

# Lipid Management Pathway for Primary Prevention of Cardiovascular Disease (CVD)

Version 1.0

VERSION CONTROL		
Version	Date	Amendments made
1.0	June 2023	

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# Primary Prevention of CVD



Adults without established CVD and categorised as follows:

Age  $\leq$  84 & QRISK  $\geq$  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/1.73M<sup>2</sup> and/or albuminuria

Review annually for adherence to drugs and lifestyle measures

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

Statin treatment is contraindicated

Atorvastatin tolerated?

Offer lower dose (**Atorvastatin 10mg**) or an alternative statin (e.g. **Rosuvastatin 5mg**)

Intolerance to lower dose/ alternative statin?

- 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**

Optimise statin increasing dose every 2-3 months. Add **Ezetimibe 10mg** to statin if non-HDL-C reduction  $<$  40%

Non-HDL-C reduction  $>$  40%?

Review annually for adherence to drugs and lifestyle measures

Refer to specialist lipid management service according to local arrangements