INITIAL CONSIDERATIONS

Measure non-fasting full lipid profile (TC, HDL-C, non-HDL-C, triglycerides and HbA1c) 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 are not have established CVD but fall into the categories below. Use QRISK risk assessment tool where appropriate (see Primary prevention risk assessment in the guideline)

| Age ≥84 and QRISK ≥10% over next 10 years | Type 2 diabetes and QRISK ≥10% over next 10 years | Type 1 diabetes, if they have one or more of the following: • over 40 years • had diabetes for >10 years • have established nephropathy • have other CVD risk factors | CKD eGFR <60 ml/min/1.73 m² and/or albuminuria | Age ≥85 years if appropriate, consider comorbidities, frailty, and life expectancy |

Identify and address all modifiable risk factors—smoking, diet, obesity, alcohol intake, physical activity, blood pressure, and HbA1c

Consider additional risk factors, if present, together with QRISK score (treated for HIV, 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 offer statin treatment: **atorvastatin 20 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/bempedoic acid 180 mg combination may be considered when ezetimibe alone does not control non-HDL-C/LDL-C well enough (NICE TA694)

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

SEVERE HYPERLIPIDAEMIA

If TC >7.5 mmol/l and/or LDL-C >4.9 mmol/l and/or non-HDL-C >5.9 mmol/l, a personal and/or family history of confirmed CHD (<60 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 TC >9.0 mmol/l and/or LDL-C >6.5 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 if:

- 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 >3.5 mmol/l (secondary prevention) despite maximal tolerated statin and ezetimibe therapy

*defined as any of the following:
- established CHD
- two or more other CVD risk factors

SECONDARY PREVENTION

Offer statin therapy to adults with CVD, this included angina (previous MI, revascularisation, stroke, or TIA or symptomatic peripheral arterial disease. Do not delay statin treatment if a person has acute coronary syndrome. Take a lipid sample on admission (within 24 hours)

Identify and address all modifiable risk factors—smoking, diet, obesity, alcohol intake, physical activity, blood pressure, and HbA1c

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 or experiencing adverse effects, or patient preference

Offer atorvastatin 20 mg if CKD (people with eGFR <60 ml/min/1.73 m²)

- 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 CG181

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 (TA385)
- ezetimibe 10 mg/ bempedoic acid 180 mg combination when ezetimibe alone does not control non-HDL-C sufficiently (NICE TA694)

Ezetimibe 10 mg daily
(NICE TA385) Reassess after 3 months. If non-HDL-C remains >2.5 mmol/l, consider injectable therapies; arrange a fasting blood test, and assess eligibility

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 (TA393/394, TA733)

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

- inclisiran—if fasting LDL-C ≥2.6 mmol/l despite maximum tolerated lipid lowering therapy (TA733)
- or PCSK9i—see below (Extent of lipid lowering with available therapies) for LDL-C thresholds (TA393/4)

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

*Inclisiran and PCSK9i should not be prescribed concurrently

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Yijin Wang

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