WHAT IS NEW IN THE 2026 ACC/AHA GUIDELINE ON THE MANAGEMENT OF DYSLIPIDEMIA: A COMPREHENSIVE REVIEW

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The 2026 ACC/AHA multisociety guideline on dyslipidemia represents a major evolution from prior cholesterol-focused guidance. It expands the scope of lipid management to include a broader spectrum of atherogenic lipoproteins and integrates contemporary advances in preventive cardiology, pharmacotherapy, and risk assessment. The guideline emphasizes earlier intervention, lifetime risk reduction, and individualized care strategies. Expanded Concept of Dyslipidemia: The guideline moves beyond LDL cholesterol as the sole therapeutic focus and incorporates triglyceride-rich lipoproteins and lipoprotein(a) as important contributors to atherosclerotic cardiovascular disease (ASCVD). This reflects a more comprehensive understanding of atherogenic burden. Lifetime Risk and Early Intervention: A major shift is the emphasis on cumulative exposure to atherogenic lipoproteins. The guideline encourages earlier risk assessment and intervention, particularly in younger individuals with elevated lifetime risk, reinforcing the principle that earlier and sustained lipid control improves long-term outcomes. Risk Assessment – PREVENT-ASCVD: The introduction of the PREVENT-ASCVD risk estimator represents an update to prior models. It aims to provide improved calibration across populations and better reflects contemporary cardiovascular risk profiles. Reintroduction of Lipid Targets: The guideline reintroduces LDL-C and non-HDL-C targets, particularly in high-risk individuals. This represents a shift back toward goal-directed therapy alongside intensity-based statin use. Biomarker Integration: Measurement of lipoprotein(a) at least once in adulthood is recommended. Apolipoprotein B measurement is encouraged in selected populations, including those with metabolic syndrome or hypertriglyceridemia, reflecting a move toward particle-based risk assessment. Imaging for Risk Stratification: Coronary artery calcium scoring is further emphasized to refine risk assessment and guide therapeutic decisions, particularly in borderline and intermediate-risk individuals. Nonstatin Therapies: The guideline expands the role of nonstatin therapies, including ezetimibe, bempedoic acid, and PCSK9 inhibitors. Earlier combination therapy is encouraged in appropriate high-risk individuals. Triglycerides and Metabolic Risk: Greater attention is given to hypertriglyceridemia and its association with metabolic disorders, including diabetes and obesity, reflecting a broader cardiovascular-kidney-metabolic framework. Personalized Care: Treatment decisions are increasingly individualized, incorporating clinical risk factors, biomarkers, imaging findings, and patient preferences. Conclusion: The 2026 ACC/AHA guideline represents a shift toward earlier, more comprehensive, and individualized lipid management, emphasizing lifetime risk reduction and integrated cardiovascular prevention.

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