



ACC Latin America Conference 2016



MEXICO CITY
OCTOBER 7 – 8, 2016

Pre-Conference – October 6, 2016



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IN YOUR REGION

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Conference 2016

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OCTOBER 7 - 8, 2016

Pre-Conference – October 6, 2016

Exhibit Hall hours:

Friday, 6:30 a.m. to 4:30 p.m.

Saturday, 7:00 a.m. to 4:30 p.m.

Registration Hours:

Thursday, 1:00 to 5:00 p.m.

Friday, 6:30 a.m. to 6:00 p.m.

Saturday, 7:00 a.m. to 7:00 p.m.

Wi-Fi Information:

ACC2016LatinAmerica
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Complete the ACC Latin America Conference 2016 Survey at

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ACC appreciates your time and feedback to help improve future educational experiences. Please complete your evaluation before November 8, 2016. Thank you!

Conference presentations will be available by October 21 at *ACC.org/LatinAmericaConference2016*.

This course is endorsed by the Mexican Council of Cardiology and provides 3 CME to Mexican practitioners.

ACC Latin America Conference 2016 Participation Certificates are available for pick-up at the registration desk, Saturday, October 8 from noon to 7:00 p.m.



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THURSDAY, OCTOBER 6

2:00 p.m. - 6:00 p.m.	Pre-conference Workshop: ACC's In-Training Exam (pre-registration required)
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FRIDAY, OCTOBER 7

6:30 a.m.	Breakfast		
7:45 a.m.	Emperador	Welcome and Introduction to Day 1	<i>Drs. Erick Alexanderson Rosas (Mexico) and Robert A. Harrington (United States)</i>
8:15 a.m.	Emperador	Prevention Plenary Session: Global Burden of CVD – Shifting the Paradigm from Evaluation and Management Towards Prevention	<i>Dr. Valentín Fuster (United States)</i>
9:15 a.m.	Emperador	Acute Coronary Syndromes Acute Coronary Syndromes: Different Continents, Different Guidelines?	<i>Drs. José Manuel Enciso Muñoz (Mexico), Rafael Barraza Félix (Mexico), Robert A. Harrington (United States) and Ursulo Juarez (Mexico)</i>
10:00 a.m.	Break – Visit Posters and Exhibitors		Abstract Moderators: <i>Guering Eid-Lidt (Mexico), Roy M. John (United States), Miguel Luna Calvo (Mexico) and Eduardo F. Mele (Argentina)</i>
10:45 a.m.	BREAKOUT SESSION #1		
	Emperador	Acute Coronary Syndromes STEMI Systems of Care: Evolving Best Practices	<i>Drs. Marco Antonio Martinez-Rios (Mexico), Gabriela Borrayo-Sánchez (Mexico), Daniel José Piñeiro (Argentina) and C. Michael Valentine (United States)</i>
	Emperatriz A	Learning with a Legend Complexities of the Acute Coronary Syndrome – Systemic Inflammation	<i>Dr. Valentín Fuster (United States)</i>
	Emperatriz B	Solutions for Every Day Problems Cardiogenic Shock – Supporting the Distressed Heart (Limit: 80 people, first-come, first serve)	<i>Drs. Hector I. Michelena (Moderator, United States), Jonathan Omar Zamudio-López (Mexico) and Agustín R. Rivera (Mexico)</i>
	Salon Fuentes 1 & 2	Learning Lab Heart Songs, ECG Drill & Practice and Simulation	<i>Proctors: Drs. Matthew W. Martinez (United States) and Mauricio López Meneses Sr. (Mexico)</i>



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11:45 a.m. BREAKOUT SESSION #2

	Emperador	Acute Coronary Syndromes Optimizing Antithrombotic Therapy for Coronary Artery Disease: Many Choices, Many Benefits, Many Risks	<i>Drs. Robert A. Harrington (United States), C. Michael Valentine (United States), Hector I. Michelena (United States), Daniel José Piñeiro (Argentina) and Gustavo A. Restrepo Molina (Colombia)</i>
	Emperatriz A	Learning with a Legend My Future	<i>Dr. Valentín Fuster (United States)</i>
	Emperatriz B	Solutions for Every Day Problems Applying the Evidence in Stable Ischemic Heart Disease <i>(Limit: 80 people, first-come, first serve)</i>	<i>Drs. Ursulo Juarez (Mexico), Edgar Alexander Illescas González (Mexico) and Jesús Bueno Campa (Mexico)</i>
	Salon Fuentes 1 & 2	Learning Lab Heart Songs, ECG Drill & Practice and Simulation	<i>Proctors: Drs. Matthew W. Martinez (United States) and Juan P. Verdejo (Mexico)</i>
12:30 p.m.	Lunch – Visit Posters and Exhibitors		

1:45 p.m. BREAKOUT SESSION #3

	Emperador	Acute Coronary Syndromes (ACS) Trials in Coronary Artery Disease Assessment: The PROMISE of FAME or Just Wait for ISCHEMIA?	<i>Drs. Jorge Gaspar-Hernandez (Mexico), Erick Alexanderson Rosas (Mexico) and Robert A. Harrington (United States)</i>
	Emperatriz A	Learning with a Legend Complexities of Stable CAD: CABG, PCI, OMT, Microcirculation	<i>Dr. Valentín Fuster (United States)</i>
	Emperatriz B	Solutions for Every Day Problems Cardiologists and the ECG: Are We Really That Good at It? Part I <i>(Limit: 80 people, first-come, first serve)</i>	<i>Drs. Hector I. Michelena (United States) and Daniel José Piñeiro (Argentina)</i>
	Salon Fuentes 1 & 2	Learning Lab Heart Songs, ECG Drill & Practice and Simulation	<i>Proctors: Drs. Matthew W. Martinez (United States) and Alejandro Ricalde (Mexico)</i>



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2:45 p.m. BREAKOUT SESSION #4

