TRANSCRIPT

Episode 1 - Roadmap to ASCVD Treatment

00:00-00:37

Narrator: Cholesterol is one of the primary causal risk factors for the development of atherosclerosis. As we know, managing atherosclerotic cardiovascular disease or ASCVD requires a holistic approach across multiple disciplines working together to achieve guideline-directed lipid management. Through the support of Novartis Pharmaceuticals Corporation, the American Heart Association has created a podcast series that explores multiple perspectives of ASCVD care with clinical subject matter experts from across the country.

00:38-00:42

Narrator: Let us take you on a journey through the patient care pathway to understanding ASCVD.

00:43-01:16

Liz Olson: A healthy lifestyle, including the management of lipids, is a key component to reducing ASCVD risk. For those with ASCVD, medication is a key component in treating this disease. On today's podcast, we'll look at the American Heart Association's Guidelines for Managing ASCVD and discuss the challenges in identifying and managing cholesterol on this lifelong process across the continuum of care. I'm Liz Olson with the American Heart Association, and with me today is Dr. Murtuza Ali, Professor of Medicine and Pharmacology at LSU's School of Medicine in New Orleans.

01:17-01:19

Liz Olson: Dr. Ali, welcome. Nice to have you here.

01:20-01:21

Dr. Ali: Glad to be here, Liz. Thank you for having me.

01:22-01:26

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in those patients who have not yet had a cardiovascular event and who have elevated risk, but not definite ASCVD yet. Now, oftentimes those are going to be beneficial but

07:45-08:26

Dr. Ali: So, the difference is not necessarily in the end point of how low a cholesterol we might target, although that is relevant also. But in terms of whether we use a lower intensity or a higher intensity statin right out of the gate in an escalation strategy or in a most-bang-for-the-buck right out the gate type of strategy. I think that is really kind of the big difference between patients who present with unstable cardiovascular conditions, and those you might see in a clinic setting who are concerned about a development of cardiovascular disease but don't yet have it, or who present with stable cardiovascular disease that is under control and are trying to further reduce their risk of subsequent events down the road.

08:27-08:41

Liz Olson: There are certainly a lot of challenges to maintaining care at this time, but are there ongoing challenges with managing lipids and ASCVD ï any barriers, maybe, that could be relevant as the disease progresses?

08:42-09:27

Dr. Ali: I think it's about vigilance, primarily. It's about recognizing that our patients with ASCVD or at risk of ASCVD need to have their cholesterols checked periodically, need to have the medications that are being used, or the combination of medications that are being used for those patients titrated upward, as needed based on the response to therapy. And, you know, the management and the surveillance for this involves blood draws and being able to check cholesterol levels. And certainly, at a time when a lot of patients are concerned about accessing health care because of concern about leaving their home or being exposed to health care environments, that could potentially be a challenge in terms of ensuring that patients understand the importance of getting serial blood work in order to make those medication adjustments.

09:28-10:00

Dr. Ali: Beyond that, I think the biggest challenge is that the risk of elevated cholesterol and subsequent cardiovascular disease is indolent. It doesn't show up right away. It's not the sort of thing where if you missed your medication or you're not sufficiently adequately optimized, you're going to feel badly and therefore, you'll

remember to take your medication. This is a disease process that happens much more

and to educate our patients about what their individual risk might be so that the benefit of the medication or other therapies that we're recommending are understood and that ownership is felt both by patient and by provider about the need to manage these risk factors longitudinally.

12:16-12:47

Dr. Ali: I think that really does get to informed conversations between patients and providers about what the reason for any given therapy is, and why it's, you know, what the consequences or potential consequences of not managing those risk factors might be so that motivation to participate in whatever the recommended therapy might be is that much more combined and that much more robust if patients understand what it is that we're doing, and why we're doing this or why we're recommending something.

12:48-13:12

Liz Olson: Taking a look at different care settings, I'm curious if there are unique challenges that may come up when working to manage these lipid lowering drugs, maybe in a rural setting or a setting where it may be difficult to get to a hospital or a physician on a regular basis? Can you talk about some of those challenges that may be unique to a geography?

13:13-13:47

Dr. Ali: Yeah, I think that's an interesting point. In9u912 0 612 tnwr TJ3(ik)3(t)4(h)tween patients and

patients, that the average lipid panel in an urban area tends to be worse than those patients in rural areas.

14:23-14:54

Dr. Ali: And this may have something to do with the diets, the ability to move, you know, the activeness of lifestyle perhaps between rural areas and urban areas. And so again, the need for individualized risk assessment and risk factor modification, I think, is just so critically important and expanding access to care, regardless of the community, but oftentimes in less populated communities, is really something that's obviously very important to driving down population-based risk factors.

14:55-15:11

Liz Olson: For health systems broadly, do you think there are certain challenges that provi612 792 reW*nBT/F2 bCc3el g0 G[commu}t8 Tfre/4roadly, do you think there are certai.34 Tm0 g0

Liz Olson: Do you have any recommendations from your experience in working with patients on how caregivers can support their loved ones as they're going through ASCVD and in managing these medications? Are there questions they should be asking at a regular check in to either manage that risk or manage the condition itself?

16:39-17:14

Dr. Ali: Yeah, I think family members and caregivers of patients with ASCVD are going to be critically important. A lot of the stuff that is going to help reduce those risk factors are going to involve things that might affect somebody else in the house also, such as changing the diet, whether one cooks with this type of food or that type of food, etc. And so, I think that the more support that patients have in terms of making some of the behavioral modifications and lifestyle modifications that are going to result in healthier lifestyles, are going to be important and are going to need that support coming from family members can really make such a big impact in helping patients achieve their goals.

17:15-17:29

Liz Olson: So, Dr. Ali, overall, what would you say would be some of the most important pieces for physicians and providers to take away in treating ASCVD? And what would the message be for a patient?

17:30-18:25

Dr. Ali: I think for both groups, for both patients and for providers, the single biggest take home message here is about awareness of any given patient's individualized cardiovascular risk, using tools such as the risk calculator and an appropriately diligent and aggressive risk stratification strategy that should include exercise and diet control and lifestyle modification. The addition of pharmacology, if appropriate, depending on the reasons why the patient was presenting in the first, and then sustained attention to their cardiovascular risk, including cholesterol, so that over time, as additional treatments become necessary, if they do, those are instituted in a timely manner so that the lifetime risk from cholesterol, in particular, as one of the cardiovascular risk factors can be mitigated as much as possible for any given patient.

18:26-18:33

Liz Olson: Well, Dr. Ali, thank you so much for taking time with us today. It's been a real pleasure, and I appreciate all of your insight on this topic. Thank you.

18:34-18:35

Dr. Ali: Thank you.

18:36-18:53

Liz Olson: This has been ASCVD Perspectives. To learn more about managing ASCVD for yourself, a loved one or your patients, you can visit the American Heart Association's website at heart.org/quality for tools, resources and more. I'm Liz Olsen with the American Heart Association and thank g3(µ0BT/F2 10.98 Tf1 0 0 1 76.5 543.52 Tm0 o}3(ur }5(pa