

# National Guidance for Lipid Management for Primary and Secondary Prevention of CVD

## Reducing chance of developing heart disease or stroke

A big focus of the current NHS drive is looking at preventing disease developing. There is more and more evidence that using medication earlier together WITH diet and exercise provides the best protection against developing heart disease and stroke.

The best evidence exists for reducing cholesterol. This suggests that the benefits significantly outweigh any risk from taking the medication if your risk is greater than 5% over 10years. (i.e., If there are 100 patients with the same score as you, 5 of them will have a heart attack or stroke within the next 10years). And that benefit increases as your risk increases.

The guidelines use a combination of your age, sex, family history, ethnicity, other medical conditions, BMI, blood pressure, cholesterol, and smoking status to try and calculate your risk of developing disease. If this risk is high, we then look at what we can do to reduce that risk. You may have noticed that you only have any control over the last four on that list, which are therefore the ones we focus on!

Therefore, even if in the past we have said your cholesterol was “ok” we may well be now suggesting that you would benefit from it being improved. This will also include those who are active and do good amounts of exercise and eat healthily, as you will get even better protection with the tablets.

## Cholesterol and Statins

The science has evolved towards tighter control. Whereas previously the advice was that if you were taking a statin, you were getting good enough protection. However this has been changed to reducing your “bad” cholesterol = non-HDL Cholesterol to below a value of 2.5mmol/l. This means that we may well suggest increasing your dose of your statin, changing you to a different medication, or adding in another medication to get you the best protection. We will then suggest retesting your cholesterol after a few months to ensure that this has worked sufficiently.

Below is a table showing how much cholesterol normally reduces, with increasing doses of different statins has. We will measure the effect in you with a 3-month blood test after you have started the increased dose.

Drug	Daily dose (mg)				
	5	10	20	40	80
Fluvastatin			21%	27%	33%
Pravastatin		20%	24%	29%	
Simvastatin		27%	32%	37%	42%*
Atorvastatin		37%	43%	49%	55%
Rosuvastatin	38%	43%	48%	53%	-
Atorvastatin + Ezetimibe		52%	54%	57%	61%

20 - 30%	Low intensity
31 - 40%	Medium intensity
Above 40%	High intensity

% = percentage reduction in LDL-C

For more information on Statin control please visit the NHS website or speak to your GP.  
<https://www.nhs.uk/conditions/statins/>