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Managing Dyslipidemia: 2026 ACC/AHA Guideline Updates

Announcer:
This is *Heart Matters* on ReachMD. On this episode, Dr. Roger Blumenthal will share key updates from the 2026 American College of Cardiology and American Heart Association Guideline on the Management of Dyslipidemia. In addition to being the Chair of the Guideline Writing Committee, Dr. Blumenthal is the Kenneth Jay Pollin Professor of Cardiology and Director of the Ciccarone Center for the Prevention of Cardiovascular Disease at Johns Hopkins Medicine. Let's hear from him now.

Dr. Blumenthal:
I would say that the number one message is that we want to assess risk and treat early. We recommended that clinicians should think about getting a baseline lipid panel around age 9 and again around age 19.

Those are good screens for genetic condition called familial hypercholesterolemia. We want to try to motivate our patients to follow healthy lifestyle habits. We want to really emphasize the importance of achieving a normal weight, eating a healthy diet, and getting regular exercise.

We also now have the ability to assess not only a person's 10-year risk starting at around age 30, but also their long-term, 30-year risk. We have a new risk assessment tool called the PREVENT score, and that allows us to not think just about what's going to happen in the next 10 years, but over the next 30 years.

We emphasize the importance of goals for LDL. All of us should really strive for an LDL of less than 100. If person is at higher risk, an LDL less than 70, and very high risk, in that 50 to 55 range. And we gave some guidance also that at least once in a person's lifetime we should check a lipoprotein (a), because just like we recommend that we get a baseline lipid panel at least by age 20, and then every five years, having a high Lp(a), such as in the range of 250 or higher, is associated with at least a doubling of long-term risk. And a value in the 400 range is associated with about a quadrupling of risk.

We gave some really good guidance about selective use of coronary artery calcification measurements when the patient or a clinician is unclear about how aggressive to be. And we also gave really good lifestyle advice both about diet and exercise, and clearly that's really the cornerstone of prevention.

I think when we think about cardiovascular risk, we really want to think about not only the next 10 years, but especially over the next 30 years, because about 90 percent of all cardiovascular disease is preventable. So while a person around age 30 or 35 is going to have a generally very low 10-year risk, if they don't improve their lifestyle habits, and if they don't make sustained changes for the better in terms of their dietary and exercise habits, their risk over the next 15 to 20 years is going to go up significantly. So we really want to motivate people and get them to realize that so much of cardiovascular disease is preventable. It's important to look at that long-term risk, and the PREVENT score allows us to look at long-term risk, and it's based on 6.5 million individuals, while our prior risk assessment tool, which was called the pooled cohort equation, was based on just 26,000 individuals in NIH-funded studies. So now, I think we can do a much better job and a more accurate job of assessing risk, and that's so important in terms of what we term the "clinician-patient cardiovascular risk discussion."

Announcer:
That was Dr. Roger Blumenthal sharing highlights from the 2026 American College of Cardiology and American Heart Association Guideline on the Management of Dyslipidemia. To access this and other episodes in our series, visit *Heart Matters* on ReachMD.com, where you can Be Part of the Knowledge. Thanks for listening!