

INITIAL CONSIDERATIONS

Measure non-fasting full lipid profile (TC, HDL-C, non-HDL-C, triglycerides) and HbA_{1c} as part of an initial baseline assessment. Consider secondary causes of hyperlipidaemia and manage as needed. Ensure appropriate baseline and follow-up tests as detailed in the guideline. Measure BMI, identify and exclude people with contraindications/drug interactions. If non-fasting triglyceride above 4.5 mmol/l see the guideline text.

PRIMARY PREVENTION

Consider statin therapy for adults who do not have established CVD but fall into the categories below. Use QRISK (a) assessment tool where appropriate (see Primary prevention risk assessment in the guideline).



Consider additional risk factors, if present, together with QRISK score (raised for FH, severe mental illness, taking medicines that cause dyslipidaemia, systemic inflammatory disorder (e.g. SLE), impaired fasting glycaemia, recent change in risk factors).

PRIMARY PREVENTION

If lifestyle modification is ineffective or inappropriate after seven treatment, atorvastatin 80 mg OD

- Measure full lipid profile again after 3 months (non-fasting)
- High-intensity statin treatment should achieve reduction of non-HDL-C >40% from baseline. If not achieved after 3 months:
 - discuss treatment adherence, timing of dose, diet, and lifestyle
 - If at higher risk based on comorbidities, risk score or clinical judgement—see Additional risk factors consider increasing the dose every 2–3 months up to a maximum dose of atorvastatin 80 mg OD*
 - for how to increase in people with CKD, see the section Special patient populations

- If patients on a high-intensity statin have side effects, offer a lower dose or an alternative statin (see Statin intensity table)
- If maximum tolerated dose of statin does not achieve non-HDL-C reduction >40% of baseline value after 3 months, consider adding ezetimibe 10 mg OD
- If recommended statin treatment is contraindicated or not tolerated:
 - see AAC Statin Intolerance Algorithm^(A) for advice regarding adverse effects
 - ezetimibe 10-mg monotherapy may be considered. Assess response after 3 months
 - ezetimibe 10-mg/rosuvastatin acid 180-mg combination may be considered when ezetimibe alone does not control non-HDL-C/LDL-C well enough (NICE TA686)

If non-HDL-C reduction remains <40% of baseline despite maximal tolerated lipid-lowering therapy (including people with intolerance and contraindications) consider referral to specialist lipid management clinic according to local arrangements

SEVERE HYPERLIPIDAEMIA

FFTC ≥7.5 mmol/l and/or LDL-C ≥8.9 mmol/l and/or non-HDL-C ≥5.9 mmol/l, a personal or family history of confirmed CVD (≥40 years) and with no secondary causes, suspect FH (possible heterozygous FH). Do not use QRISK risk assessment tool

DIAGNOSIS AND REFERRAL

Take fasting blood for repeat lipid profile to measure LDL-C. Use the Simon Broome or Dutch Lipid Clinic Network criteria to make a clinical diagnosis of FH. Refer to lipid clinic for further assessment if clinical diagnosis of FH or if FFTC ≥7.5 mmol/l and/or LDL-C ≥8.9 mmol/l and/or non-HDL-C ≥7.5 mmol/l or fasting triglycerides ≥10 mmol/l (regardless of family history).

TREATMENT TARGETS IN FH

If clinical diagnosis of FH and/or other risk factors present, follow the recommended treatment management pathway for primary or secondary prevention as for non-FH, BUT aim to achieve at least a 50% reduction of LDL-C (or non-fasting non-HDL-C) from baseline.

Consider specialist referral for further treatment and/or consideration of PCSK9 therapy (B):

- they are assessed to be at very high risk of a coronary event*
 - or therapy is not tolerated
 - or LDL-C remains >5 mmol/l (primary prevention)
 - or LDL-C remains >2.5 mmol/l (secondary prevention) despite maximal tolerated statin and ezetimibe therapy.
- *defined as any of the following:
- established CVD
 - two or more other CVD risk factors

SECONDARY PREVENTION

Offer statin therapy to adults with CVD, not including angina, previous MI, heart transplantation, stroke, or TIA, or angiodysplasia, peripheral arterial disease. Do not delay statin treatment if a person has acute coronary syndrome. Take a lipid profile on admission (within 24 hours).

