

Hull and East Riding Guideline for Lipid Lowering for Secondary Prevention

For full guideline see www.hey.nhs.uk/herpc/guidelines/lipidlowering

For information on primary prevention see <http://www.nice.org.uk/guidance/cg181>

Before considering any treatment

- Check drug treatment appropriate e.g. consider polypharmacy, co-morbidities, women of childbearing potential
- Counsel patients on possible side effects especially muscle damage
- Consider and manage other modifiable CVD risk factors, including lifestyle advice

Primary prevention

- High Qrisk 3 score $\geq 10\%$,
- Patients with suspected Familial hypercholesterolemia

Secondary Prevention

- All patients with CVD including ACS, stable angina, PVD, stroke, TIA; diabetes > 10 years or microvascular complications; type 1 diabetes and over 40 years, or CVD risk factors (see full guidelines for further information)
- Aim for non-HDL cholesterol < 2.5mmol/L

Initiate **Atorvastatin 20mg od**

Initiate **Atorvastatin 80mg od** – if appropriate (consider lower dose in patients with CKD, potential drug interactions, high risk of ADRs)

Check BNF & SPC for cautions, contraindications and interactions **before** prescribing

Statis tolerated well

NO

Intolerance to statins defined as 'minor' side effects such as muscle pain, aches, GI upset, sleep disturbance, **NOT** markedly raised ALT (>3xULN) or CK (>5xULN) when any statin should be stopped and refer to lipid clinic.

Desired lipid response after 3 months treatment?

- Rosuvastatin 5mg (titrate gradually up to 20mg) OR
- Pravastatin 10mg od (titrate gradually up to 40mg)

YES

Continue treatment and monitor patient

NO

If compliance issues ruled out, refer to Lipid clinic for consideration of other agents including PCSK9 inhibitors.

Other agents

- **Ezetimibe 10mg od** – Consider as monotherapy or dual therapy with statins in patients with familial hypercholesterolaemia, hypercholesterolaemia resistant to high doses of potent statin, not treated to targets
- **PCSK9 inhibitors**- Evolocumab, Alirocumab –commenced through Lipid Clinic for familial hypercholesterolemia if LDL –Cholesterol is persistently $\geq 5\text{mmol/L}$ and in secondary prevention if LDL –Cholesterol is persistently $\geq 4\text{mmol/L}$ in patients at high risk of CVD and $\geq 3.5\text{mmol/L}$ if at very high risk of CVD.
- **Fibrates (micronised fenofibrate first line)**
 - Patient with marked hypertriglyceridemia (> 10mmol/L) despite lifestyle advice
 - Patient with diabetes with hypertriglyceridemia (> 4.5mmol/l) despite actions to address
 - Acute risk of pancreatitis

Consider referral to Lipid Clinic in severe or refractory hypertriglyceridemia