2025 Acute Coronary Syndromes Guideline-at-a-Glance

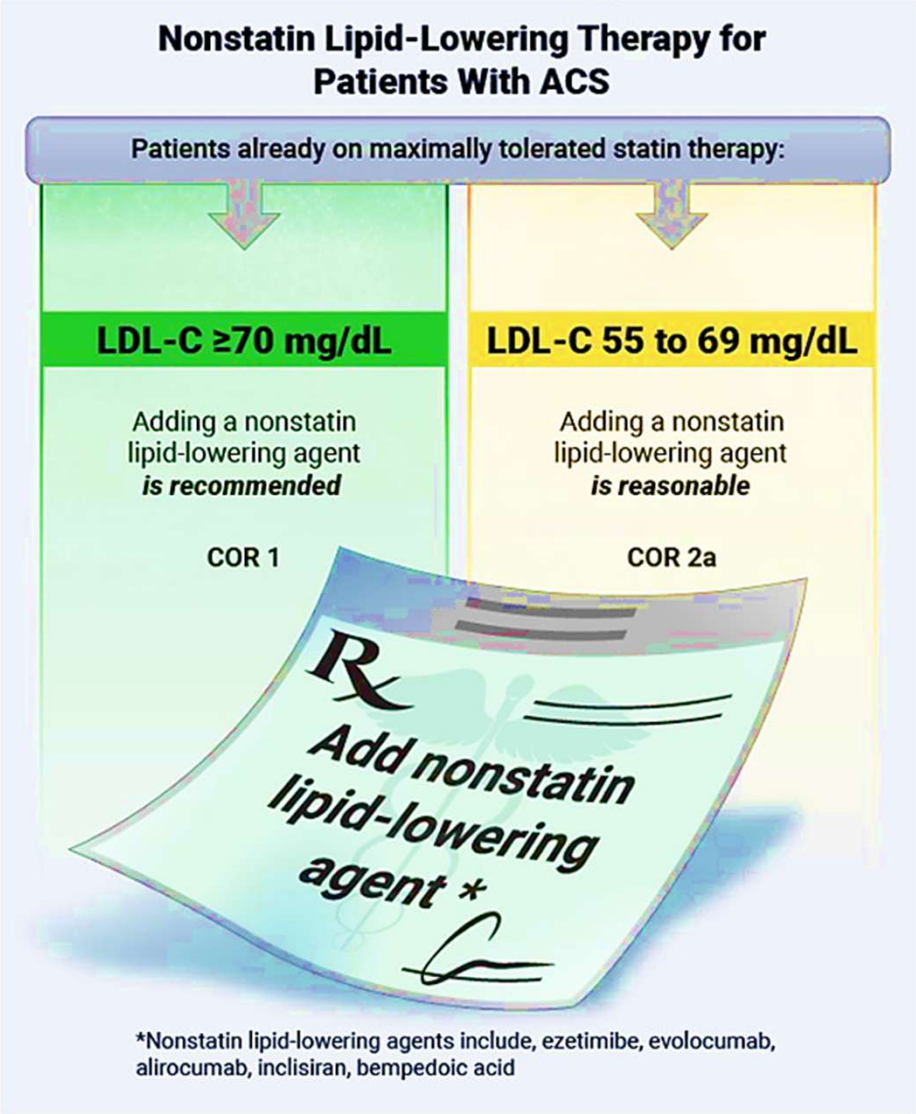
Lipid management

01 High-intensity statin therapy is recommended

02 In patients already on maximally tolerated statin therapy with LDL-C ≥70 mg/dL, add a nonstatin lipid-lowering agent

03 In patients already on maximally tolerated statin therapy with LDL-C 55 to 69 mg/dL a nonstatin lipid-lowering agent can be considered

04 Concurrent initiation of **ezetimibe** in combination with maximally tolerated statin may be considered to reduce the risk of MACE.



ACS, acute coronary syndromes; COR, Class of Recommendation; LDL-C, low-density lipoprotein cholesterol.

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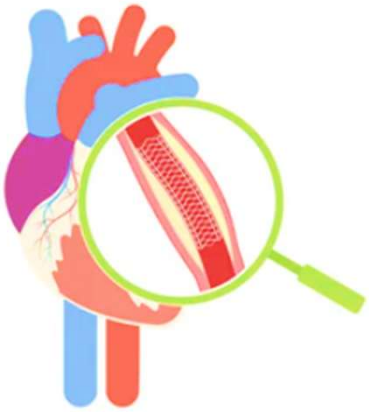
Revascularization strategy



- Complete revascularization is recommended in ST-segment elevation myocardial infarction or non–ST-segment elevation ACS
- Choice of revascularization method (ie, CABG vs multivessel PCI) should be based on the complexity of CAD and comorbid conditions
- PCI of significant non-culprit stenoses for STEMI can be performed in a single procedure or staged; preference should be for single procedure
- Routine PCI of non-infarct-related arteries at the time of PCI is not recommended
- Radial approach is preferred over femoral approach in patients with ACS undergoing PCI
- Intra-coronary imaging is recommended to guide PCI in patients with ACS with complex coronary lesions

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Anticoagulation

- Dual antiplatelet therapy is recommended for patients with ACS
- **Ticagrelor or prasugrel** is recommended in preference to clopidogrel in patients with ACS undergoing PCI
- Dual antiplatelet therapy with aspirin and an oral P2Y12 inhibitor is indicated for at least 12 months as the default strategy in patients with ACS not at high bleeding risk
- In patients who have tolerated dual antiplatelet therapy with ticagrelor, transition to ticagrelor monotherapy is recommended 1 month after PCI
- in patients who require long-term anticoagulation, aspirin should be discontinued 1 to 4 weeks after PCI. Continue the use of a P2Y12 inhibitor (preferably clopidogrel)
- In patients with NSTEMI ACS undergoing PCI, prasugrel or ticagrelor is recommended to reduce MACE and stent thrombosis