Clinical Digital Resource Collaborative
CDRC Supporting Clinical Decisions

Join our Journey
North East and North Cumbria

CVD lunch and learn session – What can the CDRC lipid dashboard do for you?

14th November 2023, 12.15 – 13.00, Online

House Keeping

- Please ensure your microphone and video are turned off during the session. This is to avoid any disruption during presentations and to assist with the quality of the connection.
- If you need to take a break, please feel free to drop off the call at any time and re-join.
- Live captions are available if required.
- The event is being recorded and will be shared.
- Please ask any questions you have through the chat facility. We will try to address questions during the event, but if we don't manage to do this we will follow up after the event.
- If you cannot see the chat, please email your question/s to sarah.black@ahsn-nenc.org.uk

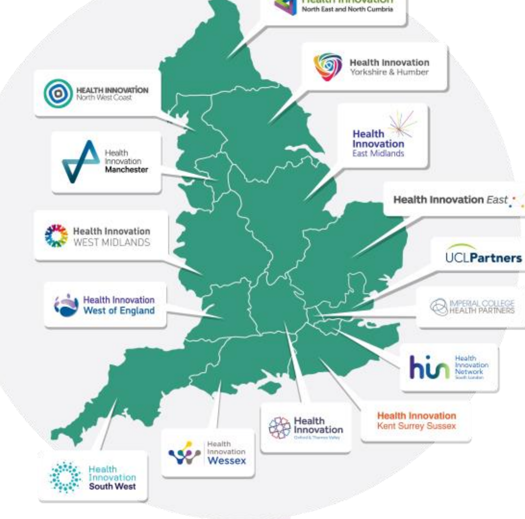
The Health Innovation Network

The Academic Health Science Network for the North East and North Cumbria has changed its name to Health Innovation North East and North Cumbria (HI NENC).

The new name – which came into effect on 1st October following the start of our new five-year licence – reflects the organisation's key role to continue to support the development and spread of innovation across the region's health service.

But while our name has changed, our vision remains the same: to improve health outcomes, reduce inequalities, and boost the regional economy. Working alongside partners across the system, we will continue to accelerate health innovation in the region, and beyond.

Established in 2013 by NHS England we are one of 15 Health Innovations.



www.healthinnovationnenc.org.uk

What can the CDRC lipid dashboard do for you?

Dr Gareth Forbes, CDRC Co-Founder and County Durham GP

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CDRC Resources

Lipid Management

Gareth Forbes

Lipid Management

- Why does it matter?
- Current recommendations
- QoF
- Tools to help you

Why Does It Matter?

- Apart from hypertension, probably the most important primary care intervention to prevent CVD

- But the numbers are huge
- Primary care is drowning

Management

2˚ ASCVD – CHD, PAD, Ischaemic stroke, PAD, AAA – Atorvastatin 80mg

1˚ CVD Risk KNOWN to be high - Atorvastatin 20mg
QRISK>10%, CKD, Age85+, DM65+, T1DM with RF

CVD Risk probably >=10% - assess CVD risk

Opportunity

	Prevalence	LLT on repeat	LLT or reason why not	High/V high potency- LLT
2° Prevention	6.8%	85.9%	91.1%	70.8%
1° Prevention	17.9%	56.0%	58.3%	40.9%
High risk but 'unassessed'	6.1%	19.1%	N/A	

CONSIDER LLT - 13.6% of the population (0.6% for secondary prevention)

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Management

	5mg	10mg	20mg	40mg	80mg
Atorvastatin		37%	43%	49%	55%
Fluvastatin			21%	27%	33%
Pravastatin		20%	24%	29%	
Rosuvastatin	38%	43%	48%	55%	
Simvastatin		27%	32%	37%	42%
Ezetimibe	15-22% (add 20% to statin reduction if in combination)				
Bemp A/Ezetimibe	40%				
Inclisiran	50%				
PCSK9i	50%				

Management - Secondary Prevention

- NICE makes it sound very easy – give everyone atorvastatin 80mg
- Real world is quite different :

- Age >70y
- CKD3-5,
- Liver disease
- significant alcohol consumption
- Muscle disorders
- HIV meds
- Amiodarone
- Amlodipine, diltiazem, verapamil
- ciclosporin

- ~¾ of patients with CVD (~½ if age is excluded)

AND

- ~ 1 in 7 has moderate/severe frailty or is on the palliative care list

eGFR >=60
eGFR <60
Offer statin - default ATORVASTATIN 80mg
Offer statin - default ATORVASTATIN 20mg
Lipids and LFTs at 3 months
Aim to achieve 40% reduction in non HDL cholesterol
If 40% reduction not achieved:
Increase atorvastatin gradually to 80mg
Then consider adding ezetimibe
Alternative treatments are:
Other statins
Ezetimibe monotherapy
Ezetimibe/bempedoic acid combination
Consider additional treatments
Non-HDL-C
LDL-C
TGs
2.5 mmol/L
2 mmol/L
1.09 mmol/L
21 Sep 2023
21 Sep 2023
21 Sep 2023
Inclisiran
LDL-C >=2.6
CHD, ischaemic stroke or PAD
Not controlled with other LLT
Icosapent Ethyl
CHD, ischaemic stroke or PAD
TG >=1.7
LDL-C 1.1-2.6
Secondary causes managed
PCSK9i
CHD, ischaemic stroke or PAD
AND
LDL-C >4
OR
Recurrent or multibed CVD
AND
LDL-C >3.5

PRIMARY PREVENTION

QRISK2/3 >=10%	T1DM with Risk Factor - smoker - DM onset>10y - ACR >=3 - over 40yo	CKD 3/4/5 or A3	Age >=85

Address modifiable risk factors - smoking, diet, obesity etc

Offer statin - default is ATORVASTATIN 20mg

Lipids and LFTs at 3 months
Aim to achieve 40% reduction in non HDL cholesterol
If 40% reduction not achieved:
Increase atorvastatin gradually to 80mg
Then consider adding ezetimibe

Alternative treatments are:
Other statins
Ezetimibe monotherapy
Ezetimibe/bempedoic acid combination

QoF

- CHOL001 – CHD, Stroke/TIA, PAD, CKD3-5 (but not diabetes) on LLT
- CHOL002 - CHD, Stroke/TIA, PAD nonHDLC <2.5 (if no nonHDLC, LDLC <1.8)
- DM022 – DM 40+ (without CHD, Stroke/TIA, PAD, CKD3-5) on statin
- DM023 – DM with CHD, Stroke/TIA, PAD, CKD3-5, on statin

QoF CHOL002

- A unique (ly awful?) QoF Indicator
  - The indicator doesn’t reflect the accompanying guidance
  - Threshold 20-35% indicates that ‘low performance’ is what is expected
  - Denominator includes inappropriate patients e.g. haemorrhagic stroke
  - No exceptions e.g. just had first CVD event, patient terminally ill
  - High performance would indicate poor care in many cases
    - E.g. inappropriate testing/treatment for very frail/dying patients.
    - Treating patients against their wishes
    - Inappropriate early testing after CVD event

Tools to Help

- Lipid Dashboard with prioritisation and delegation
- Lipid Optimisation template
- QoF support tools
- Pop-ups and alerts
- Results filing tools

Lipids Dashboard

Refresh Dashboard:

All Patients On Lipid Lowering

No. of patients on LLT	1,258	20.8%
High/very high potency Rx		86%
Lipid lowering concordance		98.1%
Lipid check in the last year		88.6%
Has lipid target		94.2%
	Last Lipids	Last 12 months
Lipid target achieved	68.5%	62.1%

Engagement and Optimisation Issues

1. Patients to consider starting lipid lowering

Has indication for primary prevention, but not on lipid lowering - **CONSIDER STARTING LLT**	All	265
	? Inequalities	66
	? Most inequalities	43

2. Patients to consider lipid lowering concordance

Primary prevention + lipid lowering on repeat but probably not taking it - **CHECK CONCORDANCE** — 20

3. Patients with lipid check overdue

Primary prevention but no lipids in last 15 months - **CONSIDER LIPID CHECK** — 63