	Emperador	Acute Coronary Syndromes Evolving Concepts in Non-ST Elevation ACS (NSTE-ACS)	Drs. Ursulo Juarez (Mexico), Fernando Batiz (Mexico), Antonio Jordan-Rios (Mexico) and Marco Antonio Peña Cabral (Mexico)
	Emperatriz A	Learning with a Legend Complexities of Atrial Fibrillation & Stroke, Carotid and Peripheral Vascular Disease	Dr. Valentín Fuster (United States)
	Emperatriz B	Solutions for Every Day Problems Cardiologists and the ECG: Are We Really That Good at It? Part II <i>(Limit: 80 people, first-come, first serve)</i>	Drs. Hector I. Michelena (United States) and Daniel José Piñeiro (Argentina)
	Salon Fuentes 1 & 2	Learning Lab Heart Songs, ECG Drill & Practice and Simulation	Proctors: Drs. Matthew W. Martinez (United States) and Mauricio López Meneses Sr. (Mexico)
3:30 p.m.	Break – Visit Posters and Exhibitors		Abstract Moderators: Guering Eid-Lidt (Mexico), Roy M. John (United States), Miguel Luna Calvo (Mexico) and Eduardo F. Mele (Argentina)

4:15 p.m. BREAKOUT SESSION #5

	Emperador	Acute Coronary Syndromes ACS Management in Low-Resource Settings	Drs. David de Padua Brasil (Brazil), Armando García Castillo (Mexico) and C. Michael Valentine (United States)
	Emperatriz A	Arrhythmias Stroke Prevention in Atrial Fibrillation – Gauging the Risks, Assessing the Options	Drs. Roy M. John (United States), Enrique Melgarejo Rojas (Colombia) and Paul Schurmann (United States)
	Emperatriz B	Solutions for Every Day Problems Hypertension Treatment & Targets in 2016 <i>(Limit: 80 people, first-come, first serve)</i>	Drs. Shashank Sinha (United States) and Kim Allan Williams Sr. (United States)

5:15 p.m. BREAKOUT SESSION #6

	Emperador	Arrhythmias Practical Guidance in Antithrombotic Management	Drs. Roy M. John (United States), Enrique Melgarejo Rojas (Colombia) and Paul Schurmann (United States)
	Emperatriz A	Prevention Deep Dive into Contemporary Cholesterol Management	Drs. Pamela Bowe Morris (United States) and Kim Allan Williams Sr. (United States)
	Emperatriz B	Solutions for Every Day Problems Leading Your Cath Lab Team: Lessons Learned <i>(Limit: 80 people, first-come, first serve)</i>	Drs. Alejandro Ricalde (Mexico) and C. Michael Valentine (United States)
6:05 p.m.	Emperador	Prevention Plenary Session: Feeling the Pressure? Managing Hypertension in 2016	Drs. Erick Alexanderson Rosas (Mexico) and David de Padua Brasil (Brazil)
7:00 p.m.	Networking Reception with Exhibitors and Faculty (Marquis Reforma Hotel and Spa, Rotunda)		



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SATURDAY, OCTOBER 8

7:00 a.m.	Breakfast		
8:00 a.m.	Emperador	Welcome and Introduction to Day 2	Drs. Erick Alexanderson Rosas (Mexico) and Robert A. Harrington (United States)
8:15 a.m.	Emperador	Valvular Heart Disease Plenary Session: Valvular Guidelines – The Past, the Present the Future	Drs. Robert A. Harrington (United States) and Robert O. Bonow (United States)
9:15 a.m.	Emperador	Valvular Heart Disease Rheumatic Heart Disease in Latin America	Drs. Erick Alexanderson Rosas (Mexico) and Jorge Cossio-Aranda (Mexico)
10:00 a.m.	Break – Visit Posters and Exhibitors		Abstract Moderators: Guering Eid-Lidt (Mexico), Roy M. John (United States), Miguel Luna Calvo (Mexico) and Eduardo F. Mele (Argentina)
10:45 a.m.	BREAKOUT SESSION #1		
	Emperador	Heart Failure Acute Heart Failure: Stopping the Revolving Door	Drs. Ramon Corbalan (Chile) and Illeana Piña (United States)
	Emperatriz A	Valvular Heart Disease Diagnose First: Assessment of Native Stenotic Lesions in 2016	Drs. Robert O. Bonow (United States) and Hector I. Michelena (United States)
	Emperatriz B	Solutions for Every Day Problems Common Clinical Dilemmas in Atrial Fibrillation Management (Limit: 80 people, first-come, first serve)	Drs. Roy M. John (United States) and Santiago Nava (Mexico)
	Salon Fuentes 1 & 2	Learning Lab Heart Songs, ECG Drill & Practice and Simulation	Proctors: Drs. Matthew W. Martinez (United States) and Mauricio López Meneses Sr. (Mexico)
11:45 a.m.	BREAKOUT SESSION #2		
	Emperador	Heart Failure Best Practices in Heart Failure Treatment – Where Do New Drugs and Devices Fit In?	Drs. Felipe A. Martinez (Argentina) and Illeana Piña (United States)
	Emperatriz A	Valvular Heart Disease Diagnose First: Assessment of Native Regurgitant Lesions in 2016	Drs. Robert O. Bonow (United States) and Hector I. Michelena (United States)
	Emperatriz B	Solutions for Every Day Problems ACC's Point of Care Tools: Quick Answers at Your Fingertips (Limit: 80 people, first-come, first serve)	Dr. Shashank Sinha (United States)
	Salon Fuentes 1 & 2	Learning Lab Heart Songs, ECG Drill & Practice and Simulation	Proctors: Drs. Alexandra Arias-Mendoza (Mexico) and Matthew W. Martinez (United States)



