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2026 ACC/AHA Multisociety Guideline on Management of Dyslipidemia: Primary Prevention

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CAPSULE

The 2026 ACC/AHA/AACVPR/ABC/ACPM/ADA/AGS/APhA/ASPC/NLA/PCNA Guideline on the Management of Dyslipidemia includes updated information about screening, risk assessment, and management across the lifespan.[1] The guideline highlights the necessity of lifelong screening and more intensive low-density lipoprotein cholesterol (LDL-C) targets — determined by predicted cardiovascular disease risk — to maximize long-term cardiovascular risk reduction in conjunction with a heart-healthy lifestyle.

Additionally, the American Heart Association (AHA) Predicting Risk of Cardiovascular Disease EVENTs (PREVENT™) equations are now recommended to replace the Pooled Cohort Equations as the first-line risk calculator in primary prevention in adults ages 30 to 79 years with an LDL-C level between 70 and 189 mg/dL (Table).[1]

Table. Primary Prevention Using PREVENT™ Equations[1,a]

Clinical Category	Clinical Characteristics	Treatment Recommendation	LDL-C Goal[b]
Low Risk	10-year risk: <3% **AND** LDL-C: <160 mg/dL **AND** 30-year risk: <10%	Health behavior counseling	Not specified
Low Risk AND ↑ Lifetime Burden	10-year risk: <3% **AND** LDL-C 160-189 **OR** 30-year risk: ≥10% (age <60)	Moderate-intensity statin reasonable	≥30% reduction <100 mg/dL
Borderline Risk	10-year risk: 3%-<5% **AND** LDL-C: 160-189 **OR** CAC>0 **OR** 30-year risk: ≥10% (age 30–59) **OR** multiple risk enhancers[c]	Moderate-intensity statin reasonable, consider CAC to further risk stratify	≥30% reduction <100 mg/dL
Intermediate Risk	10-year risk: 5%-10%	Moderate- to high-intensity statin recommended, consider CAC	≥30-49% reduction <100 mg/dL
High Risk	10-year risk: ≥10%	High-intensity statin recommended; +/-ezetimibe[d]	≥50% reduction <70 mg/dL

ASCVD = atherosclerotic cardiovascular disease; CAC = coronary artery calcium; HDL-C = high-density lipoprotein cholesterol; LDL-C = low-density lipoprotein cholesterol.
[a]Table applies to adults age 30-79 years with LDL-C 70–189 mg/dL, without diabetes, chronic kidney disease stage 3 or 4, or human immunodeficiency virus.
[b]Non-HDL-C goal is 30 mg/dL higher than the LDL-C goal.
[c]Risk enhancers: premature ASCVD in first degree relative, high risk ancestry, chronic inflammatory disease, lipoprotein(a); ≥ 125 nmol/L (50 mg/dL), hsCRP (≥ 2mg/L x2), triglycerides persistently ≥ 175 mg/dl (non-fasting) or 150 mg/dL (fasting), Cardiovascular-Kidney-Metabolic Syndrome, LDL-C persistently ≥ 160-189 mg/dL, non-HDL-C ≥ 190-219 mg/dL or apolipoprotein B ≥ 120 mg/dL.
[d]Non-statin therapy: add ezetimibe, PCSK9 inhibitor or bempedoic acid as needed to reach goal. In patients with severe hyperlipidemia or ASCVD, inclisiran may be considered as an alternative to PCSK9 inhibitor.

Lipid-lowering therapy is recommended for primary prevention in adults ages 40 to 75 years with diabetes, chronic kidney disease stage 3 or 4, or human immunodeficiency virus, regardless of LDL-C level. Lipoprotein(a) testing, now recommended at least once in a lifetime for atherosclerotic cardiovascular disease (ASCVD) risk assessment, is considered as a risk enhancer at levels ≥ 125 nmol/L (50 mg/dL), which is associated with an approximate 1.4-fold increased ASCVD risk. Apolipoprotein B (ApoB) testing can be useful to improve risk assessment and guide therapy. Coronary artery calcium scoring in men at least 40 years of age and women at least 45 years of age can improve risk assessment.

While this guideline was endorsed by multiple specialty societies, several prominent primary care societies — including the American College of Physicians and the American Academy of Family Physicians — have not endorsed these recommendations.

References

1. Blumenthal RS, Morris, PB, Gaudino M, et al. 2026 ACC/AHA/AACVPR/ABC/ACPM/ADA/AGS/APhA/ASPC/NLA/PCNA Guideline on the Management of Dyslipidemia: A Report of the American College of Cardiology/American Heart Association Joint Committee on Clinical Practice Guidelines. J Am Coll Cardiol. 2026;87(19):2624-2757. doi:10.1016/j.jacc.2025.11.016.
2. American Heart Association Newsroom. ACC/American Heart Association Issue Updated Guideline for Managing Lipids, Cholesterol. https://newsroom.heart.org/news/accaha-issue-updated-guideline-for-managing-lipids-cholesterol. Published March 13, 2026. Accessed March 31, 2026.
3. Wiggins BS, Barac A, Benziger CP, et al. 2026 Dyslipidemia Guideline-at-a-Glance. J Am Coll Cardiol. 2026;87(19):2617-2623. doi:10.1016/j.jacc.2026.02.4872.

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