4. Patients who might benefit from lipid lowering intensification

Primary prevention - **CONSIDER LLT INTENSIFICATION** — 256

More detailed information about intensification and prioritisation

5. Patients without personal lipid target set

ASCVD but no lipid target set - **CONSIDER ADDING LIPID TARGET** — 23

Primary Prevention Quality Improvement

Engagement Issues

Optimisation Issues

Engagement and Optimisation Issues

Secondary Prevention Quality Improvement

Inclisiran, PCSK9i, Icosapent Quality Improvement

CVD Risk Assessment Quality Improvement

Familial Hypercholesterolaemia Quality Improvement

2. Patients who might benefit from lipid lowering intensification

ASCVD - **CONSIDER LLT INTENSIFICATION**		101
Priority 1 ASCVD - on low/moderate potency statin - **CONSIDER INTENSIFICATION** Atorvastatin 80mg is the recommended 1st line option for ASCVD unless: High risk of adverse effects Potential drug interactions Patient preference Similar levels of lipid lowering can be achieved with: Rosuvastatin 20mg Statin and ezetimibe combinations Code *Patient on maximally tolerated lipid lowering therapy* if intensification inappropriate or declined	All ? Inequalities	14 5
Priority 2 As for **priority 1** but excluding those with personal target set and achieved - **CONSIDER INTENSIFICATION** Code *Patient on maximally tolerated lipid lowering therapy* if intensification inappropriate or declined	All ? Inequalities	7 3
Priority 3 ASCVD - **CONSIDER INTENSIFICATION TO VERY HIGH INTENSITY LLT** Atorvastatin 80mg is the recommended 1st line option for ASCVD unless: High risk of adverse effects Potential drug interactions Patient preference Similar levels of lipid lowering can be achieved with: Rosuvastatin 20mg Statin and ezetimibe combinations Code *Patient on maximally tolerated lipid lowering therapy* if intensification inappropriate or declined	All ? Inequalities	54 10
Priority 4 As for **priority 3** but excluding those with personal target set and achieved - **CONSIDER INTENSIFICATION TO VERY HIGH INTENSITY LLT** Code *Patient on maximally tolerated lipid lowering therapy* if intensification inappropriate or declined	All ? Inequalities	5 1

Priority 5
ASCVD - **CONSIDER INCLISIRAN**
ASCVD (except TIA alone) and LDL-C >=2.6 despite maximum treatment
Code *Inclisiran declined / not indicated / contraindicated* as appropriate

? Poor concordance	0
? Titrate other meds 1st	17
Remaining patients	0

Priority 6
ASCVD - **CONSIDER PCSK9i**
ASCVD + LDL-C >4 OR
ASCVD + FH + LDL-C >3.5 OR
Multibed ASCVD + LDL-C >3.5
FH + LDL-C>5 (even if no ASCVD)
Code *PCSK9i declined / not indicated / contraindicated* as appropriate

? Poor concordance	0
? Titrate other meds 1st	3
Remaining patients	0

Priority 7
ASCVD - **CONSIDER ICOSAPENT**
ASCVD + Fasting TGs >=1.7
AND on statin
AND LDL-C between 1.1 and 2.6 (inclusive)
Code *Patient on maximally tolerated lipid lowering therapy* if intensification inappropriate or declined

? Poor concordance	1
? Titrate other meds 1st	18
Remaining patients	20

Priority 8
ASCVD - Personal target set but not achieved
Code *Patient on maximally tolerated lipid lowering therapy* if intensification inappropriate or declined

42

Priority 9
ASCVD - **non HDLC >=2.5 (LDLC >=1.8)**
This is a QoF target but doesn't really reflect appropriate care for many patients
Use drop down for more detailed information
Code *Patient on maximally tolerated lipid lowering therapy* if intensification inappropriate or declined

All patients	96
Personal target set and achieved	50

QoF Indicators

CHOL001 CHD, stroke/TIA, PAD, CKD3-5 on lipid lowering (70-95%)
Patients with diabetes are not included in the indicator
Payment depends on performance AND disease prevalence

Achievement Options

- Prescribe statin in last 6 months
- Code Statin not tolerated or any statin allergy/ADR (any time) **OR**
  Statin not indicated or contraindicated or declined (last 12 months)
  AND
  Prescribe bempedoic acid/ezetimibe/inclisiran/icosapent/PCSK9i

Exception Options

- Add the patient to the palliative care register
- Code Patient on maximally tolerated lipid lowering therapy (last 12 months)
- Code Lipid lowering therapy declined or not indicated (last 12 months)
- Code Lipid lowering drug adverse reaction (any time)
- Record exceptions for ALL bempedoic acid/ezetimibe/inclisiran/icosapent/PCSK9i
  Allergy or ADR (any time)
  Not indicated, contraindicated or declined (last 12 months)

	How Am I Driving	End of Year
	93.5%	92.2%
Work to do	22	19
Poor concordance	0	0
On non-statin LLT ? add statin exception	7	3
Haemorrhagic stroke only ? LLT not indicated	0	1
Statin declined L12M ? offer alternative LLT ? code LLT declined	1	1
Severe frailty ? add LLT exception	0	0
None of the above	15	15

CHOL002 CHD, stroke/TIA, PAD and non-HDL <2.5 (20-35%)
Payment depends on performance AND disease prevalence

Achievement Options

- Record non-HDL <2.5 in last 12 months

Exception Options

None

	How Am I Driving	End of Year
	46.2%	33.3%
Work to do	200	254
Poor concordance	2	2
Lipids not checked L12M	39	138
Lipids not achieved L12M	161	116

DM022 DM + no CVD + >=40Y + on statin (50-90%)
Payment depends on performance AND DM disease prevalence

Achievement Options
- Statin issue in the last 6 months

Exception Options
- *Statin declined* (last 12 months)
- *Statin not indicated* or *contraindicated* or *not tolerated* (last 12 months)
- *Patient on max tol cholesterol lowering treatment* (last 12 months)
- Statin allergy or ADR code (ever)
- *Excepted diabetes indicators: patient unsuitable* (last 12 months)
- *Excepted diabetes indicators: informed dissent* (last 12 months)
- *Moderate frailty* or *severe frailty*
- *Diabetes monitoring invitation* (twice - at least 7 days apart)

	How Am I Driving	End of Year
	90.4%	85.2%
Work to do	20	31
Poor concordance	1	5
On non-statin LLT ? add statin exception	1	2

DM023 DM + CVD + on statin (50-90%)
Payment depends on performance AND DM disease prevalence

Achievement Options
- Statin issue in the last 6 months

Exception Options
- *Statin declined* (last 12 months)
- *Statin not indicated* or *contraindicated* or *not tolerated* (last 12 months)
- *Patient on max tol cholesterol lowering treatment* (last 12 months)
- Statin allergy or ADR code (ever)
- *Excepted diabetes indicators: patient unsuitable* (last 12 months)
- *Excepted diabetes indicators: informed dissent* (last 12 months)
- *Moderate frailty* or *severe frailty*
- *Diabetes monitoring invitation* (twice - at least 7 days apart)

	How Am I Driving	End of Year
	97.6%	91.4%
Work to do	4	15
Poor concordance	0	2
On non-statin LLT ? add statin exception	0	0