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12:30 p.m.	Emperador	Lunch – Novartis Heart Failure Lunch Understanding the new ACC/AHA Optimal Medical Guideline: Case-Based Education	Dr. Ileana Piña (United States)
		Visit Posters and Exhibitors	Abstract Moderators: Guering Eid-Lidt (Mexico), Roy M. John (United States), Miguel Luna Calvo (Mexico) and Eduardo F. Mele (Argentina)
1:45 p.m. BREAKOUT SESSION #3			
	Emperador	Heart Failure Designing Systems for Effective Heart Failure Care	Drs. Francisco Martín Baranda Tovar Sr. (Mexico), Ramón Corbalán (Chile) and Ileana Piña (United States)
	Emperatriz A	Valvular Heart Disease TAVR: Technology in Evolution	Drs. Robert O. Bonow (United States), Xavier Escudero (Mexico) and Marco Antonio Peña Duque (Mexico)
	Emperatriz B	Solutions for Every Day Problems Incorporating the New Echo Guidelines into Everyday Practice (Limit: 80 people, first-come, first serve)	Drs. Héctor I. Michelena (United States), Daniel José Piñeiro (Argentina) and Gustavo A. Restrepo Molina (Colombia)
	Salon Fuentes 1 & 2	Learning Lab Heart Songs, ECG Drill & Practice and Simulation	Proctors: Drs. Alexandra Arias-Mendoza (Mexico) and Matthew W. Martinez (United States)
2:45 p.m. BREAKOUT SESSION #4			
	Emperador	Heart Failure Diet and Exercise in Heart Failure: Let's Debate	Drs. Pamela Bowe Morris (United States), Ileana Piña (United States) and Daniel José Piñeiro (Argentina)
	Emperatriz A	Valvular Heart Disease Mitraclip: Why, How, and For Whom?	Dr. Robert O. Bonow (United States)
	Emperatriz B	Solutions for Every Day Problems Choosing the Right Imaging Test in the Heart Failure Patient at the Right Time: A Case-Based Approach (Limit: 80 people, first-come, first serve)	Drs. Héctor I. Michelena (United States) and Gustavo A. Restrepo Molina (Colombia)
	Salon Fuentes 1 & 2	Learning Lab Heart Songs, ECG Drill & Practice and Simulation	Proctors: Drs. Matthew W. Martinez (United States) and Alejandro Ricalde (Mexico)
3:30 p.m.	Break – Visit Posters and Exhibitors		Abstract Moderators: Guering Eid-Lidt (Mexico), Roy M. John (United States), Miguel Luna Calvo (Mexico) and Eduardo F. Mele (Argentina)



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4:15 p.m. BREAKOUT SESSION #5

	Emperador	Heart Failure Contemporary Imaging for Heart Failure	Drs. Aloha Meave (Mexico), Ramon Corbalan (Chile), Hector I. Michelen (United States) and Gustavo A. Restrepo Molina (Colombia)
	Emperatriz A	Prevention Dyslipidemia Combo-Therapy: A Framework for Clinical Decision Making	Drs. Pamela Bowe Morris (United States) and Shashank Sinha (United States)
	Emperatriz B	Solutions for Every Day Problems Lessons from the Leaders: Leading Your Heart Failure Team (Limit: 80 people, first-come, first serve)	Drs. Roberto Kalil Filho (Brazil) and Ileana Piña (United States)
	Salon Fuentes 1 & 2	Learning Lab Heart Songs, ECG Drill & Practice and Simulation	Proctors: Drs. Francisco Martin Baranda Tovar Sr. (Mexico) and Matthew W. Martinez (United States)

5:15 p.m. BREAKOUT SESSION #6

	Emperador	Special Topic Core Concepts in Cardio-Oncology	Dr. Roberto Kalil Filho (Brazil)
	Emperatriz A	Prevention Diabetes – What's Our Role?	Drs. Jorge A. Lara Vargas (Mexico), Narcisa Celina Gutiérrez Carrillo (Argentina) and Dale Hamilton (United States)
	Emperatriz B	Solutions for Every Day Problems Practical Update on Cardiac Implantable Electronic Devices (CIEDs) (Limit: 80 people, first-come, first serve)	Dr. Roy M. John (United States)
6:05 p.m.	Emperador	Closing Remarks: Transforming Cardiovascular Care-Building a Better Tomorrow, Today	Drs. Erick Alexanderson Rosas (Mexico) and Robert A. Harrington (United States)

6:30 p.m. Conference Adjourns



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Notes:

CASE STUDY

Next Steps:

Points to Remember:

1. 2. 3. 4. 5.

CASE STUDY

Next Steps:

Points to Remember:

- 1.
- 2.
- 3.
- 4.
- 5.

CASE STUDY

Next Steps:

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1. 2. 3. 4. 5.

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¿Qué es la Presión Arterial?

La presión arterial es la fuerza de la sangre moviéndose contra las paredes de las arterias. Es expresada con **DOS NÚMEROS**:

EL NÚMERO SUPERIOR
 La presión o fuerza en las arterias cuando el corazón late

Sistólica
 (mm Hg)

Diastólica
 (mm Hg)

EL NÚMERO INFERIOR
 La presión medida entre los latidos del corazón

APRENDA LOS QUE SUS NÚMEROS DE LA PRESIÓN ARTERIAL SIGNIFICAN:

NORMAL

Menos de 120

Menos de 80

ELEVADA

120 a 139

80 a 89

ALTA

140 o más

90 o más

también llamada
Pre hipertensión

también llamada
Hipertensión

Con el tiempo, la presión arterial elevada y alta puede debilitar el corazón, los vasos sanguíneos y los riñones, y hace un derrame cerebral o ataque al corazón más probable.

8

Cambios de estilo de vida para reducir la presión arterial

1 **Sea activo**
 con actividad física regular



6 **Baje de peso**
 La pérdida de sólo 10 libras puede hacer una gran diferencia



2 **Enfóquese en nutrición**
 elija alimentos saludables y preste atención al tamaño de las porciones

3 **Corte la sal**
 Lea las etiquetas de los alimentos y consuma 1.500 mg de sodio o menos por día

4 **Tome sus medicamentos**
 Si le han recetado un medicamento para la presión arterial alta, tómelo todos los días



5 **Mida su presión arterial**
 con la frecuencia que su médico le recomienda

7 **Corte el alcohol / No fume**

Para los hombres, no más de dos bebidas al día; para las mujeres, uno. Si fuma, deje de fumar.

8 **Maneje el estrés y Duerma bien**

La relajación puede disminuir la presión arterial, y durmiendo bien mejora su energía



La información proporcionada para propósitos educativos solamente. Por favor, consulte a su médico acerca de sus necesidades de salud específicas.

