Session 1: Cholesterol Management/Optimal Use of Statin Therapy

September 15, 2021
THE NACHC MISSION

America’s Voice for Community Health Care
The National Association of Community Health Centers (NACHC) was founded in 1971 to promote efficient, high quality, comprehensive health care that is accessible, culturally and linguistically competent, community directed, and patient centered for all.
**AUDIO CONNECTIONS**

**Option 1: “I Will Call In”**
Follow the unique 3-step process on your screen

1. Call
   - 1-866-469-3239 (USA Toll Free)
   - +1-650-429-3300 (USA Toll)

2. Enter this access code:

3. Enter your Attendee ID:

**Option 2: “Call Using Computer”**
You must have computer speakers and microphone

After connecting, if you don’t see a phone/headset icon next to your name, please attempt to connect your audio again!
ASKING QUESTIONS

1. **The Q&A feature** is available to ask questions or make comments anytime.

2. **Open the Q&A box** at the bottom of the WebEx window to open the Q&A box on the bottom righthand side of the window.

3. **Type your questions**, as appropriate.
   - Click "SEND" to send your question
   - *Do not click send privately*
   - You may open/close Q&A panel box by “clicking” the ... bubble
Friendly Reminders

• Today’s Event is being **RECORDED**
• All attendee lines have been **MUTED**
Mixed Methods Learning Opportunity

- **Pre-work:**
  - Audio recording (12 min.)
  - Survey (3 min.)

- **Live event:**
  - Review of content (15 min.)
  - Q&A (30 min.)

**TOTAL TIME: 60 min. = 1.0 CME**

[https://confluence.nachc.org/x/hAOaAQ](https://confluence.nachc.org/x/hAOaAQ)
Dr. Kirley is Director of Chronic Disease Prevention in the Improving Health Outcomes group at the American Medical Association. Prior to joining the AMA, she was a practicing family physician and health services researcher at NorthShore University HealthSystem, and a clinical assistant professor in the Department of Family Medicine at the University of Chicago. Dr. Kirley also served as Assistant Director of NorthShore’s Quality and Patient Safety Fellowship and as Assistant Director of the Ambulatory Primary Care Innovations Group, a practice-based research network. After graduating from the University of Michigan Medical School, she completed her Family Medicine Residency at UIC/Illinois Masonic Medical Center. She subsequently completed a research fellowship at the University of Chicago.
Shift Towards ASCVD Risk Reduction

Old Paradigm

- Treat patients’ cholesterol
- Treat patients’ blood pressure
- Treat patients’ diabetes

New Paradigm

- Reduce patients’ ASCVD risk
  - With statins
  - And BP medication
  - And diabetes medication
  - And lifestyle therapy…
ACC/AHA 2018: Overall Approach

1. Assess risk, determine management group
2. Lifestyle therapies
3. Appropriate-intensity statin
4. Monitor response
5. Add non-statin therapy for certain high-risk subgroups

High and Moderate-Intensity Statin Therapy

**High-intensity**
- Lowers LDL-C on average ≥50%
  - Atorvastatin 40–80 mg *
  - Rosuvastatin 20–40 mg *

**Moderate-intensity**
- Lowers LDL-C on average 30 to 49%
  - Atorvastatin 10–20 mg *
  - Rosuvastatin 5–10 mg *
  - Simvastatin 20–40 mg
  - Pravastatin 40–80 mg
  - Lovastatin 40–80 mg
  - Fluvastatin XL 80 mg *
  - Fluvastatin 40 mg bid
  - Pitavastatin 1–4 mg *

*Administer any time of day

Four Statin Management Groups

Clinical ASCVD

Primary Prevention
Diabetes
LDL-C 70 – 189

Age 20 – 75
LDL-C ≥190

Primary Prevention
No Diabetes
LDL-C 70 – 189


High risk, No 10-year ASCVD risk calculation required
Statin-Specific Reasons for Non-Adherence

• Statin-associated muscle symptoms (SAMS)
• Other statin-associated side effects (SASE)
• “Nocebo” response
• Hyperlipidemia is a symptomless condition
• Statin benefits are abstract and long-term
• Medication regimen
• Misinformation or confusing information

Strategies to Address Nonadherence

STEP 1: Assess for nonadherence

- Adherence screeners or questionnaires
- Pill counts
- Medication fill data
- Contextual flags
  - Missed appointments
  - Infrequent refills
- Open conversations with patients
  - Non-judgmental language
  - Ask about side effects
  - Ask about cost and logistical issues

Strategies to Address Nonadherence

STEP 1: Assess for nonadherence (continued)

*Remember:* Statins reduce LDL-C in a predictable manner

- High-intensity statins reduce LDL-C by >50%
- Moderate-intensity statins reduce LDL-C by 30-50%

Check LDL-C levels to monitor adherence

Strategies to Address Nonadherence

Step 2: Offer solutions

- Apply shared-decision making at initiation and throughout
- Address SAMS by determining if the symptom is likely to be statin-related, switching statin, then lowering dose
- Use statins with longer half-lives (e.g., atorvastatin, rosuvastatin, Fluvastatin XL) and administer in the morning
- Prescribe low-cost generics
- Approaches to address “forgetfulness”
- Frequent contact with the healthcare team

Statin Side Effects: Rumored and True

Patients hear about a long list of potential side effects from statins:

<table>
<thead>
<tr>
<th>Side Effect</th>
</tr>
</thead>
<tbody>
<tr>
<td>Muscle problems</td>
</tr>
<tr>
<td>Diabetes</td>
</tr>
<tr>
<td>Liver Problems</td>
</tr>
<tr>
<td>Dementia</td>
</tr>
<tr>
<td>Cataracts</td>
</tr>
<tr>
<td>Cancer</td>
</tr>
</tbody>
</table>

Statin-Associated Muscle Symptoms (SAMS)

Risk

• Serious statin-induced muscle injury: <0.1%
• SAMS: 5-20%
• Tendonitis: no association

Management

• Assess and document aches and pains before initiating statins
• Check CK for severe symptoms or objective weakness
• ACC’s Statin Intolerance tool: http://tools.acc.org/ldl/StatinIntolerance/index.html#!/
  • Sort out whether symptoms are statin-induced
  • What to do next

Steps to Addressing SASE

1. Shared decision making prior to statin initiation
   • Emphasize low risk of SASE
   • Explain that SASE can typically be addressed/resolved
   • Encourage patients to report symptoms

2. Assess whether symptom is likely to be statin-associated
   • ACC’s Statin Intolerance tool: http://tools.acc.org/ldl/StatinIntolerance/index.html#!/

3. If statin-associated, try a different statin at same intensity

4. If symptom persists, try a lower dose

LEARNING LAB

A bi-monthly mixed methods learning series focused on cardiovascular disease prevention and management topics. CME credits available.

SESSION 1 | 9/15/2021 | 3:00 - 4:00pm ET
Cholesterol Management/Optimal Use of Statin Therapy

SESSION 2 | 11/17/2021 | 3:00 - 4:00pm ET
Intensifying Treatment to Achieve Blood Pressure Control

More sessions to come! Details coming soon.

REGISTER TODAY!
Access required session resources and learn more about the Million Hearts® Learning Lab