Lipid Management Pathway for Primary Prevention of Cardiovascular Disease (CVD)
Version 1.0
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<th>Version</th>
<th>Date</th>
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<td>1.0</td>
<td>June 2023</td>
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Adults without established CVD and categorised as follows:

- Age ≤ 84 & QRISK ≥ 10% (if > 84 yrs consider comorbidities, frailty and life expectancy)
- Type 1 diabetes plus:
  - > 40 yrs; OR
  - Diabetes duration > 10 yrs; OR
  - Established nephropathy; OR
  - Other CVD risk factors
- CKD eGFR < 60 mL/min/1.73M² and/or albuminuria

**Primary Prevention of CVD**

If lifestyle modification is ineffective recommend **Atorvastatin 20mg daily** and measure full lipid profile after 3 months (non fasting)

If Atorvastatin tolerated?

- Yes
  - Optimise statin increasing dose every 2-3 months. Add **Ezetimibe 10mg** to statin if non–HDL-C reduction < 40%
- No
  - Statin treatment is contraindicated
  - Offer lower dose (Atorvastatin 10mg) or an alternative statin (e.g. Rosuvastin 5mg)
  - Intolerance to lower dose/alternative statin?
    - Yes
      - Follow AAC Statin intolerance algorithm
      - Consider Ezetimibe 10mg monotherapy and assess response at 3 months
      - If HDL-C/LDL-C insufficiently controlled on monotherapy, consider Ezetimibe 10mg/ Bempedoic acid 180mg combo
    - No
      - Refer to specialist lipid management service according to local arrangements

Non-HDL-C reduction > 40%?

- No
  - Review annually for adherence to drugs and lifestyle measures
- Yes
  - Review annually for adherence to drugs and lifestyle measures