Para más información, visite CardioSmart.org/HighBP

Si le gustaría descargar o solicitar carteles adicionales sobre varios temas, visite CardioSmart.org/Posters



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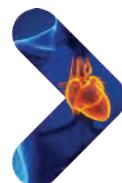
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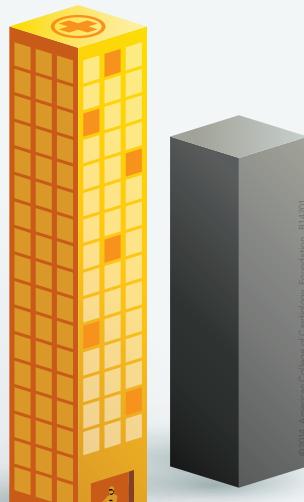


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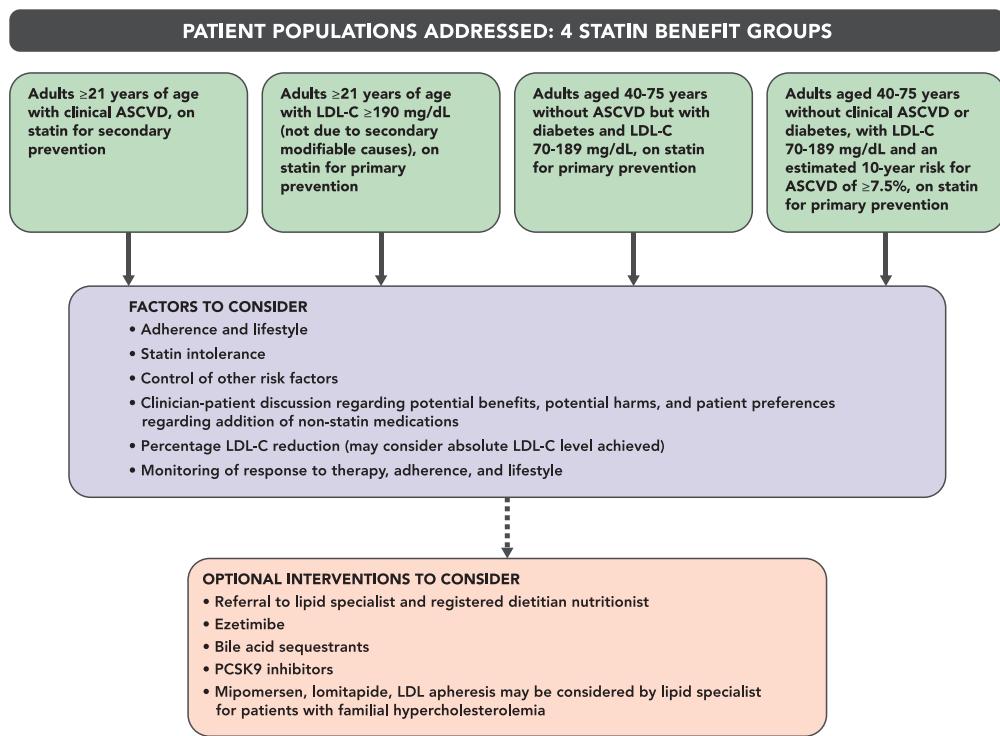




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FIGURE 1 | Patient Populations Addressed and Factors and Interventions to Consider



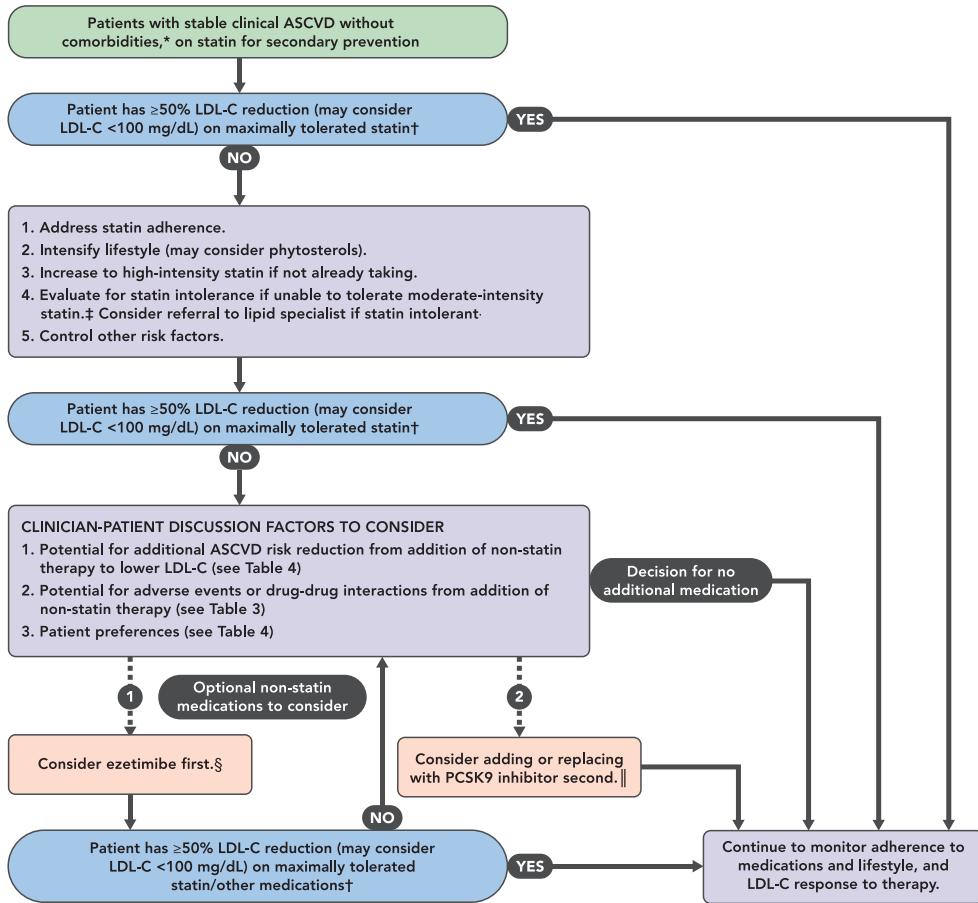
Abbreviations: ASCVD = atherosclerotic cardiovascular disease, LDL = low-density lipoprotein, LDL-C = low-density lipoprotein cholesterol, PCSK9 = proprotein convertase subtilisin/kexin 9.



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FIGURE 2A | Patients with Stable Clinical ASCVD without Comorbidities, on Statin for Secondary Prevention



Abbreviations: ASCVD = atherosclerotic cardiovascular disease, BAS = bile acid sequestrant, LDL-C = low-density lipoprotein cholesterol, PCSK9 = proprotein convertase subtilisin/kexin 9, RDN = registered dietitian nutritionist.

*Comorbidities are defined as diabetes, recent (<3 months) acute ASCVD event, ASCVD event while already taking a statin, baseline LDL-C ≥ 190 mg/dL not due to secondary causes, poorly controlled major ASCVD risk factors, elevated lipoprotein(a), and chronic kidney disease. Patients with ASCVD and baseline LDL-C ≥ 190 mg/dL are addressed in a separate algorithm. Patients with symptomatic heart failure, those on maintenance hemodialysis, and those with planned or current pregnancy require individualized care.

