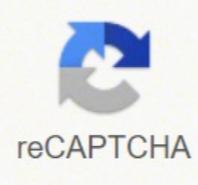


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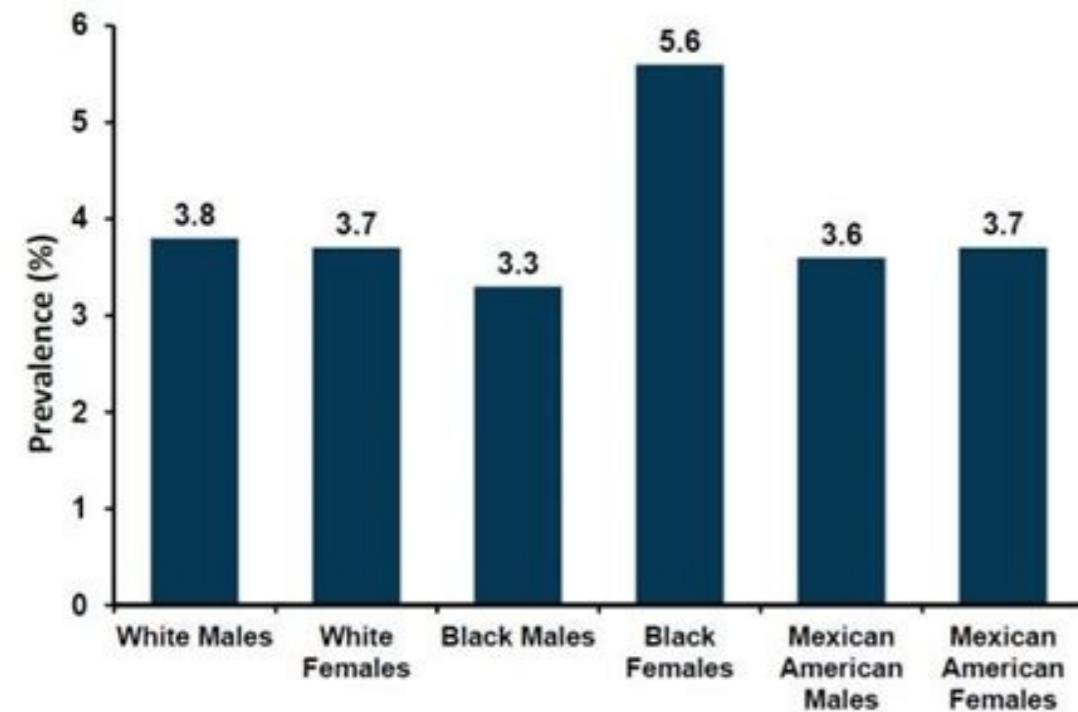
Recommended Risk Factor Modification in Patients with Chronic Stable Angina

(Level of Evidence)

(Level of Evidence)

- Adequate control of hypertension (IA)
 - Smoking cessation therapy (IB)
 - LDL-lowering therapy (IA)
 - Comprehensive cardiac rehabilitation (IB)
 - Adequate control of diabetes (IC)
 - Weight reduction in high-risk obese patients (IC)
 - Folate therapy in patients with elevated levels of homocysteine (IIa C)
 - Treatment of clinical depression (IIa C)

Source: Cardiosource © 2007 by the American College of Cardiology Foundation



High-Intensity	Moderate-Intensity	Low-Intensity
Average LDL-C reduction of approximately $\geq 50\%$	Average LDL-C reduction of approximately 30% to < 50%	Average LDL-C reduction of approximately < 30%
Atorvastatin (40 mg*) 80 mg Rosuvastatin 20 mg (40 mg)	Atorvastatin 10 mg (20 mg) Rosuvastatin (5 mg) 10 mg Simvastatin 20-40 mg Pitavastatin 1-4 mg	Pravastatin 40 mg (80 mg) Lovastatin 40 mg (80 mg) Fluvastatin XL 80 mg Fluvastatin 40 mg BID

Healthy lifestyle	<ul style="list-style-type: none"> Promoting a healthy lifestyle throughout life is the most important way to prevent ASCVD, HF, and AF.
Team-based care	<ul style="list-style-type: none"> An effective strategy for the prevention of CVD is a team-based care approach To inform treatment decisions, clinicians should evaluate those social determinants of health which affect individuals
Risk estimation	<ul style="list-style-type: none"> Adults aged 40-75 years who are being evaluated for CVD prevention should undergo a 10-year ASCVD risk estimation and have a clinician-patient risk discussion before starting pharmacological therapy (such as antihypertensive therapy, a statin, or aspirin) Assessment for other risk-enhancing factors can help guide decisions about preventive interventions in selected individuals, as can coronary artery calcium scanning
Healthy diet	<ul style="list-style-type: none"> All adults should consume a healthy diet, which means: <ul style="list-style-type: none"> emphasising the intake of vegetables, fruits, nuts, whole grains, lean vegetable or animal protein, and fish; whilst minimising the intake of trans fats, processed meats, refined carbohydrates, and sweetened beverages For overweight and obese adults, counselling and caloric restriction are recommended to achieve and maintain weight loss
Physical activity	<ul style="list-style-type: none"> Adults should engage in at least 150 minutes per week of accumulated moderate-intensity physical activity or 75 minutes per week of vigorous-intensity physical activity
Diabetes	<ul style="list-style-type: none"> For adults with type 2 diabetes mellitus (T2DM), lifestyle changes, such as improving dietary habits and achieving exercise recommendations, are crucial Medication indicated: metformin is first-line therapy, followed by consideration of a sodium-glucose cotransporter 2 inhibitor (SGLT2i) or a glucagon-like peptide-1 (GLP-1) receptor agonist
Tobacco	<ul style="list-style-type: none"> At every healthcare visit, all adults should be assessed for tobacco use Tobacco users should be assisted and strongly advised to quit
Aspirin	<ul style="list-style-type: none"> Aspirin should be used infrequently in the routine primary prevention of ASCVD due to the lack of net benefit
Statins	<ul style="list-style-type: none"> Statin therapy is first-line treatment for primary prevention of ASCVD in patients with elevated low-density lipoprotein (LDL) cholesterol levels (≥ 190 mg/dL), those with T2DM who are 40-75 years, and those determined to be at sufficient ASCVD risk after a clinician-patient risk discussion
Blood pressure	<ul style="list-style-type: none"> Non-pharmacological interventions are recommended for all adults with elevated blood pressure or hypertension Patients requiring pharmacological therapy, the target blood pressure should generally be $<130/80$ mm Hg

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