Better Cholesterol Offer

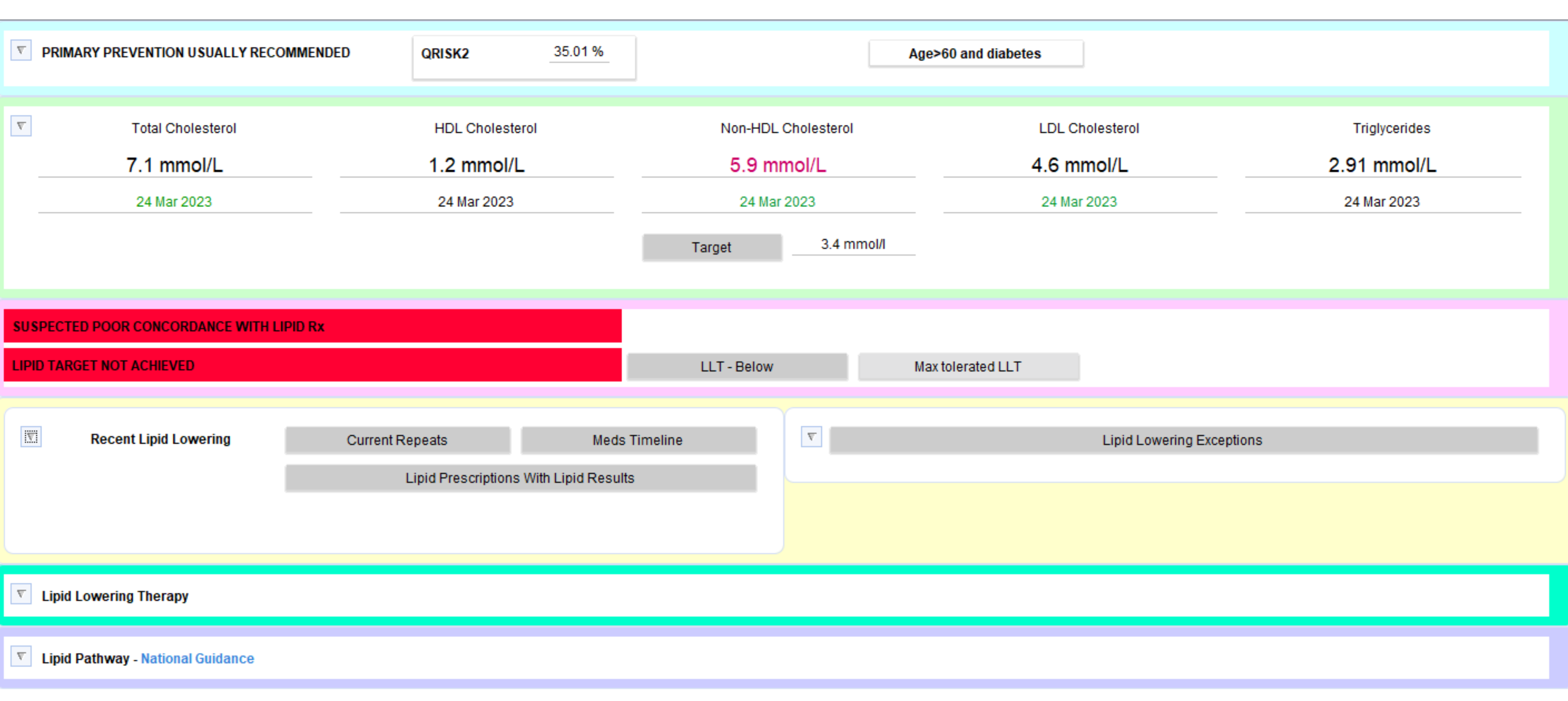
1 - Getting Your Cholesterol Controlled

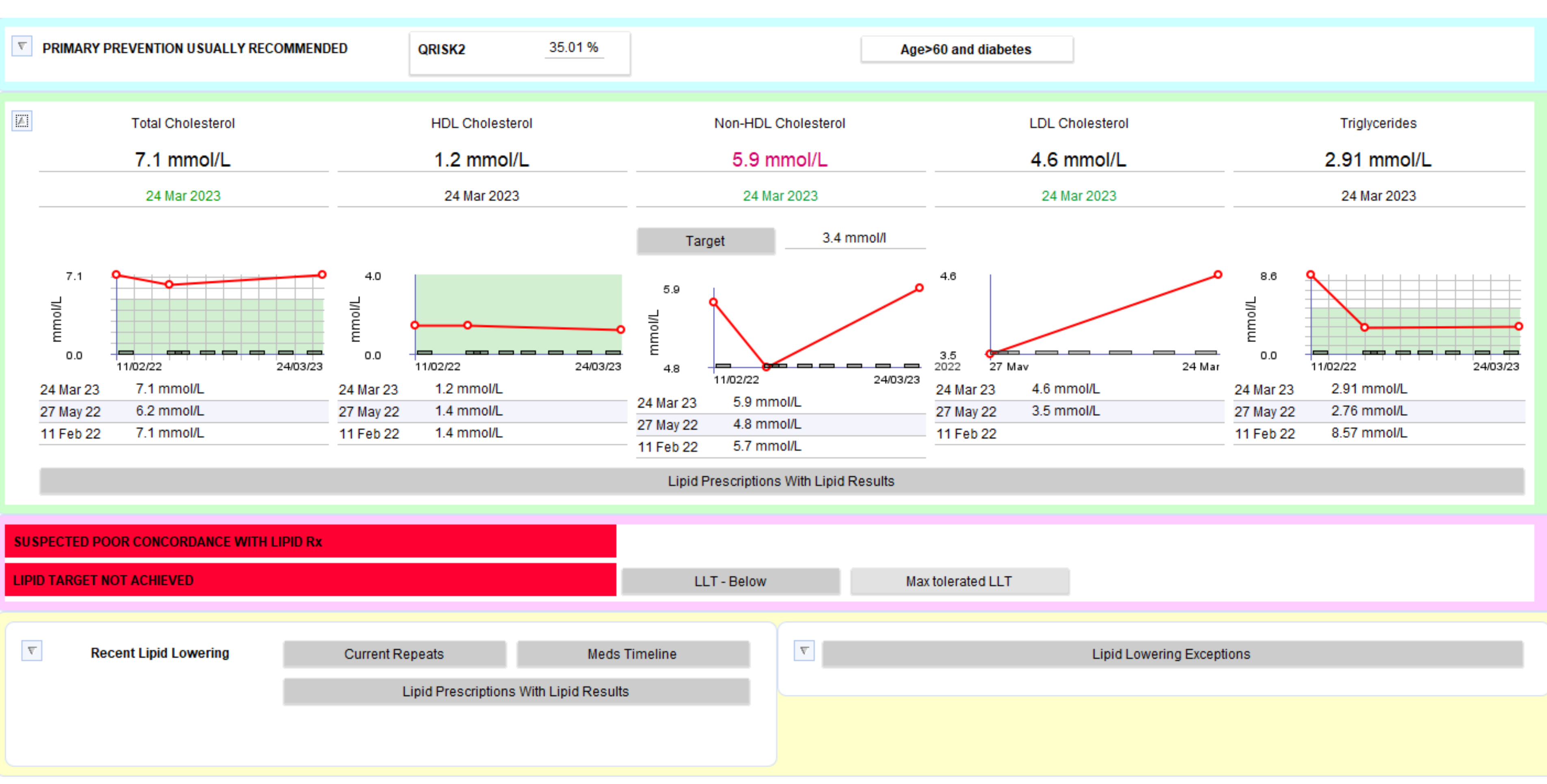
Controlling your cholesterol is an important way to reduce your risk of heart attack, stroke and dementia. You are currently taking medication to reduce your cholesterol. We have reviewed your record and we don't think you are on the optimal cholesterol lowering medication. You may benefit from a change in the medication or a different dosage. If you are interested in a change, we will get in touch to discuss your options.

1 - Would you like to consider improving your cholesterol control to reduce your risk of heart disease, strokes and dementia ?

○ Yes - I would like to consider more effective cholesterol lowering treatment
○ No - I want to leave things as they are

Submit
Print


PRIMARY PREVENTION USUALLY RECOMMENDED
QRISK2
35.01 %
Age>60 and diabetes
Total Cholesterol
7.1 mmol/L
24 Mar 2023
HDL Cholesterol
1.2 mmol/L
24 Mar 2023
Non-HDL Cholesterol
5.9 mmol/L
24 Mar 2023
LDL Cholesterol
4.6 mmol/L
24 Mar 2023
Triglycerides
2.91 mmol/L
24 Mar 2023
Target
3.4 mmol/l
SUSPECTED POOR CONCORDANCE WITH LIPID Rx
LIPID TARGET NOT ACHIEVED
LLT - Below
Max tolerated LLT
Recent Lipid Lowering
Current Repeats
Meds Timeline
Lipid Prescriptions With Lipid Results
Lipid Lowering Exceptions
Lipid Lowering Therapy
Lipid Pathway - National Guidance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LDL Cholesterol
4.6 mmol/L
24 Mar 2023
Triglycerides
2.91 mmol/L
24 Mar 2023
Target
3.4 mmol/l
7.1
0.0
mmol/L
11/02/22
24/03/23
4.0
0.0
mmol/L
11/02/22
24/03/23
5.9
4.8
mmol/L
11/02/22
24/03/23
4.6
3.5
2022
27 May
24 Mar
8.6
0.0
mmol/L
11/02/22
24/03/23
24 Mar 23 7.1 mmol/L
27 May 22 6.2 mmol/L
11 Feb 22 7.1 mmol/L
24 Mar 23 1.2 mmol/L
27 May 22 1.4 mmol/L
11 Feb 22 1.4 mmol/L
24 Mar 23 5.9 mmol/L
27 May 22 4.8 mmol/L
11 Feb 22 5.7 mmol/L
24 Mar 23 4.6 mmol/L
27 May 22 3.5 mmol/L
11 Feb 22
24 Mar 23 2.91 mmol/L
27 May 22 2.76 mmol/L
11 Feb 22 8.57 mmol/L
Lipid Prescriptions With Lipid Results
SUSPECTED POOR CONCORDANCE WITH LIPID Rx
LIPID TARGET NOT ACHIEVED
LLT - Below
Max tolerated LLT
Recent Lipid Lowering
Current Repeats
Meds Timeline
Lipid Prescriptions With Lipid Results
Lipid Lowering Exceptions

