

Treat to HoFH Guidelines Get your patient to LDL-C Target¹

HoFH

- Ultra rare: affects ~30,000 people worldwide but **<5% are identified**
- Early identification** and effective treatment are vital
- Late diagnosis has CV consequences **leading to early death.**

Who to screen?

- People with **early ASCVD**
- Newborn infants** if parents have HeFH or hypercholesterolaemia

Diagnosing HoFH

- Prioritise clinical phenotype over genotype
- Use **LDL-C levels** to drive your clinical diagnosis
- In patients not reaching LDL-C target. – **suspect HoFH!** Especially in those whose LDL-C levels >10 mmol/L (approximately >400 mg/dL) **before treatment and not reaching target on PCSK9 therapy**

Treating HoFH

- Genetic screening of all patients is recommended
- Plasma LDL-C levels** are key discriminators for HoFH

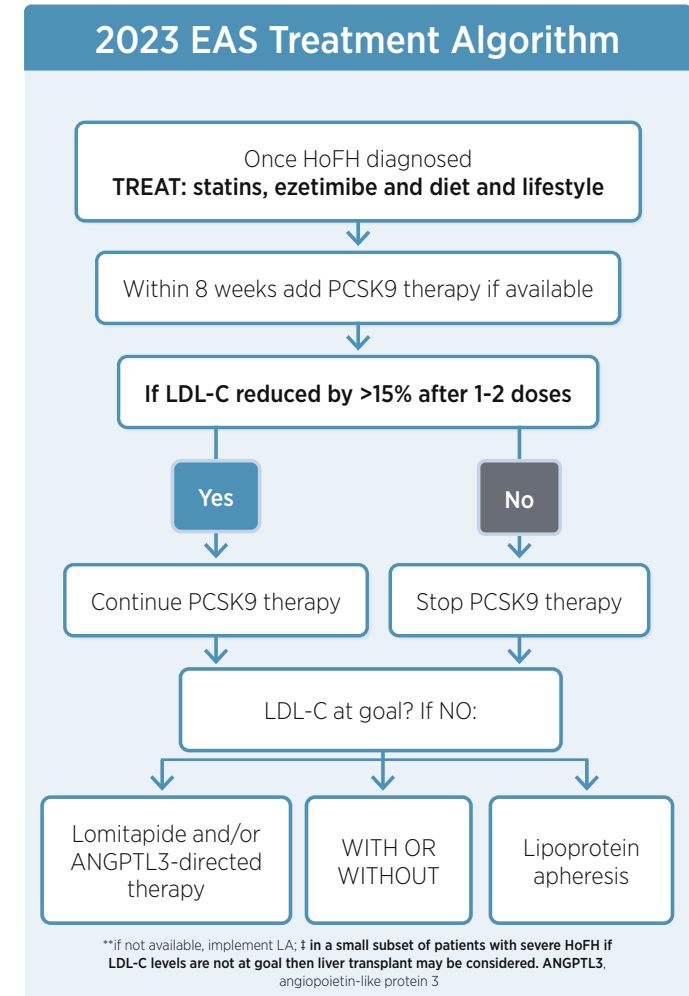
Treat to LDL-C targets:

- + Adults: **<1.8 mmol/L (<70mg/dL)**
- + Adults with additional ASCVD-risk factors/ASCVD: **<1.4 mmol/L (<55 mg/dL)**
- + Children/adolescents: **<3 mmol/L (<115 mg/dL)***

Only 5% of diagnosed patients are treated to LDL-C target

- For women with HoFH see recommendations regarding contraception and pregnancy by scanning the QR code below

*lower LDL-C target may require imaging



ASCVD, atherosclerotic cardiovascular disease; CV, cardiovascular; EAS, European Atherosclerosis Society; HeFH, heterozygous familial hypercholesterolemia; HoFH, homozygous familial hypercholesterolaemia; LA, lipoprotein apheresis; LDL-C, low-density lipoprotein cholesterol; PCSK9, proprotein convertase subtilisin/kexin type 9.
¹Cuchel M, et al. *Eur Heart J* 2023;44(25): 2277-2291.
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