Patients with acute coronary syndrome (ACS) should be commenced on long term statin therapy prior to discharge (SIGN 93).

The majority of ACS patients will be commenced on atorvastatin 20mg (simvastatin 40mg second line) in hospital with the target of achieving total cholesterol <5.0mmol/L (SIGN 97) and HDL cholesterol >1.0.

Aggressive lipid lowering therapy with atorvastatin 80mg may be beneficial in a subset of patients and should be considered in the following circumstances:

- Total cholesterol >6.0mmol/L on admission
- ACS despite ongoing treatment with atorvastatin 20mg or simvastatin 40mg
- Extensive/ diffuse coronary artery disease on angiography
- Additional risk factors such as diabetes mellitus or cerebrovascular disease

Aggressive lipid lowering therapy is unattractive in the following patient groups:

- Very elderly
- Patients with known liver disease
- Patients with known intolerance to lipophilic statins

Patients given atorvastatin 80mg should continue this for a period of 3 months, when they should be reviewed in primary care and titrated down to atorvastatin 20mg. The cholesterol profile should be re-checked at 3 months. It may be advisable to continue atorvastatin 80mg if total cholesterol is >6.0mmol/L and it is well-tolerated.