

Four major statin treatment categories with LDL-C and Non-HDL-C goals

Statin Treatment Categories

1. Clinical ASCVD (e.g., prior myocardial infarction, stroke, transient ischemic attack, angina, peripheral arterial disease, or coronary/arterial revascularization): treat with high-intensity statin
2. LDL ≥ 190 mg/dL (age 20–75): treat with high-intensity statin regardless of diabetes or ASCVD status
3. Diabetes mellitus (age 40–75) without ASCVD: treat with moderate-intensity statin; if additional ASCVD risk factors present (e.g., long-standing diabetes, albuminuria, hypertension, smoking, family history of premature ASCVD), treat with high-intensity statin
4. No diabetes or ASCVD but 10-year ASCVD risk $\geq 7.5\%$ (age 40–75): consider moderate- to high-intensity statin based on individual risk-benefit discussion

LDL Cholesterol Goals

1. Without ASCVD: aim for LDL < 100 mg/dL
2. With ASCVD at very high risk (multiple major ASCVD events or 1 major event plus multiple high-risk conditions): aim for LDL < 70 mg/dL
3. With ASCVD at extremely high risk (e.g., recent ACS, multivessel disease, recurrent events): consider LDL < 55 mg/dL per ACC and European guidelines
4. With LDL ≥ 190 mg/dL: aim for $\geq 50\%$ LDL reduction, often targeting LDL < 100 mg/dL

Non-HDL Cholesterol Goals

1. Without ASCVD: aim for non-HDL < 130 mg/dL
2. With ASCVD at very high risk: aim for non-HDL < 100 mg/dL
3. With ASCVD at extremely high risk: consider non-HDL < 85 mg/dL
4. With LDL ≥ 190 mg/dL: aim for non-HDL < 130 mg/dL

These statin categories and LDL cholesterol goals have remained stable for years, reflecting a strong evidence base. The main recent evolution is the more aggressive LDL-C target of < 55 mg/dL for extremely high-risk individuals, supported by ACC, AHA, and European guidelines. This shift emphasizes treating based on total cardiovascular risk burden rather than fixed thresholds alone.