Supplementary Online Content


eAppendix. Eligibility for Primary Prevention Statin Therapy
eReferences

This supplementary material has been provided by the authors to give readers additional information about their work.
eAppendix.

I. Eligibility for Primary Prevention Statin Therapy
Among individuals between 40 and 75 years old without prior cardiovascular disease and with triglycerides $\leq 400$ mg/dL, eligibility for statin therapy was defined using the following hierarchical criteria based on available data:

For the 2013 American College of Cardiology (ACC)/American Heart Association (AHA) guidelines$^1$:
1. LDL-C of 190 mg/dL or higher;
2. Diabetes and LDL-C of 70 mg/dL or higher;
3. Ten-year atherosclerotic cardiovascular disease (ASCVD) risk$^2$ of 7.5% or greater and LDL-C of 70 mg/dL or higher.

For the 2016 United States Preventive Services Task Force (USPSTF) recommendations$^3$:
1. LDL-C of 190 mg/dL or higher;
2. At least one cardiovascular risk factor (hypertension, diabetes, dyslipidemia, or smoking) and ten-year ASCVD risk$^2$ of 10% or greater.

Patients reporting having been “told to” and “taking prescription for cholesterol” were considered to be receiving lipid-lowering treatment appropriately for both guidelines.

*The ACC/AHA Guidelines also recommend considering additional factors that influence ASCVD risk, including primary LDL–C $\geq$ 160 mg/dL or other evidence of genetic hyperlipidemias, family history of premature ASCVD with onset $< 55$ years of age in a first degree male relative or $< 65$ years of age in a first degree female relative, high sensitivity C-reactive protein $> 2$ mg/L, coronary artery calcium score $\geq 300$ Agatston units or $\geq 75$ percentile for age, sex, and ethnicity, ankle-brachial index $< 0.9$, or elevated lifetime risk of ASCVD. However, these additional factors were not included as criteria for statin treatment in this analysis.
eReferences