Lipid Management Pathway

December 2018
Review December 2020
Ref: NICE Lipids CG181;
ESC lipid guideline 2016

HSC Health and Social Care Board

Who needs lipid treatment?

- 1^0 **prevention up to 84 yrs or type 2 diabetes if ≥10% 10yr CV risk on QRISK2 or any patient ≥85 yrs** if appropriate
- **?familial dyslipidaemia** e.g. total chol >7.5mmol/l and FHx IHD or TG>10mmol/l – refer to lipid specialist. Do not use QISK2
- **Type 1 diabetes – Offer statin treatment for the primary prevention for aged >40 years, OR have had diabetes for >10 years, OR have established nephropathy, OR have other CVD risk factors**
- 2^0 **prevention**: **all** with established CV disease (CHD, cerebrovascular, peripheral vascular). Do not use QRISK2.

Before starting treatment:

- **Check baseline bloods**: Lipids (immediate if acute event), LFTs, U&E, +/-CK if symptoms/risk of myopathy
- If AST/ALT>3x or CK>5x ULN, do not start statin but look for cause & consider specialist referral
- **Consider and manage 2^0 causes** (TFTs, dipstick for proteinuria)
- **Tell the patient** their baseline cholesterol levels +/-targets
- **Give lifestyle advice** (especially regarding smoking, alcohol, obesity). In 1^0 prevention, reassess QRISK2 after lifestyle change.

Acute Coronary Syndrome

Stable CV disease

If not already taking a statin commence **atorvastatin 80mg***
Start with a lower dose of atorvastatin if potential drug interactions, risk of adverse effects or patient preference

Recheck lipids & LFTs in 3mths

non-HDL-C>40% reduction or LDL-C<1.8mmol/l ** → **yes**

no

(If not already on, switch to) **atorvastatin 80mg* od**

Recheck lipids & LFTs in 3mths

- Discuss statin adherence and timing of dose
- Try 3 different statins before concluding statin intolerance†

non-HDL-C>40% reduction or LDL-C<1.8mmol/l ** → **yes**

no

Not achieving target despite maximum tolerated statin dose:
if LDL-C between 1.8 to 3.5mmol/l consider adding **ezetimibe 10mg** od
if LDL-C >3.5-4.0mmol/l despite the above treatment, consider referral to a lipidologist or a cardiologist with lipid interest for consideration of PCSK9 inhibitors (NICE TA 393 / NICE TA 394)

1^0 Prevention, Diabetes or CKD

If not already on a statin commence **atorvastatin 20mg**

Recheck LFTs & lipids in 3mths

If non-HDL reduction <40% from pre-statin baseline, check adherence, diet, lifestyle and consider increasing atorvastatin

If HDL<1mmol/l (<1.3 in females)
Reinforce lifestyle advice (especially exercise, obesity management and smoking cessation)

If high TG, recheck fasting TG.

If fasting TG>1.7mmol/l
- Reinforce lifestyle advice
- Reduce excess alcohol
- Optimise control if diabetic
- *If markedly elevated (>4.5mmol/l) discuss with lipid specialist*

Check
- Lipids annually (fasting if TG concern)

Notes:

Do NOT use simvastatin 80mg.

*If risk of myopathy including the elderly, or CrCl<30mL/min, consider a lower starting dose of statin.

*If CrCl<10mL/min, do not increase atorvastatin to 80mg before discussing with lipid specialist (NI Nephrology forum)

** Single lipid measurements can vary by ~10%. If borderline, consider repeating the measurement before changing treatment.

† If atorvastatin intolerance, try at least 2 further statins starting at lowest dose e.g. simvastatin 10-40mg, pravastatin 20-40mg, rosuvastatin 5-10mg or fluvastatin 20-40mg before concluding statin intolerance.