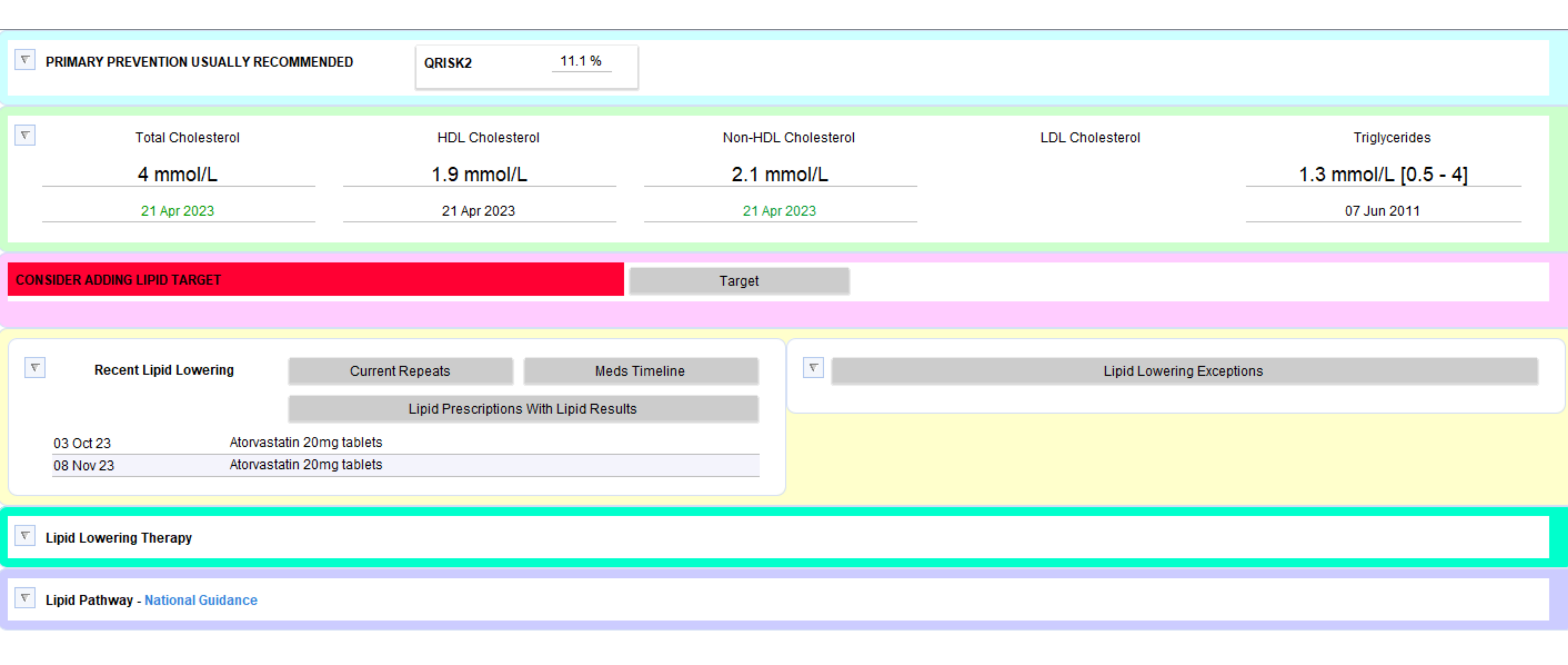
Summary

Lipid Drugs - Past and Present

Drug	Issues	Last issue
Atorvastatin 20mg tablets	10 issues	18 Jul 2023

All Issues and Results

Date	Item	Dosage	Result	Issue date	Flag
11 Feb 2022	Serum non high density lipoprotein cholesterol level		5.7 mmol/L		QOF
11 Feb 2022	Serum triglyceride levels		8.57 mmol/L		QOF
11 Feb 2022	Serum HDL cholesterol level		1.4 mmol/L		QOF
11 Feb 2022	Serum cholesterol level		7.1 mmol/L		QOF
11 Feb 2022	Serum LDL cholesterol level				QOF
	Atorvastatin 20mg tablets	take one daily		17 Feb 2022	
	Atorvastatin 20mg tablets	take one daily		23 May 2022	
27 May 2022	Serum non high density lipoprotein cholesterol level		4.8 mmol/L		QOF
27 May 2022	Serum cholesterol level		6.2 mmol/L		QOF
27 May 2022	Serum triglyceride levels		2.76 mmol/L		QOF
27 May 2022	Serum LDL cholesterol level		3.5 mmol/L		QOF
27 May 2022	Serum HDL cholesterol level		1.4 mmol/L		QOF
	Atorvastatin 20mg tablets	take one daily		07 Jun 2022	
	Atorvastatin 20mg tablets	take one daily		27 Jul 2022	
	Atorvastatin 20mg tablets	take one daily		08 Sep 2022	
	Atorvastatin 20mg tablets	take one daily		01 Nov 2022	
	Atorvastatin 20mg tablets	take one daily		28 Dec 2022	
	Atorvastatin 20mg tablets	take one daily		21 Feb 2023	
24 Mar 2023	Serum triglyceride levels		2.91 mmol/L		QOF
24 Mar 2023	Serum non high density lipoprotein cholesterol level		5.9 mmol/L		QOF
24 Mar 2023	Serum HDL cholesterol level		1.2 mmol/L		QOF
24 Mar 2023	Serum LDL cholesterol level		4.6 mmol/L		QOF
24 Mar 2023	Serum cholesterol level		7.1 mmol/L		QOF
	Atorvastatin 20mg tablets	take one daily		13 Jun 2023	
	Atorvastatin 20mg tablets	take one daily		18 Jul 2023	



PRIMARY PREVENTION USUALLY RECOMMENDED
QRISK2
11.1 %
Total Cholesterol
4 mmol/L
21 Apr 2023
HDL Cholesterol
1.9 mmol/L
21 Apr 2023
Non-HDL Cholesterol
2.1 mmol/L
21 Apr 2023
LDL Cholesterol
Triglycerides
1.3 mmol/L [0.5 - 4]
07 Jun 2011
CONSIDER ADDING LIPID TARGET
Target
Recent Lipid Lowering
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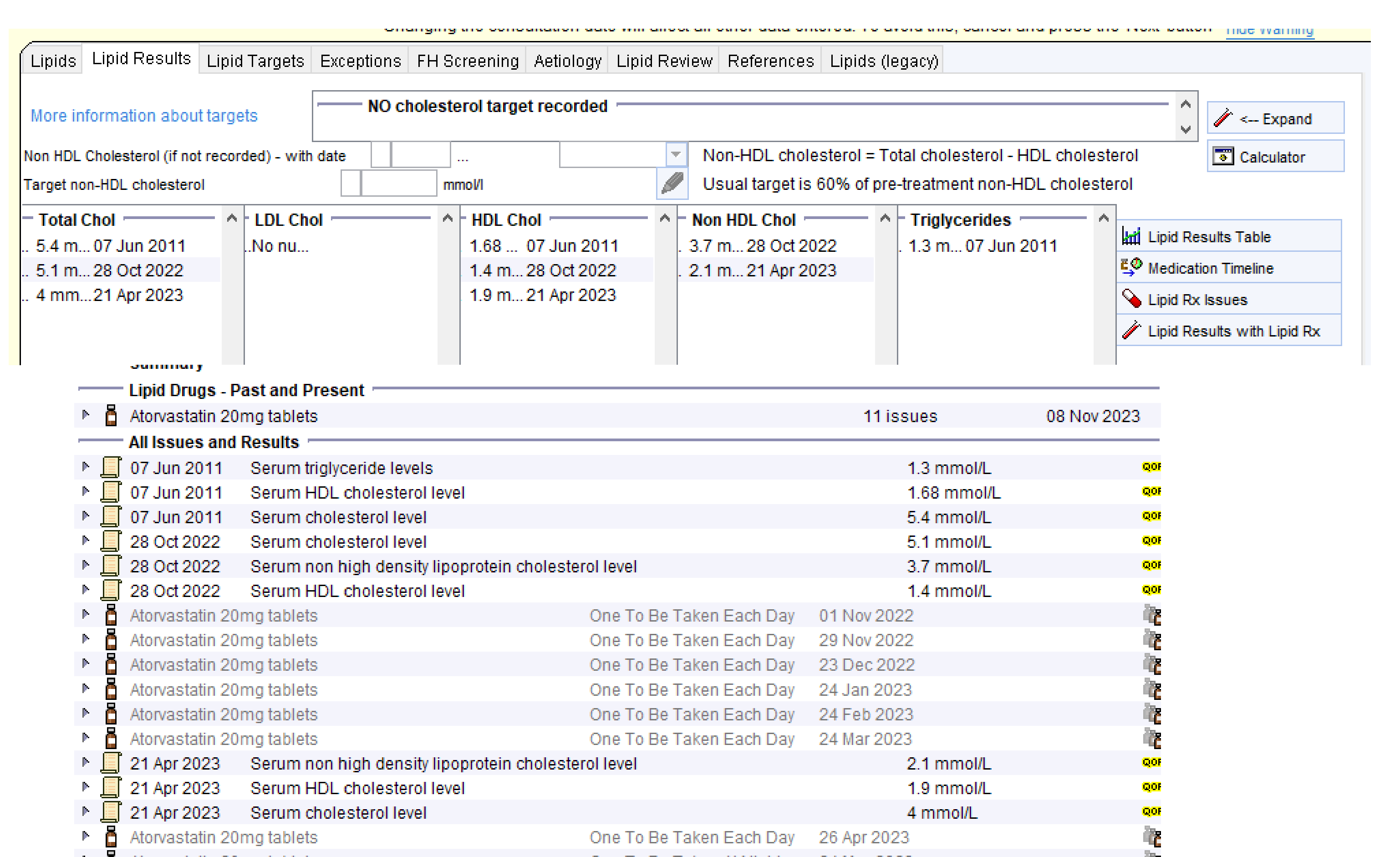

