[1]

11.9%	15.5%	18.0%	18.3%	18.6%	22.6%
HISPANIC	AMERICAN INDIAN OR ALASKA NATIVE	WHITE (NON-HISPANIC)	NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER	ASIAN	BLACK (NON-HISPANIC)

Discussing hyperlipidemia and CVD prevention with your patients empowers them to make informed decisions about their heart health. When you initiate this conversation with a patient, using the five-step SHARE Approach can facilitate shared decision-making.[5]

STEP 1.
Seek Your Patient's Participation

- Establish rapport and explain the conversation's purpose.
- Use plain language to explain hyperlipidemia, CVD and associated health problems.
- Ask about the patient's concerns related to CVD.

STEP 2.
Help Your Patient Explore and Compare Treatment Options

- Review the patient's CVD risk profile, including medical and family history, lab results and 10-year risk estimate.
- Emphasize the potential to affect modifiable risk factors (e.g., high blood pressure, high cholesterol, smoking, physical inactivity, unhealthy diet, obesity).
- Discuss lifestyle modifications.
- Describe medication options, including benefits and risks.

STEP 3.
Assess Your Patient's Values and Preferences

- Communicate the importance of the patient's values and input.
- Identify their priorities for heart health improvement.

STEP 4.
Reach a Decision With Your Patient

- Set SMART (specific, measurable, achievable, realistic and time-bound) goals together.
- Address any concerns about meeting these goals and offer support to overcome barriers.
- Provide positive reinforcement to empower the patient and encourage action.

STEP 5.
Evaluate Your Patient's Decision

- Summarize the plan and next steps.
- Schedule appropriate follow-ups to monitor progress and make adjustments as needed.

Current guidelines recommend using an estimate of the patient's 10-year risk for atherosclerotic cardiovascular disease as a starting point for clinician-patient conversations about risk-reducing strategies.[6] This estimate can also inform shared decision-making by identifying people with a higher CVD risk who may benefit from more aggressive preventive interventions (e.g., medications).

CVD risk calculators can be helpful as part of a comprehensive approach to patient care but should not replace clinical judgment. When you use these tools to guide clinical decisions, it is important to consider individual patient factors, including their preferences.

While risk-based recommendations allow for more patient-centered discussions and treatment decisions, many calculators used to assess risk include race/ethnicity as a factor. **The American Academy of Family Physicians recognizes that some of these calculators are limited by their reliance on race as a risk factor and issues a strong call for research for methods to accurately assess risk based on social determinants of health and racism instead of race.** The AAFP opposes the use of race as a proxy for biology or genetics in clinical evaluation and management.[7]

Commonly Used CVD Risk Calculators

- ASCVD Risk Estimator Plus (American College of Cardiology) – tools.acc.org/ASCVD-Risk-Estimator-Plus
- Predicting Risk of cardiovascular disease EVENTs (PREVENT™) (American Heart Association) – https://professional.heart.org/en/guidelines-and-statements/prevent-calculator

Risk Discussion Points Based on 10-year ASCVD Risk

Low Risk (<5%)	Borderline Risk (5% to 7.4%)	Intermediate Risk (7.5% to 19.9%)	High Risk (>20%)
• Discuss hyperlipidemia and CVD, the patient's specific risk factors and how healthier lifestyle choices can reduce CVD risk. • Ask about the patient's family history of hyperlipidemia and CVD. Describe how genetics play a role in treatment options.	• Explain what statins are, how they can reduce CVD risk and the benefits/risks of use. • Encourage the patient to make lifestyle changes (e.g., quit smoking, reduce alcohol consumption, improve diet, increase physical activity).	Discuss available options for statin therapy.	Discuss statins and other cholesterol-lowering medication options[8,9]: - Cholesterol absorption inhibitors - Bile acid sequestrants - PCSK9 inhibitors - ACLY inhibitors - Fibrates - Niacin - Omega-3 acid ethyl esters

ACLY = adenosine triphosphate-citrate lyase; PCSK9 = proprotein convertase subtilisin/kexin type 9.

References

1. Centers for Disease Control and Prevention. Heart disease facts. May 15, 2024. Accessed September 4, 2024. https://www.cdc.gov/heart-disease/data-research/facts-stats/index.html
2. National Center for Health Statistics. Multiple cause of death 2018–2022 on CDC WONDER Database. April 26, 2024. Accessed May 3, 2024. https://wonder.cdc.gov/mcd.html
3. Shaw PB. Hyperlipidemia: effective disease management with a focus on PCSK9 inhibitors. *Am J Manag Care.* 2021;27(4 Suppl):S63-S69.
4. Centers for Disease Control and Prevention. High cholesterol facts. May 15, 2024. Accessed September 4, 2024. https://www.cdc.gov/cholesterol/data-research/facts-stats/index.html
5. Agency for Healthcare Research and Quality. The SHARE Approach— essential steps of shared decisionmaking: expanded reference guide with sample conversation starters. September 2020. Accessed September 4, 2024. https://www.ahrq.gov/health-literacy/professional-training/shared-decision/tool/resource-2.html
6. Arnett DK, Blumenthal RS, Albert MA, et al. 2019 ACC/AHA guideline on the primary prevention of cardiovascular disease: a report of the American College of Cardiology/American Heart Association Task Force on Clinical Practice Guidelines [published correction appears in *Circulation*. 2019;140(11):e649-e650.] [published correction appears in *Circulation*. 2020;141(4):e60.] [published correction appears in *Circulation*. 2020;141(16):e774.]. *Circulation.* 2019;140(11):e596-e646.
7. American Academy of Family Physicians. Race Based Medicine. 2020. Accessed September 4, 2024. https://www.aafp.org/about/policies/all/racebased-medicine.html
8. American Heart Association. Cholesterol medications. February 20, 2024. Accessed September 4, 2024. https://www.heart.org/en/health-topics/cholesterol/prevention-and-treatment-of-high-cholesterol-hyperlipidemia/cholesterol-medications
9. U.S. Food and Drug Administration Office of Women's Health. Cholesterol medicines guide. August 29, 2022. Accessed September 4, 2024. https://www.fda.gov/consumers/womens-health-topics/cholesterol-medicines-guide

AAFP
AMERICAN ACADEMY OF FAMILY PHYSICIANS