

Primary Care Cardiovascular Society

Empowering primary care to deliver the best in cardiovascular health



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PCCS Lipid QI Programme Addressing Adherence

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Setting the clinic up for success

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- 1) Choose a lipid "leader"
- 2) Upskill ENTIRE team- utilise your MDT (in-house educational sessions) and present a unified front
 - Ensure all team members are aware of lipid-lowering options: statins, ezetimibe, bempedoic acid, inclisiran, PCSK9i
 - Ensure all team members are following the SAME lipid guidelines (NICE, ESC/EAS)

EAS, European Atherosclerosis Society; ESC, European Society of Cardiology; MDT, multidisciplinary team; NICE, National Institute for Health and Care Excellence; PCSK9i, proprotein convertase subtilisin/kexin type 9 inhibitors.



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When to address lipids

- Searches using online medical records (embedded tools)
 - Focusing on patients with CVD and sub-optimal LDL-C
 - Following up on blood results
 - Health checks
 - Long-term condition reviews (i.e., CHD, DM, CVA, PAD reviews)
 - Opportunistic reviews

CHD, coronary heart disease; CVA, cerebrovascular accident; CVD, cardiovascular disease; DM, diabetes mellitus; LDL-C, low-density lipoprotein cholesterol; PAD, peripheral arterial disease.

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Patient consultation

- Address secondary prevention: HTN, AF (check pulse!), PAD
- Lifestyle: diet, alcohol intake, smoking status, weight-loss
- **Medication review**: address current treatment and discuss options
 - Discuss all lipid options and create shared decision making
- Lipid targets: QOF target LDL-C < 1.8 mmol/L¹ (ESC target <1.4 mmol/L)²
 - **Emphasising importance of reaching target**

AF, atrial fibrillation; ESC, European Society of Cardiology; HTN, hypertension; LDL-C, low-density lipoprotein cholesterol; PAD, peripheral arterial disease; QOF, Quality and Outcomes Framework. 1. NHS England. Quality and Outcomes Framework guidance for 2023/24. Available at: https://www.england.nhs.uk/wp-content/uploads/2023/03/PRN00289-guality-and-outcomes-framework-guidance-for-2023-24.pdf. Accessed December 2023;

Choosing the right medication for the right patient



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- 1. Statins: first-line (unless CI)
 - Address patient concerns: "most side effects are minimal and potential harm from low-to moderate-dose statins is small," discuss risk vs benefit (especially if secondary prevention)
- 2. Ezetimibe: often used second-line, decreases absorption of cholesterol, therefore most common s/e are GI related¹ (ex. careful w/IBS patients)
- 3. Bempedoic Acid: can be used by itself² or in a combination tablet with ezetimibe,³ can increase uric acid (ex. caution with gout patients)²
- Inclisiran: smallest side effect profile,⁴ no long-term data, only used for secondary prevention and LDL-C must be ≥ 2.6mmol/L to meet NICE guidelines⁵
- 5. PCSK9 inhibitors: initiated by specialist

CI, contraindicated; GI, gastrointestinal; IBS, irritable bowel syndrome; LDL-C, low-density lipoprotein cholesterol; NICE, National Institute for Health and Care Excellence; PCSK9, proprotein convertase subtilisin/kexin type 9; s/e, side effects. 1. Ezetimibe SmPC; 2. Bempedoic acid SmPC; 3. Nustendi SmPC; 4. Inclisiran SmPC; 5. NICE. Inclisiran for treating primary hypercholesterolaemia or mixed dyslipidaemia (TA733). Available at: <u>https://www.nice.org.uk/guidance/ta733</u>. Accessed December 2023.

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Helpful tips

- 1. ASK if they are taking their medication
- 2. Explore reasons for non-adherence/address patient concerns
- 3. Keep a close follow-up: monthly reviews if appropriate
- 4. Review routine bloods and look for trends (will become obvious if not taking medication)
- 5. SHARED decision making is key!