Lipids
Lipid Results
Lipid Targets
Exceptions
FH Screening
Aetiology
Lipid Review
References
Lipids (legacy)
More information about targets
NO cholesterol target recorded
<-- Expand
Calculator
Non HDL Cholesterol (if not recorded) - with date
Non-HDL cholesterol = Total cholesterol - HDL cholesterol
Target non-HDL cholesterol
mmol/l
Usual target is 60% of pre-treatment non-HDL cholesterol
Total Chol
5.4 m... 07 Jun 2011
5.1 m... 28 Oct 2022
4 mm... 21 Apr 2023
LDL Chol
No nu...
HDL Chol
1.68 ... 07 Jun 2011
1.4 m... 28 Oct 2022
1.9 m... 21 Apr 2023
Non HDL Chol
3.7 m... 28 Oct 2022
2.1 m... 21 Apr 2023
Triglycerides
1.3 m... 07 Jun 2011
Lipid Results Table
Medication Timeline
Lipid Rx Issues
Lipid Results with Lipid Rx
Lipid Drugs - Past and Present
Atorvastatin 20mg tablets 11 issues 08 Nov 2023
All Issues and Results
07 Jun 2011 Serum triglyceride levels 1.3 mmol/L QOF
07 Jun 2011 Serum HDL cholesterol level 1.68 mmol/L QOF
07 Jun 2011 Serum cholesterol level 5.4 mmol/L QOF
28 Oct 2022 Serum cholesterol level 5.1 mmol/L QOF
28 Oct 2022 Serum non high density lipoprotein cholesterol level 3.7 mmol/L QOF
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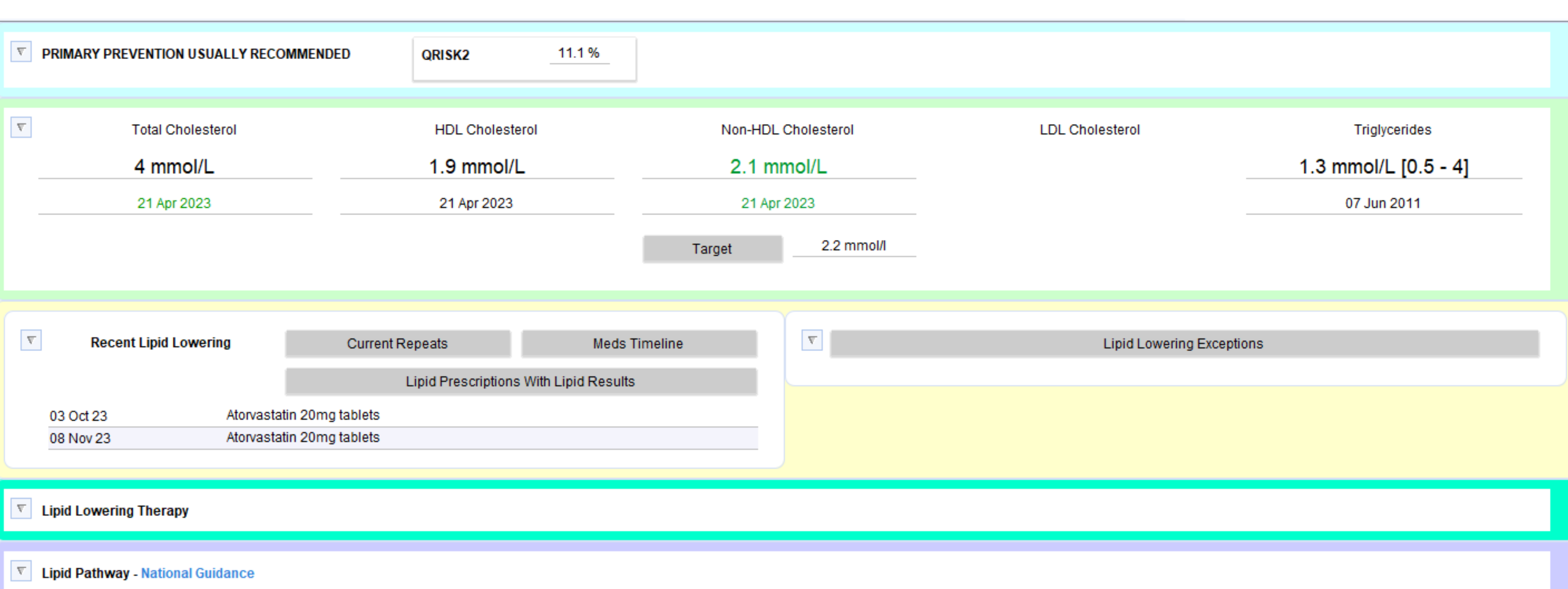
Atorvastatin 20mg tablets One To Be Taken Each Day 01 Nov 2022
Atorvastatin 20mg tablets One To Be Taken Each Day 29 Nov 2022
Atorvastatin 20mg tablets One To Be Taken Each Day 23 Dec 2022
Atorvastatin 20mg tablets One To Be Taken Each Day 24 Jan 2023
Atorvastatin 20mg tablets One To Be Taken Each Day 24 Feb 2023
Atorvastatin 20mg tablets One To Be Taken Each Day 24 Mar 2023
21 Apr 2023 Serum non high density lipoprotein cholesterol level 2.1 mmol/L QOF
21 Apr 2023 Serum HDL cholesterol level 1.9 mmol/L QOF
21 Apr 2023 Serum cholesterol level 4 mmol/L QOF
Atorvastatin 20mg tablets One To Be Taken Each Day 26 Apr 2023
Atorvastatin 20mg tablets One To Be Taken At Night 24 May 2023
Atorvastatin 20mg tablets One To Be Taken At Night 19 Jul 2023
Atorvastatin 20mg tablets One To Be Taken At Night 03 Oct 2023
Atorvastatin 20mg tablets One To Be Taken At Night 08 Nov 2023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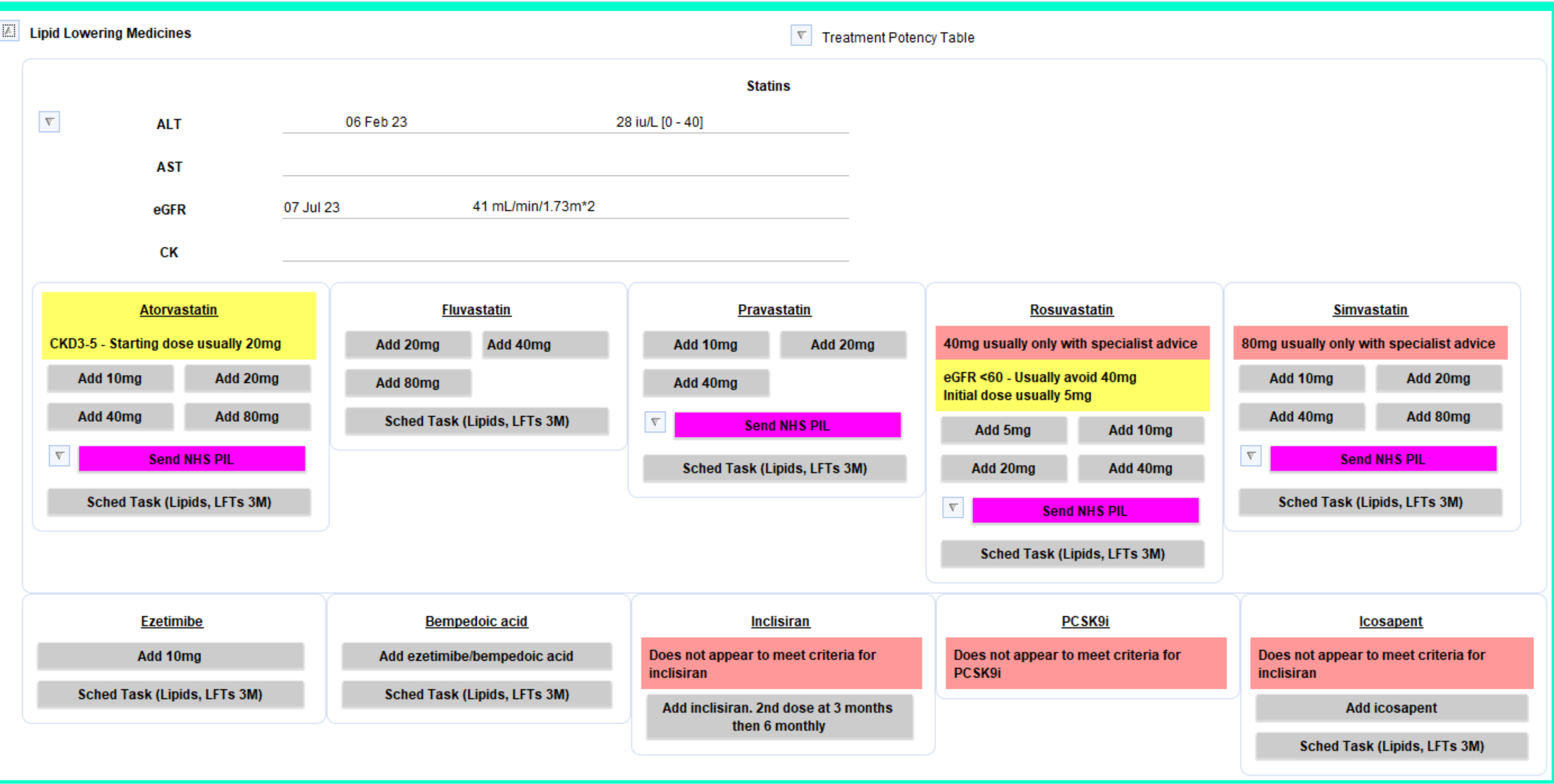
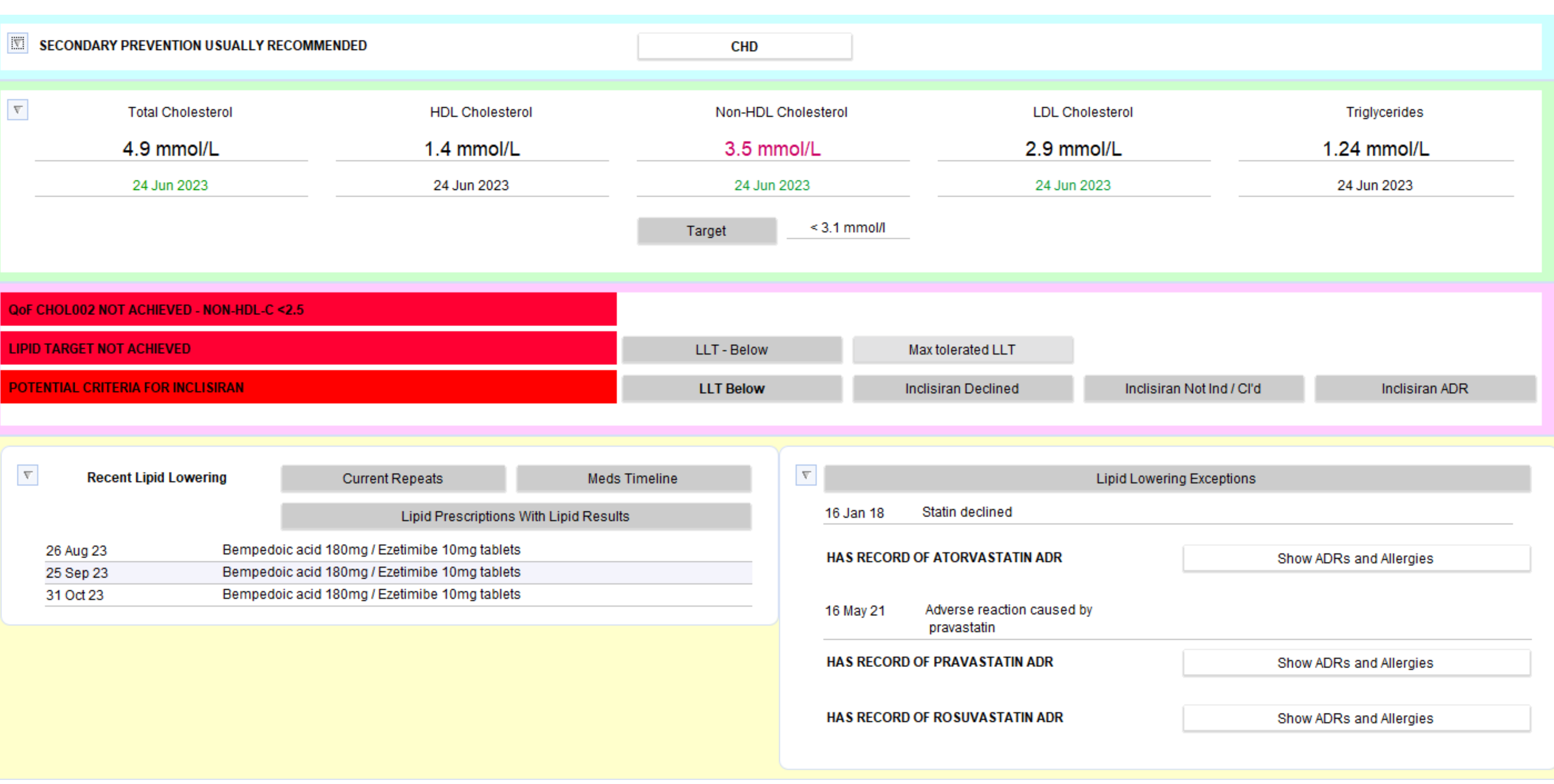
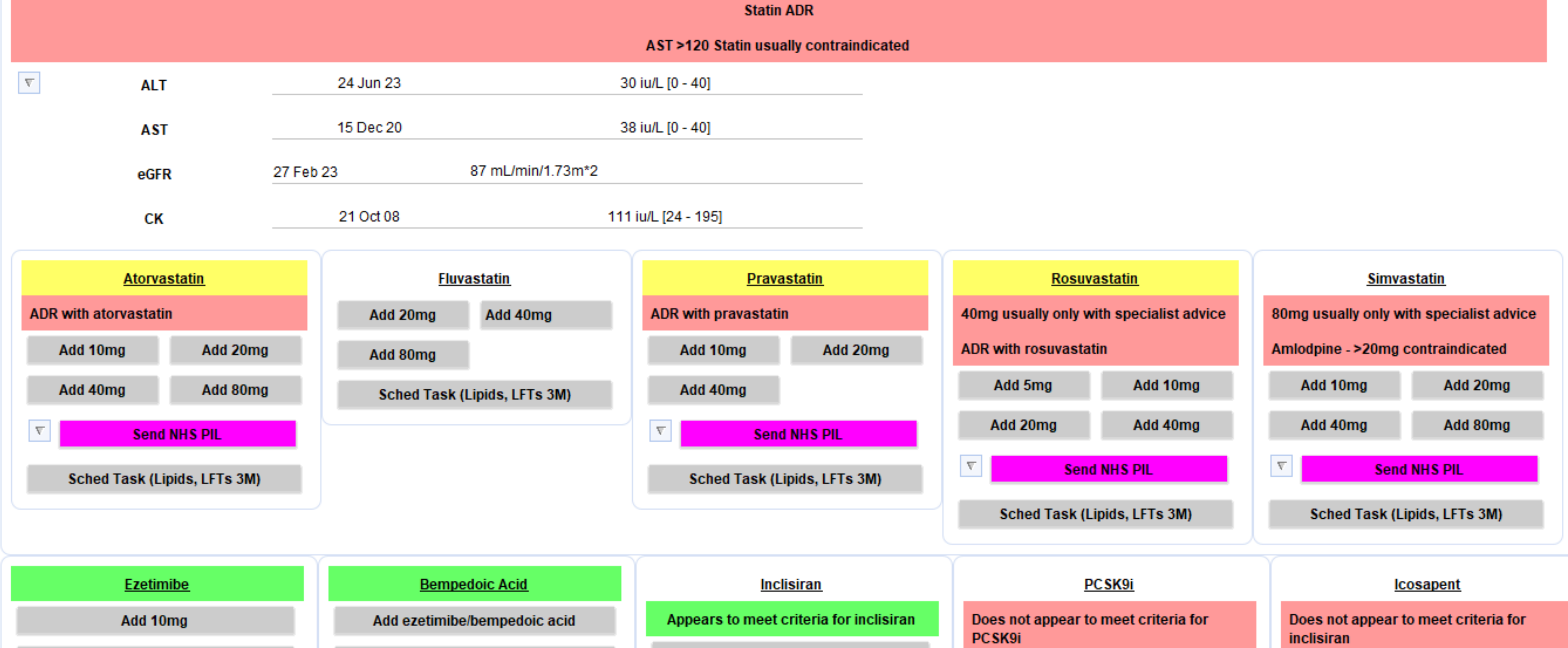
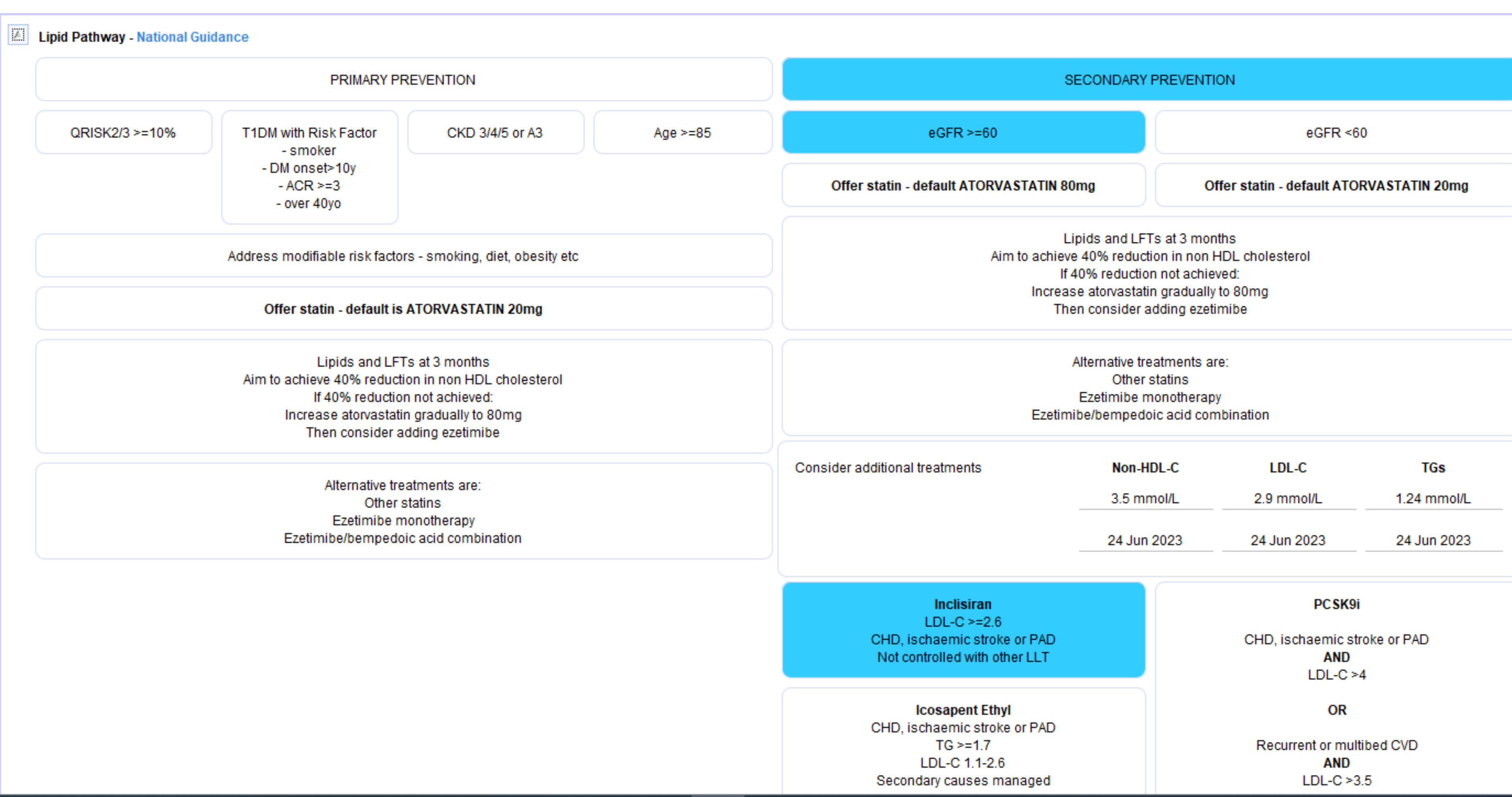


