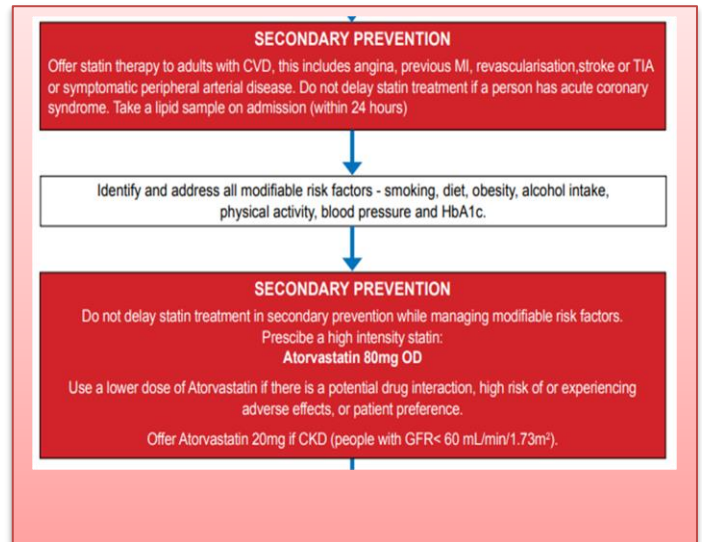
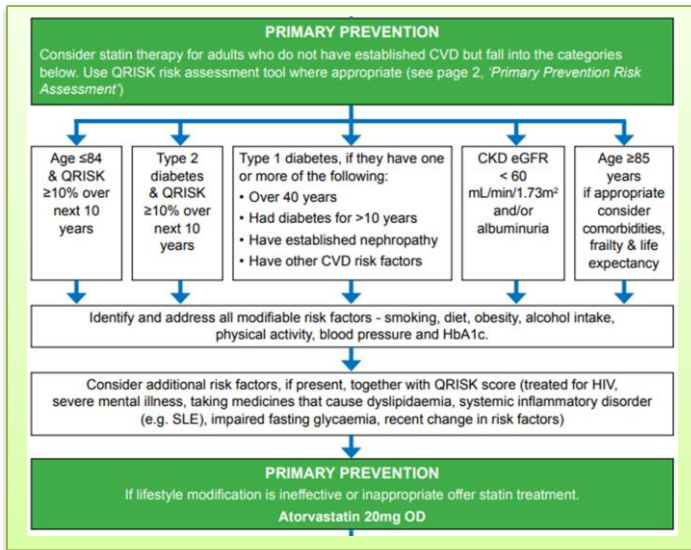


Prescribing tip for information

**National Guidance for Lipid Management for Primary and Secondary Prevention of CVD**

The Summary of National Guidance for Lipid Management for Primary and Secondary Prevention of Cardiovascular Disease is in an easy-to-read flowchart design, divided into primary and secondary treatment regimes. This guidance applies to new patients and may also be taken into consideration for those already on statins at their annual review.

**QRISK3** is the current version of the QRISK calculator used for **primary prevention** risk assessment. If QRISK < 10% over the next 10 years - Give lifestyle advice and ensure regular review of CVD risk in line with guidance.



Statins are the cornerstone for prevention and treatment of cardiovascular (CV) disease with a substantial evidence of reduction of morbidity and mortality.

The guide also gives useful advice on monitoring needed, a numerical statin intensity table and lipid titration targets.

MONITORING				
<b>Baseline Measurements</b>				
In addition to full lipid profile, measure renal, thyroid and liver profiles (including albumin) and HbA1c to exclude secondary causes and co-morbidities.				
Measure baseline liver transaminase (ALT or AST) before starting a statin.				
Measure CK if unexplained muscle pain before starting a statin.				
CK should not be measured routinely especially if a patient is asymptomatic.				
	Primary Prevention		Secondary prevention	
	Lipid Profile	ALT or AST	Lipid Profile	ALT or AST
Baseline	✓	✓	✓	✓
3 months	✓	✓	✓	✓
6-9 months	If <40% non-HDL-C reduction, up titration required. Repeat full lipid profile and ALT or AST within 3 months of each up-titration of statin dose or addition of Ezetimibe as required			
12 months	✓	✓	✓	✓
Yearly	✓	✓	✓	✓

STATIN INTENSITY TABLE					
Approximate reduction in LDL-C					
Statin dose mg/day	5	10	20	40	80
Fluvastatin			21%	27%	33%
Pravastatin		20%	24%	29%	
Simvastatin		27%	32%	37%	42%
Atorvastatin		37%	43%	49%	55%
Rosuvastatin	38%	43%	48%	53%	
Atorvastatin + Ezetimibe 10mg		52%	54%	57%	61%

■ Low intensity statins will produce an LDL-C reduction of 20-30%  
■ Medium intensity statins will produce an LDL-C reduction of 31-40%  
■ High intensity statins will produce an LDL-C reduction above 40%  
■ Simvastatin 80mg is not recommended due to risk of muscle toxicity

	NICE titration threshold	JBS3
Primary prevention	Intensify lipid lowering therapy if: non-HDL-C reduction from baseline is less than 40%	non-HDL-C <2.5mmol/L (LDL-C <1.8mmol/L)
Secondary Prevention		
FH	Optimise lipid lowering therapy to achieve at least 50% reduction in LDL-C (or Non-HDL-cholesterol.)	

It also has a link to a [Statin intolerance pathway](#) . Statin Intolerance is the presence of clinically significant adverse effects from statins that are considered to represent an unacceptable risk to the patient or that may result in adherence to therapy being compromised.

To contact the Medicines Optimisation Team please phone 01772 214302