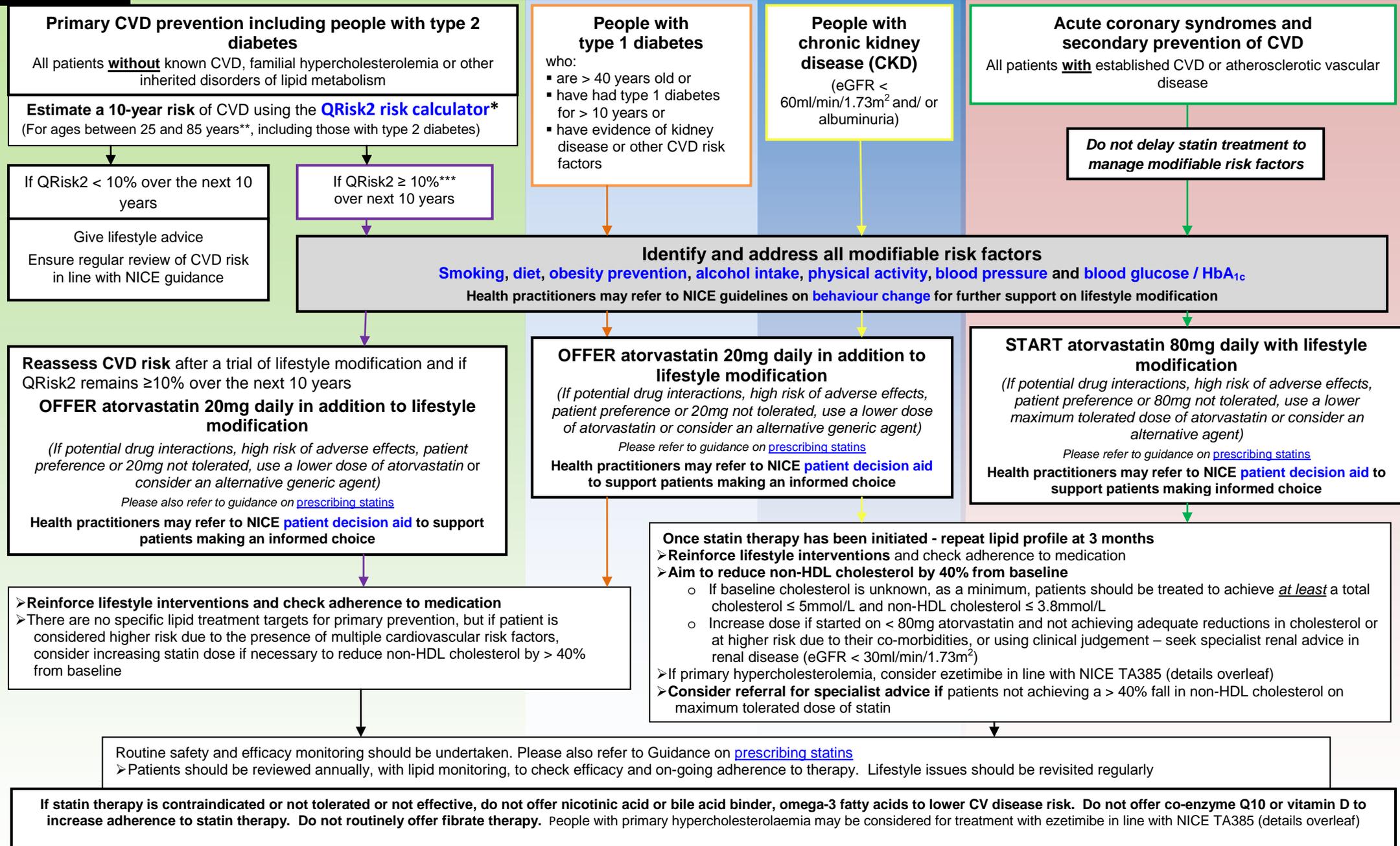


Lipid Management for the Primary and Secondary Prevention of Cardiovascular Disease (CVD) in Adults



* CVD risk score will underestimate risk in those who have additional risk due to underlying medical conditions or treatments such as those treated for HIV, serious mental health problems, autoimmune disorders, other systemic inflammatory disorders or taking medication that causes dyslipidaemia (e.g. corticosteroids, immunosuppressant drugs or antipsychotics), or lipid therapy. Use informed clinical judgement. **People ≥ 85years are at high CV risk due to age alone, but consider other CV risk factors, co-morbidities and patient preferences before initiating therapy. ***QRISK2 threshold of 20% applies for the introduction of antihypertensive therapies in people with hypertension.

Summary of NICE guidance on Ezetimibe for treating primary heterozygous-familial and non-familial hypercholesterolaemia TA 385

Ezetimibe recommendations from NICE TA385

- 1.1 This guidance should be used with NICE's guidelines on cardiovascular disease: risk assessment and reduction, including lipid modification and familial hypercholesterolaemia: identification and management
- 1.2 Ezetimibe monotherapy is recommended as an option for treating primary (heterozygous-familial or non-familial) hypercholesterolaemia in adults in whom initial statin therapy is contraindicated
- 1.3 Ezetimibe monotherapy is recommended as an option for treating primary (heterozygous-familial or non-familial) hypercholesterolaemia in adults who cannot tolerate statin therapy (as defined in section 1.6)
- 1.4 Ezetimibe, co-administered with initial statin therapy, is recommended as an option for treating primary (heterozygous-familial or non-familial) hypercholesterolaemia in adults who have started statin therapy when:
 - serum total or low-density lipoprotein (LDL) cholesterol concentration is not appropriately controlled (as defined in section 1.7) either after appropriate dose titration of initial statin therapy or because dose titration is limited by intolerance to the initial statin therapy (as defined in section 1.6) and
 - a change from initial statin therapy to an alternative statin is being considered.
- 1.5 When prescribing ezetimibe co-administered with a statin, ezetimibe should be prescribed on the basis of lowest acquisition cost.
- 1.6 For the purposes of this guidance, intolerance to initial statin therapy is defined as the presence of clinically significant adverse effects that represent an unacceptable risk to the patient or that may reduce compliance with therapy.
- 1.7 For the purposes of this guidance, appropriate control of cholesterol concentrations should be based on individual risk assessment according to national guidance on managing cardiovascular disease in the relevant populations.

References

1. NICE Clinical Guideline CG181: Lipid Modification (2014) Lipid modification: cardiovascular risk assessment and the modification of blood lipids for the primary and secondary prevention of cardiovascular disease. [Online] available from: <http://www.nice.org.uk/guidance/cg181/resources/guidance-lipid-modification-cardiovascular-risk-assessment-and-the-modification-of-blood-lipids-for-the-primary-and-secondary-prevention-of-cardiovascular-disease-pdf> accessed 24/06/2015
2. NICE Technology Appraisal Guidance TA385: (2016) Ezetimibe for treating primary heterozygous-familial and non-familial hypercholesterolaemia [online] available from <https://www.nice.org.uk/guidance/ta385?unlid=107162582920164961752#> accessed 13/06/2016