Lipid Lowering Medicines
Treatment Potency Table
Statins
ALT
06 Feb 23
28 iu/L [0 - 40]
AST
eGFR
07 Jul 23
41 mL/min/1.73m*2
CK
Atorvastatin
CKD3-5 - Starting dose usually 20mg
Add 10mg
Add 20mg
Add 40mg
Add 80mg
Send NHS PIL
Sched Task (Lipids, LFTs 3M)
Fluvastatin
Add 20mg
Add 40mg
Add 80mg
Sched Task (Lipids, LFTs 3M)
Pravastatin
Add 10mg
Add 20mg
Add 40mg
Send NHS PIL
Sched Task (Lipids, LFTs 3M)
Rosuvastatin
40mg usually only with specialist advice
eGFR <60 - Usually avoid 40mg
Initial dose usually 5mg
Add 5mg
Add 10mg
Add 20mg
Add 40mg
Send NHS PIL
Sched Task (Lipids, LFTs 3M)
Simvastatin
80mg usually only with specialist advice
Add 10mg
Add 20mg
Add 40mg
Add 80mg
Send NHS PIL
Sched Task (Lipids, LFTs 3M)
Ezetimibe
Add 10mg
Sched Task (Lipids, LFTs 3M)
Bempedoic acid
Add ezetimibe/bempedoic acid
Sched Task (Lipids, LFTs 3M)
Inclisiran
Does not appear to meet criteria for inclisiran
Add inclisiran. 2nd dose at 3 months then 6 monthly
PCSK9i
Does not appear to meet criteria for PCSK9i
Icosapent
Does not appear to meet criteria for inclisiran
Add icosapent
Sched Task (Lipids, LFTs 3M)