†The Expert Panel emphasizes that these are not firm triggers for adding medication, but they are factors that may be considered within the broader context of an individual patient's clinical situation.

‡See section on strategy for assessment and management of statin intolerance.

§May consider BAS if ezetimibe intolerant and triglycerides <300 mg/dL.

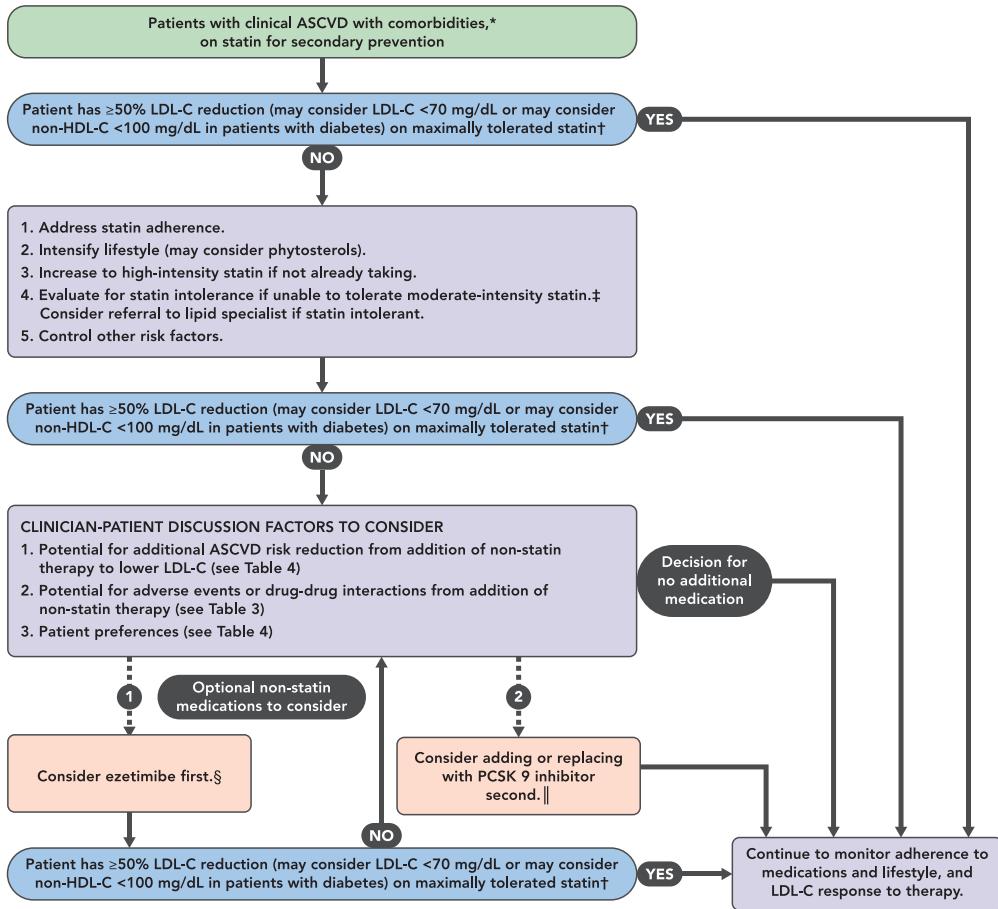
|| Consider only if on maximally tolerated statin and either ezetimibe or BAS, with persistent $<50\%$ LDL-C reduction or LDL-C ≥ 100 mg/dL. Strongly consider if fully statin intolerant and attempts to lower LDL-C with ezetimibe and/or BAS result in persistent $<50\%$ LDL-C reduction or LDL-C ≥ 100 mg/dL.



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FIGURE 2B | Patients with Clinical ASCVD with Comorbidities, on Statin for Secondary Prevention



Abbreviations: ASCVD = atherosclerotic cardiovascular disease, BAS = bile acid sequestrant, LDL-C = low-density lipoprotein cholesterol, PCSK9 = proprotein convertase subtilisin/kexin 9, RDN = registered dietitian nutritionist.

*Comorbidities are defined as diabetes, recent (<3 months) acute ASCVD event, ASCVD event while already taking a statin, baseline LDL-C \geq 190 mg/dL not due to secondary causes, poorly controlled major ASCVD risk factors, elevated lipoprotein(a), and chronic kidney disease. Patients with ASCVD and baseline LDL-C 190 mg/dL are addressed in a separate algorithm. Patients with symptomatic heart failure, those on maintenance hemodialysis, and those with planned or current pregnancy require individualized care.

†The Expert Panel emphasizes that these are not firm triggers for adding medication, but they are factors that may be considered within the broader context of an individual patient's clinical situation. Due to increase in triglycerides often present in diabetes, may also consider combination therapy if non-HDL-C \geq 100 mg/dL.

‡See section on strategy for assessment and management of statin intolerance.

§Consider BAS if ezetimibe intolerant and triglycerides <300 mg/dL. Colesevelam may have modest salutary effects on HbA1c and may worsen hypertriglyceridemia.

