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**Lipid-lowering therapy**

Recommendations	Class	Level
It is recommended to initiate or continue high dose statins early after admission in all ACS patients without contraindication or history of intolerance, regardless of initial LDL-C values.	I	A
If the LDL-C target is not reached with the highest tolerable statin dose, ezetimibe should be considered in combination with statins in post-ACS patients.	IIa	B
If the LDL-C target is not reached with the highest tolerable statin dose and/or ezetimibe, PCSK9 inhibitors may be considered on top of lipid-lowering therapy; or alone or in combination with ezetimibe in statin intolerant patients or in whom a statin is contra-indicated.	IIb	C
Lipids should be re-evaluated 4-6 weeks after ACS to determine whether target levels of LDL-C <1.8 mmol/L (<70 mg/dL) or a reduction of at least 50% if the baseline is between 1.8 and 3.5 mmol/L (70 and 135 mg/dL) have been reached and whether there are any safety issues. The therapy dose should then be adapted accordingly.	IIa	C
Routine short pretreatment or loading (on the background of chronic therapy) with high-dose statins before PCI should be considered in elective PCI or in NSTE-ACS.	IIa	A

EAS

www.escape.org/guidelines European Heart Journal 2016; 37:2999–3058 doi:10.1093/euheartj/ehw272

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**2015 Korean Guidelines for the Management of Dyslipidemia: Executive Summary (English Translation)**

Committee for the Korean Guidelines for the Management of Dyslipidemia

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**Introduction**

Although cardiovascular disease (CVD) has been one of the leading causes of death in most developed countries, the rates of morbidity and mortality associated with CVD have been steadily decreasing during the recent decades. On the contrary, the rates of morbidity and mortality related to CVD have been rapidly increasing in Korea.<sup>1,2</sup> Considering that the rates of other risk factors are being reduced and more controlled than before, this might be mainly due to the unhealthy lifestyle of Koreans and the associated disease of dyslipidemia. For Koreans, therefore, lifestyle modification and the management of dyslipidemia are very important in order to prevent CVD or its recurrence.

The Korean Society of Lipidology and Atherosclerosis and other related societies and organizations came together and formed the Committee for the Guidelines for the Management of Dyslipidemia, to provide opinions for the proper management of dyslipidemia with the aim of preventing CVDs in Korea. We published the first edition of the Guidelines for the Management of Dyslipidemia in 1996 and the second edition in 2003. New guidelines for dyslipidemia management were published in Europe (2011) and in the United States (2013), on the basis of the most recent research results.<sup>3,4</sup> In this regard, 18 related societies and organizations in Korea gathered to suggest new guidelines for dyslipidemia management.

Appropriate guidelines should be established on the basis of individual evaluations of the future risks of CVD and death. This risk evaluation is possible only if the potential risk factors can be accurately estimated in a representative Korean population

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\* This guideline is translated from "J Lipid Atheroscler 2015;40:161-92".

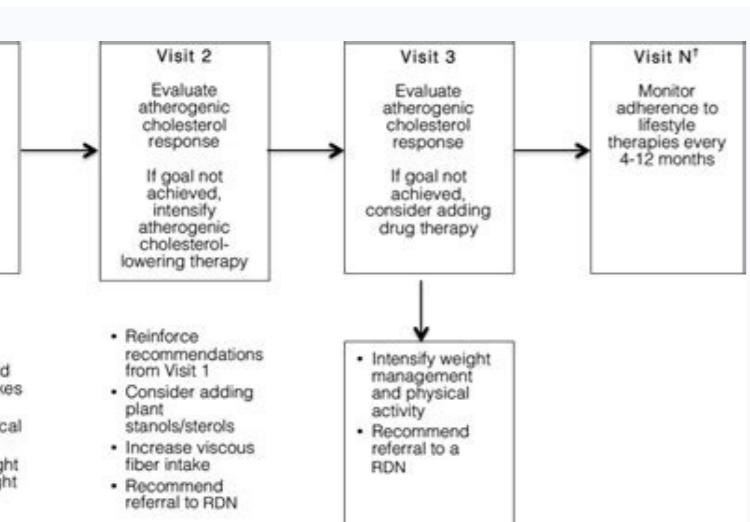
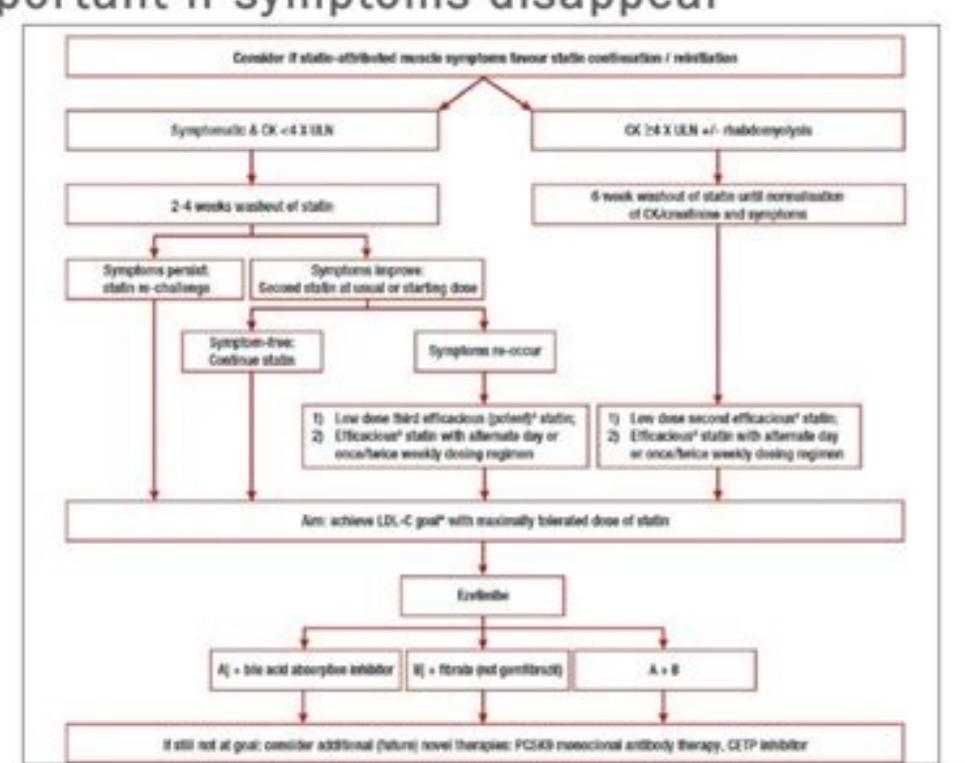
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\* The authors have no financial conflicts of interest.

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**Re-challenge with different statin is important if symptoms disappear**

Focused Issue

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