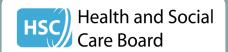
Lipid Management Pathway

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



Who needs lipid treatment?

- 1º 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
- 2º prevention: all with established CV disease (CHD, cerebrovascular, peripheral vascular). Do not use QRISK2.

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)

Acute Stable CV disease 1º Prevention, Diabetes or CKD Coronary If not already taking a statin commence If not already on a statin commence atorvastatin 20mg **Syndrome** atorvastatiń 80mď* Recheck LFTs & lipids in 3mths Start with a lower dose of atorvastatin if potential drug interactions, risk of adverse If non-HDL reduction <40% from pre-statin baseline, check effects or patient preference adherence, diet, lifestyle and consider increasing atorvastatin Recheck lipids & LFTs in 3mths non-HDL-C>40% reduction or LDL-C<1.8mmol/l ** If HDL<1mmol/I (<1.3 in females) Reinforce lifestyle advice (especially exercise, obesity management and smoking cessation) no (If not already on, switch to) If high TG, recheck fasting TG. atorvastatin 80mg* od Check If fasting TG>1.7mmol/I Lipids annually Recheck lipids & LFTs in 3mths Reinforce lifestyle advice (fasting if TG Reduce excess alcohol Discuss statin concern) Optimise control if diabetic adherence and If markedly elevated (>4.5mmol/l) timing of dose discuss with lipid specialist non-HDL-C>40% reduction Try 3 different statins yes or LDL-C<1.8mmol/l ** before concluding statin intolerance Not achieving target despite maximum tolerated statin dose: if LDL-C between 1.8 to 3.5mmol/l consider adding ezetimibe 10mg od

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 2º causes (TFTs, dipstick for proteinuria)
- Tell the patient their baseline cholesterol levels +/-targets
- Give lifestyle advice (especially regarding smoking, alcohol, obesity). In 10 prevention, reassess QRISK2 after lifestyle change.

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.