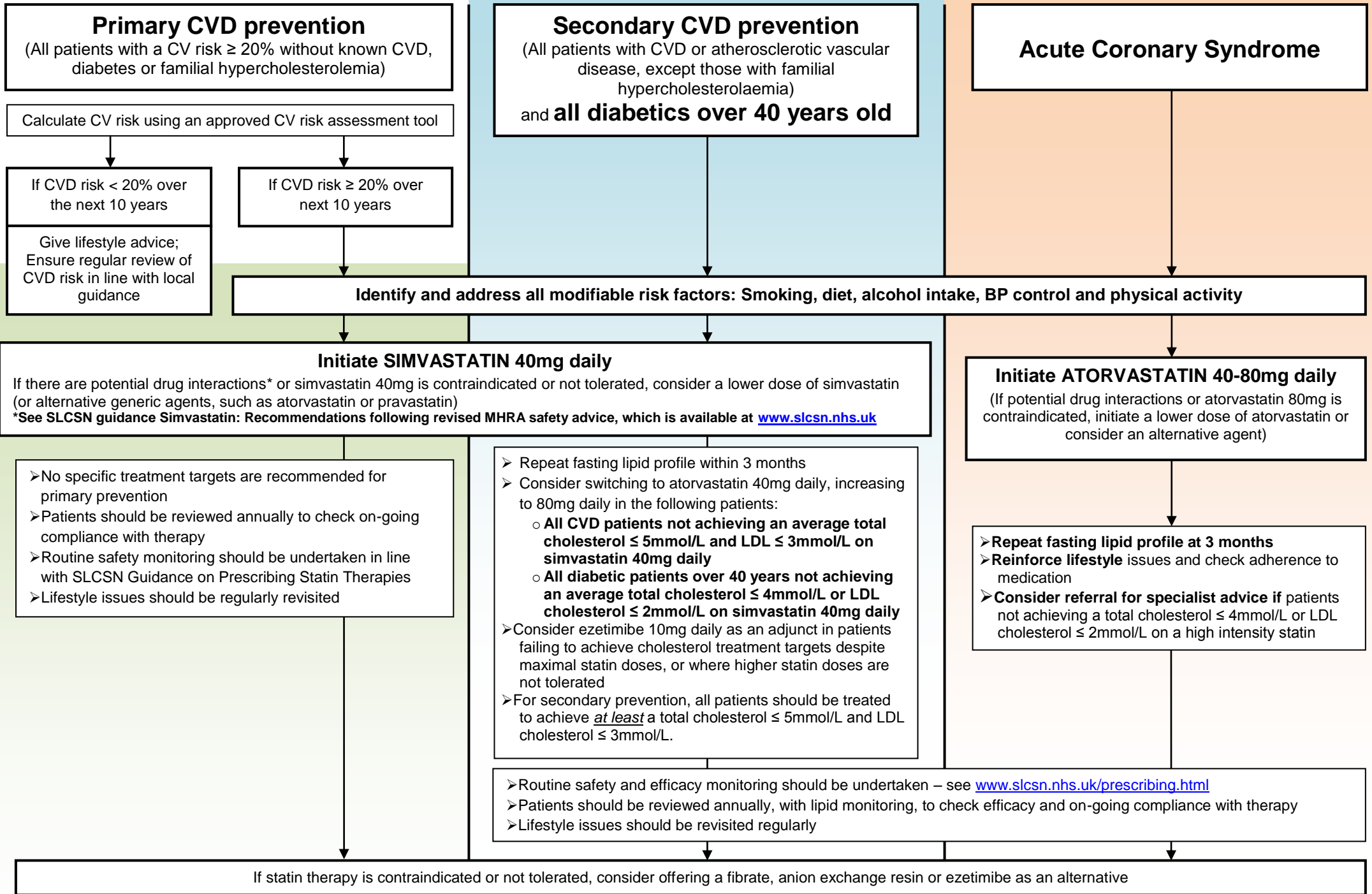


SLCSN combined algorithm for lipid management



Primary CVD prevention
(All patients with a CV risk $\geq 20\%$ 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 $\geq 20\%$ over next 10 years

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

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

Initiate SIMVASTATIN 40mg daily
If there are potential drug interactions* or simvastatin 40mg is contraindicated or not tolerated, consider a lower dose of simvastatin (or alternative generic agents, such as atorvastatin or pravastatin)
*See SLCSN guidance Simvastatin: Recommendations following revised MHRA safety advice, which is available at www.slcsn.nhs.uk

- 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 $\leq 5\text{mmol/L}$ and LDL $\leq 3\text{mmol/L}$ on simvastatin 40mg daily
 - All diabetic patients over 40 years not achieving an average total cholesterol $\leq 4\text{mmol/L}$ or LDL cholesterol $\leq 2\text{mmol/L}$ 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 $\leq 5\text{mmol/L}$ and LDL cholesterol $\leq 3\text{mmol/L}$.

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
- Consider referral for specialist advice if patients not achieving a total cholesterol $\leq 4\text{mmol/L}$ or LDL cholesterol $\leq 2\text{mmol/L}$ on a high intensity statin

- 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, anion exchange resin or ezetimibe as an alternative