Closing The Gaps – Global Implementation of Lipid Guidelines

Current Dyslipidemia Guidelines: CME Quick Reference

Comparison of the 2026 American Heart Association / American College of Cardiology Guidelines and the 2024/2025 European Society of Cardiology Guidelines

Guideline Philosophy

2026 AHA/ACC	2024/25 ESC
Risk-based approach with LDL thresholds and goals	Strong treat-to-target approach
Uses PREVENT-ASCVD equations	Uses SCORE2/SCORE2-OP
Shared decision-making emphasized	More prescriptive LDL target framework

LDL-C Targets

Patient Group	2026 AHA/ACC	2024/25 ESC
Very high-risk ASCVD	LDL-C <55 mg/dL	LDL-C <55 mg/dL
High-risk primary prevention	LDL-C <70 mg/dL	LDL-C target based on risk category
Borderline/intermediate risk	LDL-C <100 mg/dL	Structured LDL goals by risk tier

Key Update:
The 2026 U.S. guideline reintroduces explicit LDL-C treatment goals, moving closer to the ESC model.

Risk Assessment

2026 AHA/ACC

- Replaces older pooled cohort equations with **PREVENT-ASCVD**
- Incorporates:
  - 10- and 30-year risk
  - CAC scoring
  - Lp(a)
  - ApoB
- Earlier prevention emphasized across the lifespan

2024/25 ESC

- Uses SCORE2 and SCORE2-OP
- More directly links:
  - risk category → LDL goal → treatment intensity

ESC generally classifies more patients into aggressive treatment categories earlier.

Treatment Strategy

2026 AHA/ACC	2024/25 ESC
Statin → other non-statin LLT to achieve goal; Combination therapy up front can be considered	Similar strategy with initial use of statin and selection of non-statin LLT to help achieve LDL-C goal
Strong emphasis on lifetime LDL exposure	"Lower for longer is better" philosophy

Biomarkers & Imaging

Both Guidelines Emphasize:

- Lp(a) testing at least once in adulthood
- Selective ApoB measurement
- Increased use of CAC scoring

2026 AHA/ACC Highlights:

- CAC supports reclassification of risk
- ApoB used to assess residual risk
- Expanded role of subclinical atherosclerosis

Women & Special Populations

Both Guidelines Recognize:

- Persistent undertreatment of women
- Importance of earlier prevention
- Need for individualized risk assessment

2026 AHA/ACC Specifically Highlights:

- Pregnancy-related risk enhancers
- Earlier treatment in younger adults
- Risk assessment refinement in women

Major Areas of Convergence

- LDL-C is causal in ASCVD
- Lower LDL-C leads to lower cardiovascular risk
- Earlier intervention improves long-term outcomes
- Combination therapy is increasingly necessary
- Prevention should begin earlier in life

Key Clinical Takeaways

- The 2026 U.S. guideline is substantially more aggressive than prior AHA/ACC guidance and now aligns more closely with ESC recommendations
- Earlier treatment and lower LDL-C goals are emphasized across both guidelines
- Lp(a), ApoB, and CAC are now central tools for risk refinement
- Women and high-risk patients remain undertreated despite stronger recommendations for intensification

Bottom Line:

Both current guidelines support earlier, lower, and more intensive lipid lowering than is commonly achieved in practice, with increasing emphasis on precision risk assessment and combination therapy.

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