PODCAST - Working Practice Document, No. 07

Title: Intensive Lipid Lowering

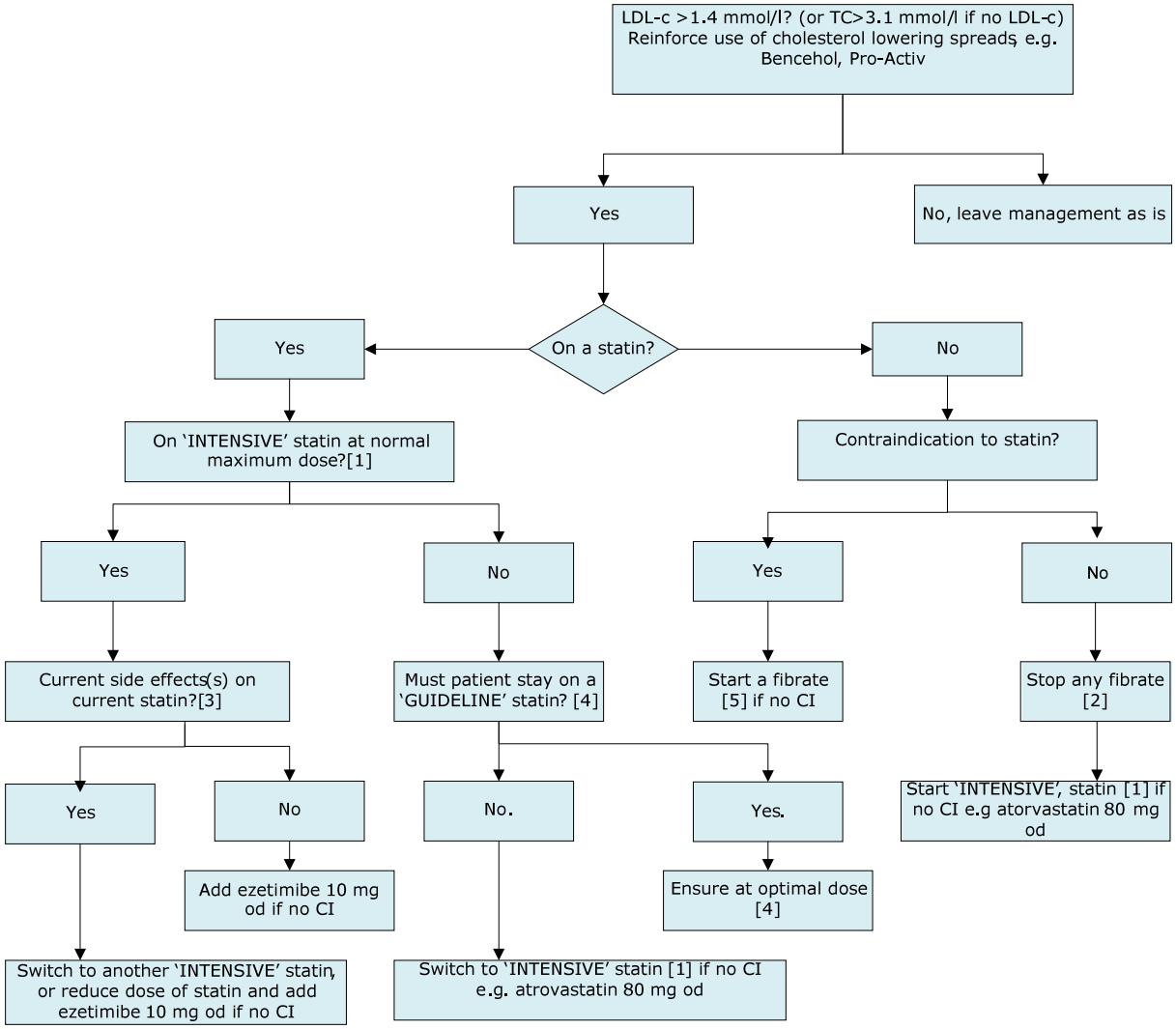
Lipid lowering (intensive)

- It is vital that fasting lipids are measured and recorded before baseline and before each follow-up clinic visit. Please remember to ask for LDL-c as well as TC/TG. If your lab will no routinely perform a fasting lipid profile, make it clear that the LDL-c is our target measure (or refer samples to an adjacent lab who will provide a LDL-c).
- The target is LDL-c <1.4 mmol/l. (If the TG are high, then LDL will not be calculated so use the TC target, TC <3.1 mmol/l.) But equally, it is vital to maximise the difference in LDL-c between intensive and guideline groups, i.e. at least LDL-c difference 1.0 mmHg.
- From May 2012, when atorvastatin goes generic, please start it at baseline, where possible, in patients randomised to intensive lipid-lowering therapy. Atorvastatin may be started at full dose (80 mg) without titration up, as per the SPARCL trial.
- Continue to escalate treatment if the target is not reached, subject to adverse events.
- Do not routinely comment on lipid levels or alter treatment in guideline patients. These patients are managed as per routine in the community by their GP. However, if the TC is very high (TC ≥7 mmol/l), as a duty of care, the patient should be asked to visit their GP soon to discuss their lipid management; again, no change to their medication should be offered or prescribed.

General

- In general, reaching target for BP appears to be more challenging than for LDL-cholesterol. It is vital to positively escalate treatment, unless significant adverse events have appeared, at each visit, including adding new drugs and increasing the dose of existing drugs.
- The PODCAST group of patients can get confused easily so explain changes to drug therapy very carefully, ideally writing down what needs to be done.
- Let GPs know what is happening so that they do not over-rule, unnecessarily, treatment changes.

Intensive Lipid Treatment Algorithm



Legend for lipid lowering algorithm

1. 'Intensive' statins: e.g. atorvastatin.
2. Taking statins and fibrates together can cause rhabdomyolysis.
3. Main statin side effects include myositis, liver dysfunction (rarely hepatitis), rash, and hypersensitivity reactions (including angioedema and anaphylaxis).
4. 'Guideline' statins: simvastatin, pravastatin, fluvastatin, atorvastatin 10 mg.
5. Fibrates include bezafibrate, ciprofibrate, fenofibrate, and gemfibrozil (gemfibrozil should not be used with a statin).
6. Bile acid sequestrant resins (cholestyramine, colestipol) or tablets (colesevelam) may be used with statins/fibrates. These drugs are usually reserved for hypertriglyceridaemia or familial hypercholesterolaemia but may be used if participants are resistant or intolerant of statins.
7. Nicotinic acid (as a slow-release preparation to limit side effects) or acipimox may be used with statins/fibrates if participants are resistant or intolerant of statins.