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 ≥ 10%
- Patients with suspected Familial hypercholesterolaemia

Initiate **Atorvastatin 20mg od**

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

Statins tolerated well

Desired lipid response after 3 months treatment?

**YES**
- Continue treatment and monitor patient

**NO**
- If compliance issues ruled out, refer to Lipid clinic for consideration of other agents including PCSK9 inhibitors.

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

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.

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

**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 hypercholesterolaemia if LDL – Cholesterol is persistently ≥ 5mmol/L and in secondary prevention if LDL – Cholesterol is persistently ≥ 4mmol/L in patients at high risk of CVD and ≥ 3.5 mmol/L if at very high risk of CVD.
- **Fibrates (micronised fenofibrate first line)**
  - Patient with marked hypertriglyceridaemia (> 10mmol/L) despite lifestyle advice
  - Patient with diabetes with hypertriglyceridaemia (> 4.5mmol/l) despite actions to address
  - Acute risk of pancreatitis

Consider referral to Lipid Clinic in severe or refractory hypertriglyceridaemia.