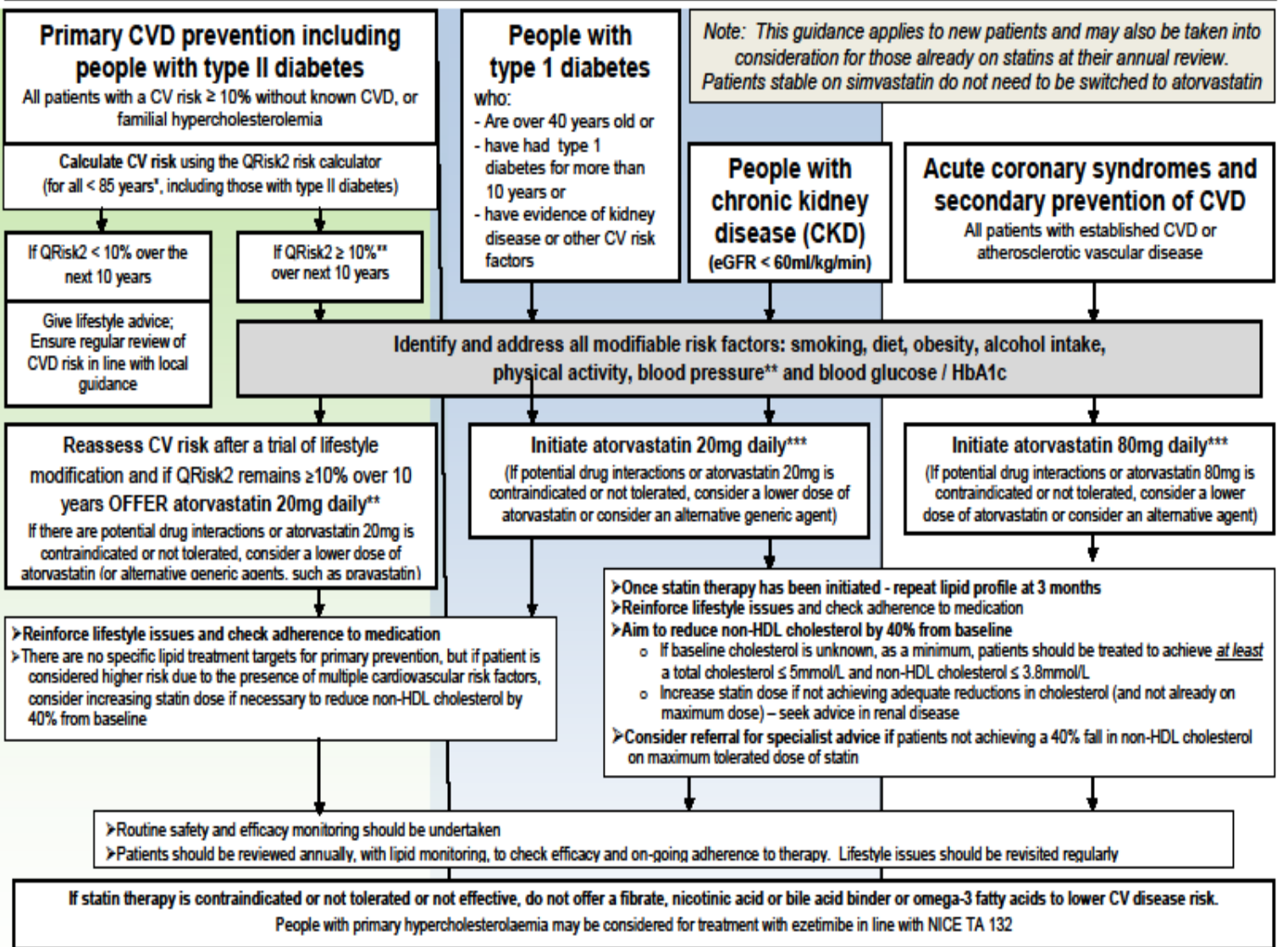


## Pathology Quick Guide for General Practice: Lipids Testing

Clinical Situation	Recommendation	Source
Primary prevention where QRISK2 is >10% and patient is a type 1 diabetic over the age of 40 or has chronic kidney disease	People who have been started on a statin should be reviewed annually. Consider doing a lipid profile as part of that review, and to monitor compliance.	NICE guidelines [CG181]
Secondary prevention	Lipid profile should be carried out 3 months after starting a statin, aiming for at least a 40% reduction in non-HDL cholesterol. Consider an annual lipid profile once target is achieved to review and monitor compliance.	<i>Cardiovascular disease: risk assessment and reduction, including lipids modification</i>
Low risk individuals	Use a systematic strategy for identifying people at high risk of CVD. Locally we use the NHS Health Check programme and invite people on a 5 yearly basis for risk assessment.	<a href="http://www.nice.org.uk/guidance/CG181">http://www.nice.org.uk/guidance/CG181</a>

### South London Algorithm for Lipid Management for the Primary and Secondary Prevention of CVD

(Adapted from NICE CG181: Lipid Modification July 2014) Approved by SW London Medicines Commissioning Group: 18 Sept 2014 (pending SWL CCG sign off); Review date: Sept 2017



\*People  $\geq 85$  years 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. \*\*\* If initial statin dose not tolerated - reduce to maximum tolerated dose