Identify and address all modifiable risk factors—smoking, diet, obesity, alcohol intake, physical activity, blood pressure, and HbA_{1c}.

SECONDARY PREVENTION

Do not delay statin treatment in secondary prevention while managing modifiable risk factors. Prescribe a high-intensity statin: atorvastatin 80 mg OD. Use a lower dose of atorvastatin if there is a potential drug interaction, high risk of an exacerbating adverse effect, or patient preference. (see atorvastatin 20 mg, 40 mg people with CVD and non-HDL-C >4.5)

- Measure full lipid profile again after 3 months (non-fasting)
 - High-intensity statin treatment should achieve reduction of non-HDL-C >40% from baseline. If not achieved after 3 months:
 - discuss treatment adherence, timing of dose, diet, and lifestyle measures
 - If started on less than atorvastatin 80 mg and the person is judged to be at higher risk (based on comorbidities, risk score or clinical judgement—see Additional risk factors), consider increasing to 80 mg atorvastatin. For how to increase in people with CKD see Special patient populations
 - If non-HDL-C baseline value is not available*, consider target non-HDL-C <2.5 mmol/l (approximately equivalent to LDL-C <1.8 mmol/l) as recommended by Joint British Societies
 - If patients on a high-intensity statin have side effects, offer a lower dose or an alternative statin (see Extent of lipid lowering with available therapies)
- *this scenario is not covered by NICE Qx101

If maximum tolerated dose of statin does not control non-HDL-C/LDL-C well enough after 3 months, confirm statin adherence then consider the following options based on shared decision making* with the patient.

*See the full guideline for information to support shared decision making

If recommended statin treatment is contraindicated or not tolerated, follow the AAC Statin Intolerance Algorithm^(A) for advice regarding adverse effects

If statin intolerance is confirmed, consider:

- ezetimibe 10 mg monotherapy. Assess response after 3 months (TA686)
- ezetimibe 10 mg/rosuvastatin acid 180-mg combination when ezetimibe alone does not control non-HDL-C sufficiently (NICE TA686)

Ezetimibe 10-mg daily (NICE TA686) reassess after 3 months. If non-HDL-C remains >2.5 mmol/l, consider injectable therapies, arrange a fasting blood test, and assess eligibility (see below)

If non-HDL-C remains >2.5 mmol/l despite other lipid lowering therapies, consider injectable therapies—arrange a fasting blood test and assess eligibility criteria (TA690–694, TA715)

Injectable therapies^(B)

If non-HDL-C >2.5 mmol/l, arrange fasting blood test to measure LDL-C to assess eligibility

inclusion—if fasting LDL-C <2.6 mmol/l, despite maximum tolerated lipid-lowering therapy (TA718)

or PCSK9—see below (Extent of lipid lowering with available therapies for LDL-C thresholds (TA693–6)

If eligibility criteria are not met, consider ezetimibe 10 mg daily (if not previously considered)

*ezetimibe and PCSK9 should not be prescribed concurrently

(A) England: the statin intolerance decision-making pathway

BM=body mass index; CVD=cardiovascular disease; CKD=chronic kidney disease; CVD=cardiovascular disease; eGFR=estimated glomerular filtration rate; FH=familial hypercholesterolaemia; HbA_{1c}=haemoglobin A_{1c}; HDL-C=high-density lipoprotein cholesterol; LDL-C=low-density lipoprotein cholesterol; MI=acute myocardial infarction; OD=once daily; PCSK9=proprotein convertase subtilisin/kexin 9 inhibitor; SLE=systemic lupus erythematosus; TC=total cholesterol; TIA=transient ischaemic attack

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Kewal C Goswami



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