SECONDARY PREVENTION USUALLY RECOMMENDED
CHD
Total Cholesterol
4.9 mmol/L
24 Jun 2023
HDL Cholesterol
1.4 mmol/L
24 Jun 2023
Non-HDL Cholesterol
3.5 mmol/L
24 Jun 2023
LDL Cholesterol
2.9 mmol/L
24 Jun 2023
Triglycerides
1.24 mmol/L
24 Jun 2023
Target
< 3.1 mmol/l
QoF CHOL002 NOT ACHIEVED - NON-HDL-C <2.5
LIPID TARGET NOT ACHIEVED
LLT - Below
Max tolerated LLT
POTENTIAL CRITERIA FOR INCLISIRAN
LLT Below
Inclisiran Declined
Inclisiran Not Ind / CI'd
Inclisiran ADR
Recent Lipid Lowering
Current Repeats
Meds Timeline
Lipid Prescriptions With Lipid Results
26 Aug 23 Bempedoic acid 180mg / Ezetimibe 10mg tablets
25 Sep 23 Bempedoic acid 180mg / Ezetimibe 10mg tablets
31 Oct 23 Bempedoic acid 180mg / Ezetimibe 10mg tablets
Lipid Lowering Exceptions
16 Jan 18 Statin declined
HAS RECORD OF ATORVASTATIN ADR
Show ADRs and Allergies
16 May 21 Adverse reaction caused by pravastatin
HAS RECORD OF PRAVASTATIN ADR
Show ADRs and Allergies
HAS RECORD OF ROSUVASTATIN ADR
Show ADRs and Allergies



