

LIPID MODIFICATION FOR SECONDARY PREVENTION OF CVD

Established CVD

eg past/current history of MI, ACS, angina, stroke, TIA, or peripheral arterial disease

Baseline blood tests & clinical assessment:

BP, smoking status, alcohol consumption, weight/BMI, non-fasting lipid profile, HbA1c, renal function/eGFR, LFTs, TFTs, CK if unexplained muscle pain +/- statin

DO NOT delay statin to manage modifiable risk factors

Discuss the risks and benefits of statin treatment so that the person can make an informed choice about their treatment.

OFFER ATORVASTATIN 80mg daily

Use lower dose if (see [SPC](#) for prescribing information):

- CKD (use 20mg)
 - Potential drug interactions
 - High risk of adverse effects (eg elderly, comorbidities, general frailty, polypharmacy)
 - Patient preference
- Advise about adverse effects and interactions. Repeat lipid profile & LFTs in 3 months

Interventions and lifestyle measures

- Treat comorbidities & identify and manage secondary causes of dyslipidaemia
- Lifestyle modification & optimise management of modifiable CVD risk factors: BP, smoking cessation, weight, cardioprotective diet, physical activity, alcohol, HbA1c

NO SPECIFIC LIPID TARGET: aim for >40% reduction in non HDL-C

If <40% reduction in non HDL-C:

- Optimise adherence and dose timing
- Optimise diet and lifestyle measures
- Consider increasing dose if started on <80mg if judged as higher risk due to comorbidities/clinical judgement
- If eGFR <30ml/min/1.73m² agree increasing dose with renal specialist

Familial Hypercholesterolaemia

Offer statin and consider &

investigate possibility of FH if TC >7.5 mmol/litre & family history of premature CHD

- Patients with FH should be offered specialist referral to confirm diagnosis & initiate cascade testing
- Refer to supporting information for treatment of FH

Statin Intolerance

- Refer to supporting information for LFT & CK monitoring & action
- Stop statin & try again when symptoms resolved to check if statin related
- Consider lower dose of atorvastatin
- Consider change to simvastatin or pravastatin (consider [rosuvastatin](#) as 4th line option)
- Treat with max tolerated dose - any statin at any dose will ↓ CVD risk
- Do NOT offer coenzyme Q10 or vitamin D to increase adherence
- Seek specialist advice if intolerant to 4 statins
- Consider ezetimibe in accordance with [NICE TA 132](#)

Annual medication review

- discuss adherence, lifestyle & address CVD risk factors
- consider non-fasting non-HDL-C test to inform discussion

Offer statin & refer to specialist if:

- TC >9.0 mmol/litre
- non-HDL-C >7.5 mmol/litre
- TG persistently >10 mmol/litre
- urgent referral if TG > 20 mmol/litre not due to alcohol or poor glycaemic control

Statin Declined

- Re-enforce benefits of statins
- Record choice in notes
- Review at a later date

Statin contraindicated/not tolerated/ineffective

- Do NOT routinely offer fibrates
- DO NOT OFFER
 - omega-3 fatty acid compounds
 - nicotinic acid
 - bile acid sequestrant
- DO NOT OFFER **COMBINATION of any of the above WITH statin**
- Consider ezetimibe in accordance with [NICE TA 132](#)