2026 ACC/AHA/Multisociety Guideline on the Management of Dyslipidemia: Key Considerations[1–5]

KEY TAKEAWAYS[1,2]

- **Earlier and more intensive LDL-C lowering is essential for reducing lifelong ASCVD risk and cardiovascular events**
- **Many patients remain above LDL-C goals despite being on maximally tolerated statin therapy**
- **Evidence indicates long-term safety and efficacy of low LDL-C (to a median level of 30 mg/dL over 8 years of follow-up)**

Patient Identification[1,3]

PRIMARY PREVENTION

C **Calculate** 10-year ASCVD risk

AHA PREVENT™ - ASCVD

Low: <3% **Borderline:** 3%-<5% **Intermediate:** 5%-<10% **High:** ≥10%

P **Personalize**

Evaluate risk enhancers

- Family history of premature ASCVD
- Higher-risk ancestry
- High polygenic risk
- Reproductive risk markers*
- CKM syndrome
- Chronic inflammatory diseases
- hsCRP ≥2 mg/L on >1 occasion
- Persistently elevated TG, LDL-C
- Elevated non–HDL-C, apoB
- Lp(a) ≥125 nmol/L (≥50 mg/dL)

R **Reclassify** and **Reassess**

Use CAC scoring in intermediate risk and select adults at borderline risk if the decision for LLT is unclear in men ≥40 years and women ≥45 years

SECONDARY PREVENTION

Most patients with **ASCVD** are likely at **very high risk**

At Very High Risk	≥2 major ASCVD events **or** 1 major ASCVD event + ≥2 high-risk conditions

Major ASCVD Events

- ACS within the past 12 months
- History of MI (other than ACS above)
- History of ischemic stroke
- Symptomatic PAD

High-Risk Conditions

- Age ≥65 years
- Coronary bypass or percutaneous intervention
- History of congestive heart failure
- Diabetes
- Hypertension
- Current smoker
- LDL-C ≥100 mg/dL (2.6 mmol/L) despite maximally tolerated statin + ezetimibe

Guideline recommendations are also provided for a smaller subset of patients with ASCVD who are not at very high risk and do not meet the above criteria

Adult LDL-C Goals[1]

Patient population	LDL-C <70 mg/dL†	LDL-C <55 mg/dL‡
Primary prevention	10-year ASCVD risk ≥10% (by PREVENT-ASCVD)	–
Diabetes	Aged 40-75 with multiple ASCVD risk factors or 10-year ASCVD risk ≥10% (by PREVENT-ASCVD)	–
Subclinical atherosclerosis	• CAC ≥100-299 AU or ≥75th percentile for age, sex, race • CAC ≥300-999 AU	• CAC ≥1000 AU • Optional: CAC ≥300-999 AU
Secondary prevention	ASCVD, not at very high risk	• ASCVD at very high risk • ASCVD with CKD • Optional: ASCVD, not at very high risk

For most cases of secondary prevention, aim for a goal of LDL-C <55 mg/dL

*Reproductive risk markers include premature menopause, preeclampsia, gestational diabetes, gestational hypertension, and pre term delivery.[1]
†Goal non–HDL-C <100 mg/dL.[1] ‡Goal non–HDL-C <85 mg/dL.[1]

Abbreviations: ACC, American College of Cardiology; ACS, acute coronary syndrome; AHA, American Heart Association; apoB, apolipoprotein b; ASCVD, atherosclerotic cardiovascular disease; AU, Agatston unit; CAC, coronary artery calcium; CKD, chronic kidney disease; CKM, cardiovascular-kidney-metabolic syndrome; COR, class of recommendation; HDL-C, high-density lipoprotein cholesterol; hsCRP, high-sensitivity C-reactive protein; LDL-C, low-density lipoprotein cholesterol; LLT, lipid-lowering therapy; Lp(a), lipoprotein(a); MI, myocardial infarction; PAD, peripheral artery disease; PREVENT-ASCVD, predicting risk of cardiovascular disease events–atherosclerotic cardiovascular disease equations; TG, triglycerides.

References: 1. Blumenthal RS, et al. *J Am Coll Cardiol*. Published online March 13, 2026. doi:10.1016/j.jacc.2025.11.016 **2.** Myerson M, et al. *J Am Heart Assoc*. 2025;14(20):e044134. **3.** Professional Heart Daily. The American Heart Association PREVENT™ Online Calculator. Accessed March 18, 2026. https://professional.heart.org/en/guidelines-and-statements/prevent-calculator **4.** Bohula EA, et al. *N Engl J Med*. 2026;394(2):117-127. **5.** Blumenthal RS, et al. JACC. Published online March 13, 2026. doi:10.1016/j.jacc.2026.02.4869

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