SLCSN combined algorithm for lipids management

Agreed by SEL Cardiac Prescribing Forum on 28th Jan 2009 and SWL Cardiac Prescribing Forum on 24th Feb 2009. Review date March 2012

South East & South West London Cardiac Network

Primary CVD prevention

(All patients with a CV risk ≥ 20% without known CVD, diabetes or familial hypercholesterolemia)

Calculate CV risk using an approved CV risk assessment tool

If CVD risk < 20% over the next 10 years

Give lifestyle advice; Ensure regular review of CVD risk in line with local guidance

If CVD risk ≥ 20% over next 10 years

Secondary CVD prevention

(All patients with CVD or atherosclerotic vascular disease, except those with familial hypercholesterolaemia)

and **all diabetics over 40 years old**

Acute Coronary Syndrome

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

Initiate SIMVASTATIN 40mg daily

If there are potential drug interactions or simvastatin 40mg is contraindicated, offer a lower dose of simvastatin or pravastatin

- No specific treatment targets are recommended for primary prevention
- Patients should be reviewed annually to check on-going compliance with therapy
- Routine safety monitoring should be undertaken in line with SLCSN Guidance on Prescribing Statin Therapies
- Lifestyle issues should be regularly revisited

- Repeat fasting lipid profile within 3 months
- Consider switching to atorvastatin 40mg daily, increasing to 80mg daily in the following patients:
  - **All CVD patients not achieving an average total cholesterol ≤ 5mmol/L and LDL ≤ 3mmol/L on simvastatin 40mg daily**
  - **All diabetic patients over 40 years not achieving an average total cholesterol ≤ 4mmol/L or LDL cholesterol ≤ 2mmol/L on simvastatin 40mg daily**
- Consider ezetimibe 10mg daily as an adjunct in patients failing to achieve cholesterol treatment targets despite maximal statin doses, or where higher statin doses are not tolerated
- For secondary prevention, all patients should be treated to achieve ***at least*** a total cholesterol ≤ 5mmol/L and LDL cholesterol ≤ 3mmol/L.

Initiate ATORVASTATIN 40-80mg daily

(If 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
- **Referral for specialist advice if** 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 www.slcsn.nhs.uk/prescribing.html
- Patients should be reviewed annually, with lipid monitoring, to check efficacy and on-going compliance with therapy
- Lifestyle issues should be revisited regularly

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