South London
Cardiovascular and Stroke Network

Lipid Management in patients following an Acute Coronary Syndrome

This guidance represents the consensus view of the South London Cardiac and Stroke Network Cardiac Prescribing Forum. The guidance does not, however, override the individual responsibility of healthcare professionals to make decisions appropriate to the circumstances of the individual patient, in consultation with the patient and/or guardian or carer.

Intensive lipid management is recommended by NICE for all patients following an acute coronary syndrome (including ST elevation MI, non-ST elevation MI and unstable angina). Treatment should be initiated by secondary care, as early as possible after the acute event.

Lifestyle Advice and Blood Pressure Control

The following lifestyle issues should be addressed alongside initiation of statin therapy:

- Smoking cessation
- Diet (reduce saturated fats, include Mediterranean diet and oily fish twice a week, aim for body mass index (BMI) of 19 – 25kg/m^2, or a minimum of a 10% reduction in body weight)
- Alcohol moderation to within safe limits (up to 21 units per week for men and 14 units per week for women)
- Exercise (aim for a total of 30 minutes of moderate intensity physical activity (eg, brisk walking) at least 5x a week)

Blood pressure control - Treat if BP consistently over 140/90mmHg to achieve a BP of less than 140/90mmHg; more aggressive targets apply in patients with chronic kidney disease and diabetes

Initiating Therapy

Initiate a high-intensity statin in all patients following an acute coronary syndrome during the hospital admission

First line choice: Atorvastatin at a dose of 40-80mg* daily. The dose may be reduced in the event of intolerance.

**For patients on interacting drugs, a lower starting dose may be required and lower maximum doses may need to be considered. Interacting drugs include ciclosporin, clarithromycin, itraconazole, protease inhibitors, diltiazem, amiodarone and verapamil. See BNF/ SPC for more details.*

Where atorvastatin 40-80mg daily is contraindicated or not tolerated, initiate a lower dose of atorvastatin or consider an alternative agent

Next Steps

- High intensity statin should be continued for at least one year and indefinitely if well tolerated.
- Repeat fasting lipid levels within three months of initiation
- Reinforce lifestyle issues and check adherence to medication
- **In patients not achieving an average total cholesterol ≤ 4mmol/L or LDL cholesterol ≤ 2mmol/L on high intensity statin - consider referral for specialist advice**
- Patients should be reviewed annually, with lipid monitoring, to check efficacy and on-going adherence to therapy
- If statin therapy is contraindicated or not tolerated, consider offering a fibrate, anion exchange resin or ezetimibe as an alternative

For more information on contraindications and cautions to statin therapies, common drug interactions with statins and for guidance on safety monitoring – see SLCSN Guidance on Prescribing Statin Therapies

References

1. NICE Clinical Guideline CG43: Obesity. December 2006
2. NICE Clinical Guideline 66 (2008) Type 2 Diabetes
3. NICE Guidance CG15: Type 1 diabetes in children, young people and adults. July 2004
4. NICE Technology Appraisal 94: Statins for the prevention of cardiovascular events. January 2006
5. NICE Clinical Guideline 67 (2008) Lipid Modification Cardiovascular risk assessment and the modification of blood lipids for the primary and secondary prevention of cardiovascular disease.

Lipid Management in Patients following an Acute Coronary Syndromes

This algorithm applies to all patients following Acute Coronary Syndrome

Identify and address all modifiable risk factors:
Smoking, diet, alcohol intake,
BP control and physical activity

- Initiate ATORVASTATIN 40-80mg daily
- If there are potential drug interactions or atorvastatin 80mg is contraindicated, initiate a lower dose of atorvastatin or consider an alternative agent

- Repeat fasting lipid profile at 3 months
- Reinforce lifestyle issues and check adherence to medication
- In patients not achieving a total cholesterol ≤ 4mmol/L or LDL cholesterol ≤ 2mmol/L on a high intensity statin – consider referral for specialist advice

Routine safety and efficacy monitoring should be undertaken – see SLCSN Guidance on Prescribing Statin Therapies

Patients should be reviewed annually, with lipid monitoring, to check efficacy and on-going compliance with therapy

Lifestyle issues should be regularly revisited

If statin therapy is contraindicated or not tolerated, consider offering a fibrate, anion exchange resin or ezetimibe as an alternative