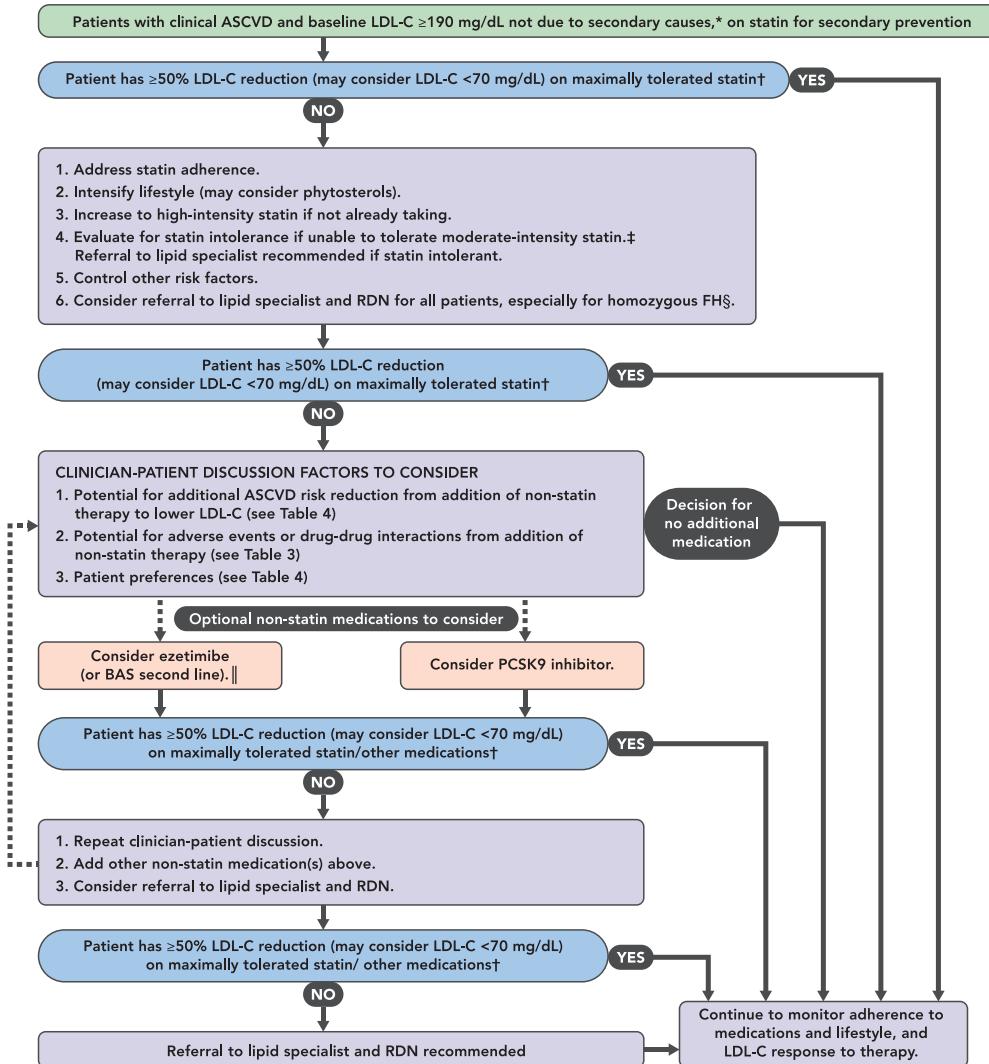
||Consider only if on maximally tolerated statin and either ezetimibe or BAS, with persistent <50% LDL-C reduction or LDL-C \geq 70 mg/dL. Strongly consider if fully statin intolerant and attempts to lower LDL-C with ezetimibe and/or BAS result in persistent <50% LDL-C reduction or LDL-C \geq 70 mg/dL.



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FIGURE 2C | Patients with Clinical ASCVD and Baseline LDL-C ≥ 190 mg/dL Not Due to Secondary Causes, on Statin for Secondary Prevention



Abbreviations: ASCVD = atherosclerotic cardiovascular disease, BAS = bile acid sequestrant, FH = familial hypercholesterolemia, LDL-C = low-density lipoprotein cholesterol, PCSK9 = proprotein convertase subtilisin/kexin 9, RDN = registered dietitian nutritionist.

*e.g., hypothyroidism, nephrosis, extreme dietary patterns

†The Expert Panel emphasizes that these are not firm triggers for adding medication, but they are factors that may be considered within the broader context of an individual patient's clinical situation.

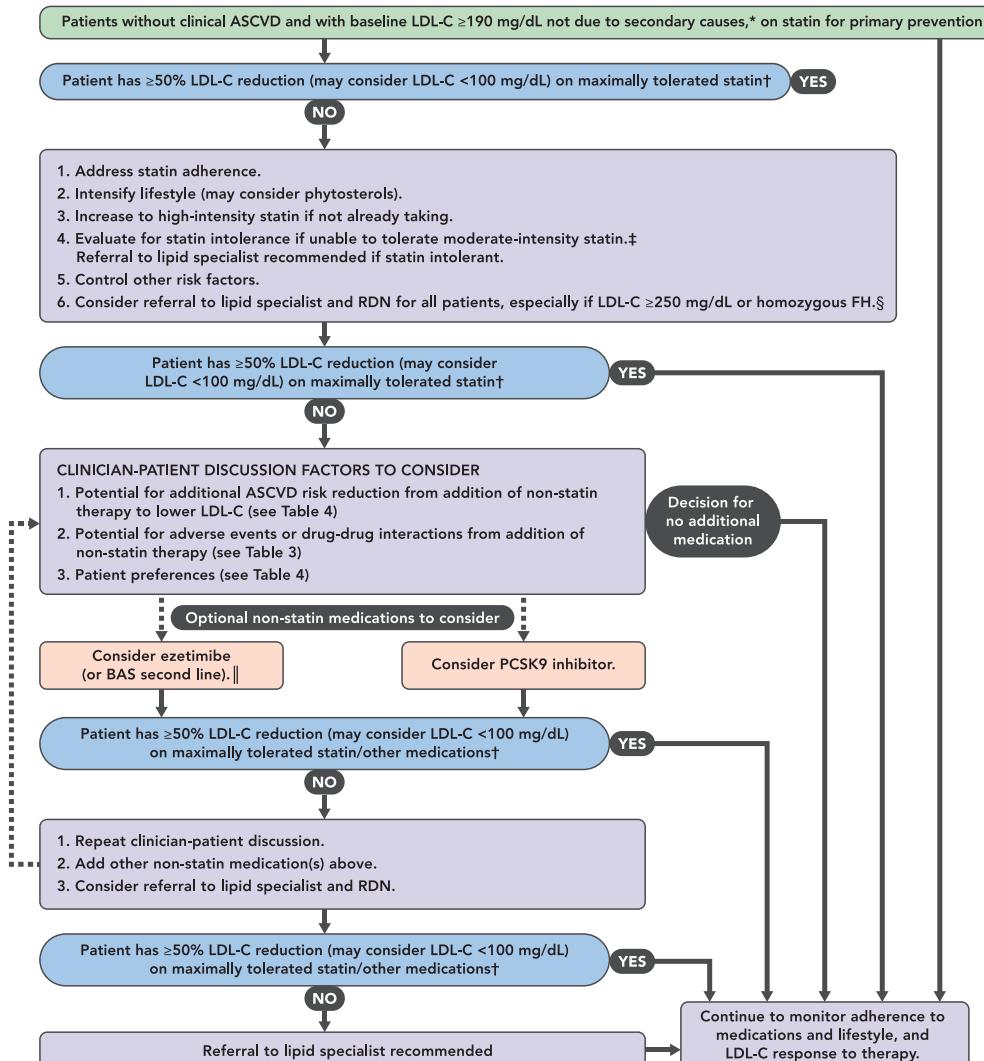
‡See section on strategy for assessment and management of statin intolerance.

