

LIPID LOWERING DR KUMAR MAY 2013

New NICE : Total Chol, HDL, Non HDL [all the rest]

Lower the non HDL the better, no harm demonstrated lowering to below 2

The statin threshold in primary prevention QRISK2 has been lowered from 20% to 10%. For 40-70 start Atorvastatin 20mg. If 85 start Atorvastatin 20mg [no QRISK2 check] Asians and deprived higher risk

The value of lifestyle is emphasised

CVD

As well as aspirin B Blocker Ace add Atorvastatin 80 mg , not just for 9-12 months but stay on it. Diet alone can only reduce cholesterol by 15%

CKD [+ HBP, another risk factor]

1-2 Atorvastatin 20mg aim for 40% fall in non HDL

3-5 Increase dose until 40% fall in non HDL occurs advise Renal People of the increase in Atorvastatin

DM is not = 1 MI until 5-15 years, so more hopeful but Systolic BP HBA1C is as important as the Lipids

DM1 Atorvastatin 20 if MI occurs Atorvastatin 80. No QRISK2 needed

DM2 If UKPDS risk over 10% Atorvastatin 80 If MI /angina/cva Atorvastatin 80

FH affects 1/500 Heterozygous Chol >7.5 Non HDL over 4.9

Xanthomas on tendons hands Achilles

Statin +- Ezetimibe

JBS3 CALCULATOR AVAILABLE APRIL 2014

Statin benefits as well as lowering cholesterol

Endothelial function

Inflammation

Stabilisation of plaque

Not known if Ezetimibe has these benefits. Addition gives additional 20% cholesterol reduction

Fibrates and nicotinic acid not known if they have these benefits either

Statin side effects

Check ALT/ST at 3 and 12 months

No CK if no muscle symptoms

Rpt lipid profiles

If aches and pains

Stop restart lower dose

Change statin others are Pravastatin Rosuvastatin Fluvastatin

Consider adding ezetimibe

CK

Up to 5x normal is ok

5-10 x recheck

>10x stop statin

Rhabdomyolysis CK over 10x normal

Aches and Pains no rise in CK

Cramp

Try quinine or Chinese Red Yeast Rice