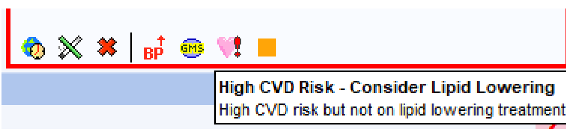
Statin ADR
AST >120 Statin usually contraindicated
ALT
24 Jun 23
30 iu/L [0 - 40]
AST
15 Dec 20
38 iu/L [0 - 40]
eGFR
27 Feb 23
87 mL/min/1.73m*2
CK
21 Oct 08
111 iu/L [24 - 195]
Atorvastatin
ADR with atorvastatin
Add 10mg
Add 20mg
Add 40mg
Add 80mg
Send NHS PIL
Sched Task (Lipids, LFTs 3M)
Fluvastatin
Add 20mg
Add 40mg
Add 80mg
Sched Task (Lipids, LFTs 3M)
Pravastatin
ADR with pravastatin
Add 10mg
Add 20mg
Add 40mg
Send NHS PIL
Sched Task (Lipids, LFTs 3M)
Rosuvastatin
40mg usually only with specialist advice
ADR with rosuvastatin
Add 5mg
Add 10mg
Add 20mg
Add 40mg
Send NHS PIL
Sched Task (Lipids, LFTs 3M)
Simvastatin
80mg usually only with specialist advice
Amlodpine - >20mg contraindicated
Add 10mg
Add 20mg
Add 40mg
Add 80mg
Send NHS PIL
Sched Task (Lipids, LFTs 3M)
Ezetimibe
Add 10mg
Sched Task (Lipids, LFTs 3M)
Bempedoic Acid
Add ezetimibe/bempedoic acid
Sched Task (Lipids, LFTs 3M)
Inclisiran
Appears to meet criteria for inclisiran
Add inclisiran. 2nd dose at 3 months then 6 monthly
PCSK9i
Does not appear to meet criteria for PCSK9i
Icosapent
Does not appear to meet criteria for inclisiran
Add icosapent
Sched Task (Lipids, LFTs 3M)

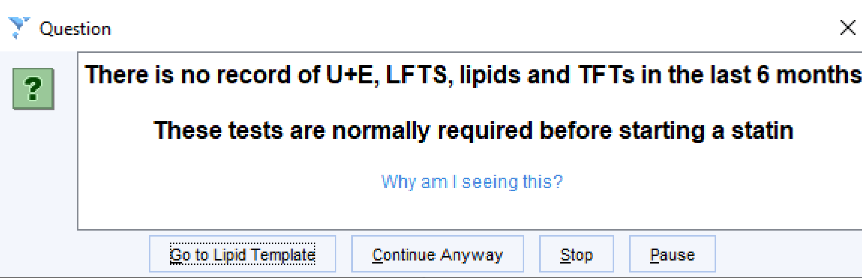


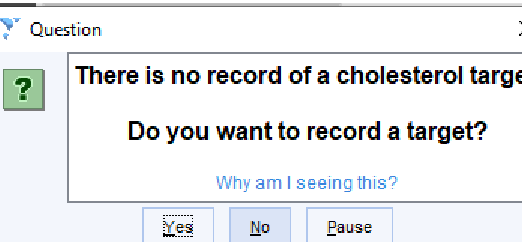
Lipid Pathway - National Guidance
PRIMARY PREVENTION
SECONDARY PREVENTION
QRISK2/3 >=10%
T1DM with Risk Factor
- smoker
- DM onset>10y
- ACR >=3
- over 40yo
CKD 3/4/5 or A3
Age >=85
eGFR >=60
eGFR <60
Offer statin - default ATORVASTATIN 80mg
Offer statin - default ATORVASTATIN 20mg
Address modifiable risk factors - smoking, diet, obesity etc
Offer statin - default is ATORVASTATIN 20mg
Lipids and LFTs at 3 months
Aim to achieve 40% reduction in non HDL cholesterol
If 40% reduction not achieved:
Increase atorvastatin gradually to 80mg
Then consider adding ezetimibe
Alternative treatments are:
Other statins
Ezetimibe monotherapy
Ezetimibe/bempedoic acid combination
Consider additional treatments
Non-HDL-C
LDL-C
TGs
3.5 mmol/L
2.9 mmol/L
1.24 mmol/L
24 Jun 2023
24 Jun 2023
24 Jun 2023
Inclisiran
LDL-C >=2.6
CHD, ischaemic stroke or PAD
Not controlled with other LLT
PCSK9i
CHD, ischaemic stroke or PAD
AND
LDL-C >4
OR
Recurrent or multibed CVD
AND
LDL-C >3.5
Icosapent Ethyl
CHD, ischaemic stroke or PAD
TG >=1.7
LDL-C 1.1-2.6
Secondary causes managed

Opt-In Resources

- Icon – consider LLT start
- Target setting when prescribing LLT
- Alerts when filing results
- Safety checking




Question
There is no record of U+E, LFTS, lipids and TFTs in the last 6 months
These tests are normally required before starting a statin
Why am I seeing this?
Go to Lipid Template
Continue Anyway
Stop
Pause


Question
There is no record of a cholesterol target.
Do you want to record a target?
Why am I seeing this?
Yes
No
Pause

Lipid Narrative

1 Lipid Lowering Treatment

- [x] Atorvastatin
- [ ] Fluvastatin
- [ ] Pravastatin
- [ ] Rosuvastatin
- [ ] Simvastatin
- [ ] Ezetimibe
- [ ] Praluent
- [ ] Repatha

4 Told to avoid drink grapefruit juice

- ○ Yes
- ○ No
- ○ Not known

5 Asked to report muscle pain, tenderness or weakness

- ○ Yes
- ○ No
- ○ Not known

6 Asked to report breathlessness, dry cough

- ○ Yes
- ○ No
- ○ Not known

7 Pregnancy, contraception, breastfeeding discussed

- ○ Yes
- ○ No
- ○ Not known

Summary

- Large potential patient benefit
- Massive amount of work
- Bite sized chunks and delegation is key

- Recommended first steps
  - Patients not taking current LLT – poor concordance
  - Secondary prevention not taking LLT
  - Primary prevention not taking LLT – highest risk
  - Consider CVD risk assessment – highest risk
  - Consider remote intensification 'mailout'

Q&A session

- Any questions?

Upcoming events…

- Dates for future CVD Lunch and Learn and CKD sessions will be announced very soon.
- The next CVD Lunch and Learn session will revisit QOF cholesterol targets and provide an update about the NEELI guidelines, taking place in early 2024.

Statin Adherence Webinar, 21 Nov, 12-1pm

Non-adherence to cardiovascular medicines is a major contributor to the incidence of cardiovascular disease. The session will…

- explore modifiable barriers to adherence to CV medicines (with specific focus on statins) and ways to address actual & potential non-adherence in daily clinical practice.
- discuss how to maximise statin adherence via novel perspectives from clinicians and patients, introducing personalised care tools for clinicians to enable people to minimise their risk of cardiovascular events for the 8759 hours a year they're managing their own lipid control and identifying the pitfalls of moving to new ways of working.

Chaired by Dr Jane Skinner, speakers include, **Dr Rani Khatib** Senior Clinical CVD Consultant, Health Innovation Y&H, and **Helena Gregory,** North Cumbria Pharmacy and Medicines Lead

Lipid Management and Familial Hypercholesterolemia National Programme Impact Report

The report shares the collective achievements of the programme, which launched in October 2020 to reduce the prevalence of cardiovascular disease and its associated health inequalities.

Led by Health Innovation North East and North Cumbria, the success of the programme is thanks to partnership working across the healthcare system and the adoption of innovative local projects across all 15 Health Innovation Networks.

Over the last two and a half years, the programme has:

- Increased the detection of people living with the genetic condition Familial Hypercholesterolemia
- Improved lipid management outcomes
- Driven awareness and action with healthcare professionals and our populations about the importance of cholesterol in cardiovascular risk

SCAN ME