§May consider mipomersen or lomitapide or LDL apheresis in appropriate patients.

||Consider BAS if ezetimibe intolerant and triglycerides < 300 mg/dL.



FIGURE 3 | Patients without Clinical ASCVD and with Baseline LDL-C ≥ 190 mg/dL Not Due to Secondary Causes, on Statin for Primary Prevention



Abbreviations: ASCVD = atherosclerotic cardiovascular disease, BAS = bile acid sequestrant, FH = familial hypercholesterolemia, LDL-C = low-density lipoprotein cholesterol, PCSK9 = proprotein convertase subtilisin/kexin 9, RDN = registered dietitian nutritionist.

*e.g., hypothyroidism, nephrosis, extreme dietary patterns

†The Expert Panel emphasizes that these are not firm triggers for adding medication, but they are factors that may be considered within the broader context of an individual patient's clinical situation.

‡See section on strategy for assessment and management of statin intolerance.

§May consider mipomersen, lomitapide, or LDL apheresis for appropriate patients.

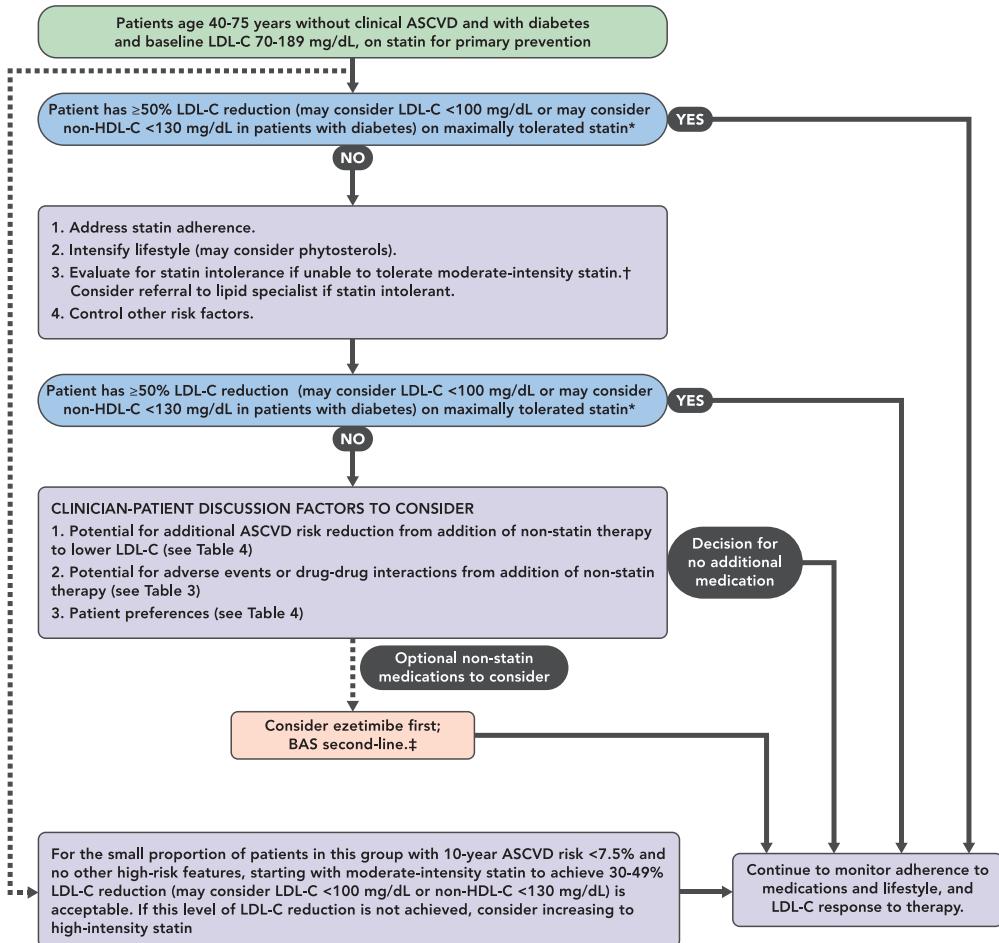
||Consider BAS if ezetimibe intolerant and triglycerides < 300 mg/dL.



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FIGURE 4 | Patients Age 40-75 years without Clinical ASCVD and with Diabetes and Baseline LDL-C 70-189 mg/dL, on Statin for Primary Prevention



Abbreviations: ASCVD = atherosclerotic cardiovascular disease, BAS = bile acid sequestrant, HDL-C = high-density lipoprotein cholesterol, LDL-C = low-density lipoprotein cholesterol, RDN = registered dietitian nutritionist.

*The Expert Panel emphasizes that these are not firm triggers for adding medication, but they are factors that may be considered within the broader context of an individual patient's clinical situation. Due to increase in triglycerides often present in diabetes, may also consider combination therapy if non-HDL-C ≥ 130 mg/dL.

†See section on strategy for assessment and management of statin intolerance.

