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High cholesterol

Swiss cardiology leads the new international recommendations on dyslipidaemia management

The European Society of Cardiology (ESC) and the European Atherosclerosis Society (EAS) have just published the new international recommendations for managing dyslipidaemias¹. They were presented at the Annual Cardiology Congress held in Madrid from 29 August to 1 September. These guidelines stem from a collaborative effort by international experts, led by Professor François Mach, Head of the Cardiology Department at Geneva University Hospitals (HUG), who is the primary author of this key reference document. Beyond its medical significance, this publication confers international recognition on HUG.

The new ESC/EAS recommendations update those issued in 2019 incorporating the most recent results from randomised clinical trials. They aim to refine the assessment of cardiovascular risk and tailor therapeutic strategies with even greater precision. “Thanks to this update, we can better identify certain at-risk populations and treat them more effectively. In doing so, we can better protect these men and women’s hearts,” says Professor François Mach.

New tools for risk assessment

A major advance is the introduction of two new risk-prediction algorithms, named SCORE2 and SCORE2-OP (for individuals aged over 70). Unlike earlier models that estimated only ten-year cardiovascular mortality, these now include endpoints such as non-fatal myocardial infarction, stroke, and hospitalisation risk—addressing combined morbidity and mortality. “These risk calculators are much more nuanced and informative. They are user-friendly and can also be used by general practitioners, facilitating earlier and more targeted intervention,” Professor Mach explains.

Drug combinations

“We are fortunate to have numerous safe and effective treatments to reduce cardiovascular risk in patients—such as statins. If necessary, we can combine these medications to achieve even better results,” emphasises Dr Konstantinos Koskinas, cardiologist at Bern University Hospital and co-author of the new recommendations.

Indeed, this update includes important clarifications on treatments. Following myocardial infarction or acute coronary syndrome, intensifying lipid-lowering therapy—aimed at reducing cholesterol and triglycerides—is now advised from the time of hospitalisation. A combination of high-intensity statin therapy with ezetimibe should be considered immediately to reach

¹ Increase in blood cholesterol levels

LDL-cholesterol targets (the “bad” cholesterol) promptly. “We recommend combining agents from the outset,” says the specialist.

New high-risk population approach

The update also broadens statin use to specific groups: individuals living with HIV from the age of 40, and patients treated with cardiotoxic chemotherapy regimens (such as anthracyclines). These recommendations are based on recent studies demonstrating preventive benefit in these high-risk groups.

New therapeutic options are also emerging for people who are statin-intolerant.

The authors stress the necessity of measuring lipoprotein (a), a genetically determined cardiovascular risk factor long overlooked but now recognised as important. It requires only a single measurement and, when combined with other risk factors (LDL-cholesterol, obesity, etc.), can inform consideration of novel pharmacological options.

Be careful with food supplements

Finally, the recommendations clearly oppose the use of dietary supplements—particularly red yeast rice—and vitamins for cholesterol management. “These products represent a considerable market. But it is essential to deliver a clear message: one should not rely on these supplements to protect the heart,” insists Professor Mach.

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For further information

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