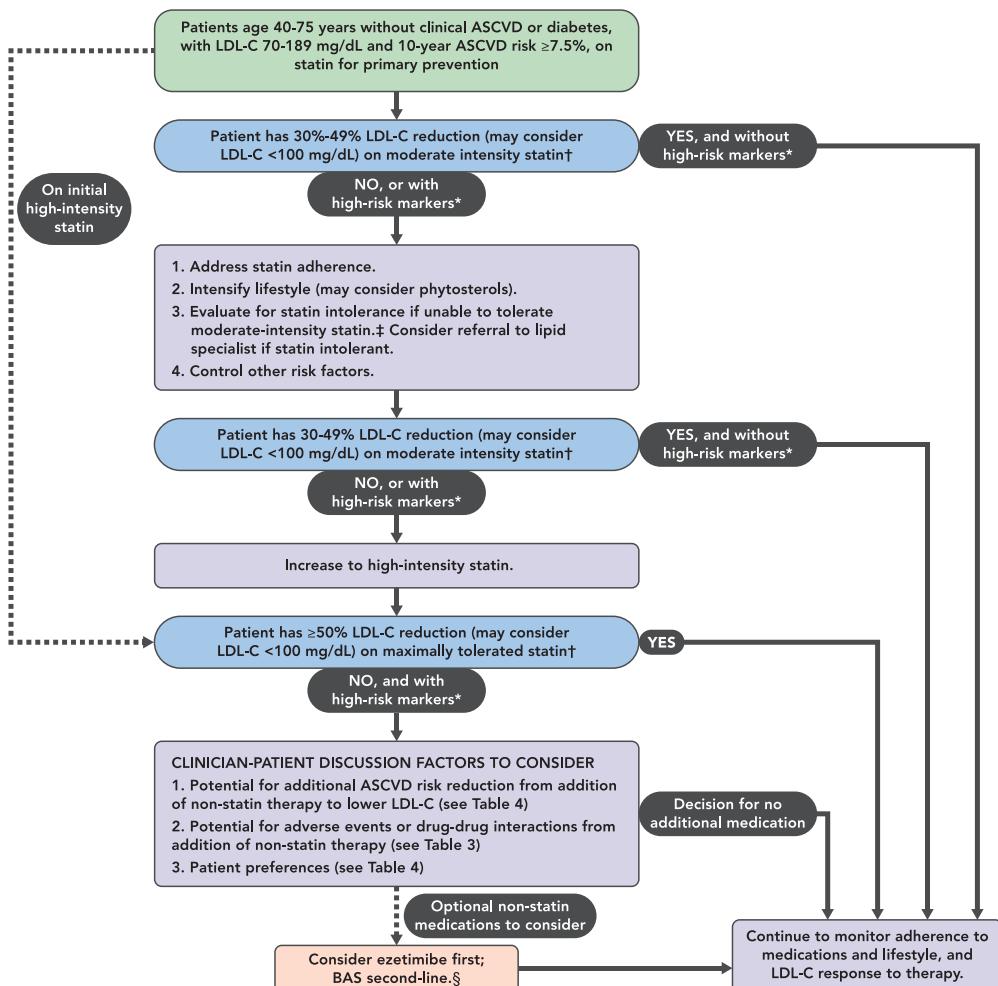
‡Consider BAS if ezetimibe intolerant and triglycerides <300 mg/dL. Colesevelam may have modest salutary effects on HbA1c and may worsen hypertriglyceridemia.



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FIGURE 5 Patients Age 40-75 years without Clinical ASCVD or Diabetes, with LDL-C 70-189 mg/dL and 10-Year ASCVD Risk $\geq 7.5\%$, on Statin for Primary Prevention



Abbreviations: ASCVD = atherosclerotic cardiovascular disease, BAS = bile acid sequestrant, LDL-C = low-density lipoprotein cholesterol, RDN = registered dietitian nutritionist.

* High-risk markers include 10-year ASCVD risk $\geq 20\%$, primary LDL-C ≥ 160 mg/dL at baseline; poorly controlled other major ASCVD risk factor; family history of premature ASCVD with or without elevated Lp(a); evidence of accelerated subclinical atherosclerosis (e.g., coronary artery calcification); elevated hs-CRP; or other risk-modifying conditions, such as chronic kidney disease, HIV, and chronic inflammatory disorders.

† The Expert Panel emphasizes that these are not firm triggers for adding medication, but they are factors that may be considered within the broader context of an individual patient's clinical situation.

‡ See section on strategy for assessment and management of statin intolerance.

§ Consider BAS if ezetimibe intolerant and triglycerides <300 mg/dL.



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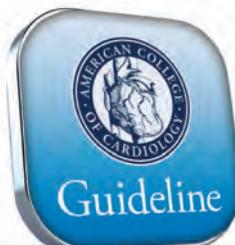
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ASCVD Risk Estimator

What is CHOLESTEROL?

► A **fat-like substance** in your blood. Too much cholesterol can **clog your arteries and increase risk for heart attack or stroke.**



LDL "Bad" Cholesterol + HDL "Good" Cholesterol + TRIGLYCERIDES/5 = **TOTAL CHOLESTEROL**

What Causes HIGH CHOLESTEROL?



FOOD TIPS

✓ **HDL-RAISING:**
Olive oil, avocados, walnuts

✓ **LDL AND TRIGLYCERIDE-LOWERING:**
Oatmeal, apples, oranges, salmon, tofu

✗ **LDL-RAISING:**
Egg yolks, fatty meats, shellfish, dairy products, processed snacks

✗ **TRIGLYCERIDE-RAISING:**
Excessive drinking, simple carbs/starches, sugars, animal products
What raises LDL can also raise Triglycerides.

How is it TREATED?



Lose Weight

Get Regular Exercise

Don't Smoke!

Medication

Information provided for educational purposes only. Please consult your health care provider regarding your specific health needs.

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LA INSUFICIENCIA CARDIACA QUIEBRA MILLONES DE VIDAS¹

APROXIMADAMENTE 50% DE LOS PACIENTES CON INSUFICIENCIA CARDIACA MUEREN A 5 AÑOS DE SER DIAGNOSTICADOS²

- DESPUÉS DE UNA HOSPITALIZACIÓN, 1 DE CADA 4 PACIENTES SERÁ REHOSPITALIZADO EN MENOS DE 30 DÍAS²
- A PESAR DE QUE UN PACIENTE PAREZCA ESTAR ESTABLE GRACIAS A UN TRATAMIENTO, UN DESBALANCE NEUROHUMORAL SIEMPRE OCURRE EN INSUFICIENCIA CARDIACA³
- LA INSUFICIENCIA CARDIACA PUEDE LIMITAR EL DÍA A DÍA DE LOS PACIENTES Y CAUSAR DEPRESIÓN, LO QUE GENERA UN IMPACTO NEGATIVO CON LOS CUIDADORES Y LA SOCIEDAD EN GENERAL⁴

CAMBIÉMOSLO JUNTOS

Referencias: 1. Heidenreich PA, et al. Circ Heart Fail. 2013. 2. Yancy CW, et al. Circulation. 2013. 3. Mann D, Bonow R, Zipes D, Braunwald E. Braunwald's Heart Disease a textbook of cardiovascular medicine, tenth edition. Elsevier (486-488) 2015 4. McMurray JJV, et al. Eur Heart J. 2012.

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