

INITIAL CONSIDERATIONS

Measure non-fasting full lipid profile (TC, HDL-C, non-HDL-C, triglycerides) and HbA_{1c} as part of an initial baseline assessment. Consider secondary causes of hyperlipidaemia and manage as needed. Ensure appropriate baseline and follow-up tests as detailed in the guideline. Measure BMI, identify and exclude people with contraindications/drug interactions. If non-fasting triglyceride above 4.5 mmol/l see the guideline text.

PRIMARY PREVENTION

Consider statin therapy for adults who do not have established CVD but fall into the categories below. Use QRISK (a) assessment tool where appropriate (see Primary prevention risk assessment in the guideline).



Consider additional risk factors, if present, together with QRISK score (raised for FH, severe mental illness, taking medicines that cause dyslipidaemia, systemic inflammatory disorder (e.g. SLE), impaired fasting glycaemia, recent change in risk factors).

PRIMARY PREVENTION

If lifestyle modification is ineffective or inappropriate offer statin treatment: **atorvastatin 20 mg OD**

- Measure full lipid profile again after 3 months (non-fasting)
- High-intensity statin treatment should achieve reduction of non-HDL-C >40% from baseline. If not achieved after 3 months:
 - discuss treatment adherence, timing of dose, diet, and lifestyle
 - If at higher risk based on comorbidities, risk score or clinical judgement—see Additional risk factors consider increasing the dose every 2–3 months up to a maximum dose of atorvastatin 80 mg OD*
 - for how to increase in people with CKD, see the section Special patient populations

- If patients on a high-intensity statin have side effects, offer a lower dose or an alternative statin (see Statin intensity table)
- If maximum tolerated dose of statin does not achieve non-HDL-C reduction >40% of baseline value after 3 months, consider adding ezetimibe 10 mg OD
- If recommended statin treatment is contraindicated or not tolerated:
 - see AAC Statin Intolerance Algorithm^(A) for advice regarding adverse effects
 - ezetimibe 10-mg monotherapy may be considered. Assess response after 3 months
 - ezetimibe 10-mg/rosuvastatin acid 180-mg combination may be considered when ezetimibe alone does not control non-HDL-C/LDL-C well enough (NICE TA694)

If non-HDL-C reduction remains <40% of baseline despite maximal tolerated lipid-lowering therapy (including people with intolerance and contraindications) consider referral to specialist lipid management clinic according to local arrangements

SEVERE HYPERLIPIDAEMIA

FFTC ≥7.5 mmol/l and/or LDL-C ≥8.9 mmol/l and/or non-HDL-C ≥5.9 mmol/l, a personal or family history of confirmed CVD (≥40 years) and with no secondary causes, suspect FH (possible heterozygous FH). Do not use QRISK risk assessment tool.

DIAGNOSIS AND REFERRAL

Take fasting blood for repeat lipid profile to measure LDL-C. Use the Simon Broome or Dutch Lipid Clinic Network criteria to make a clinical diagnosis of FH. Refer to lipid clinic for further assessment if clinical diagnosis of FH or if TC ≥7.5 mmol/l and/or LDL-C ≥4.5 mmol/l and/or non-HDL-C ≥2.5 mmol/l or fasting triglycerides ≥1.0 mmol/l (regardless of family history).

TREATMENT TARGETS IN FH

If clinical diagnosis of FH and/or other risk factors present, follow the recommended treatment management pathway for primary or secondary prevention as for non-FH, BUT aim to achieve at least a 50% reduction of LDL-C (or non-fasting non-HDL-C) from baseline.

Consider specialist referral for further treatment and/or consideration of PCSK9 therapy (B):

- they are assessed to be at very high risk of a coronary event*
- or therapy is not tolerated
- or LDL-C remains >5 mmol/l (primary prevention)
- or LDL-C remains >2.5 mmol/l (secondary prevention) despite maximal tolerated statin and ezetimibe therapy.

*defined as any of the following:

- established CVD
- two or more other CVD risk factors

SECONDARY PREVENTION

Offer statin therapy to adults with CVD, including angina, previous MI, heart failure, stroke, or TIA, or peripheral (peripheral arterial disease). Do not delay statin treatment if a person has acute coronary syndrome. Take a lipid profile on admission (within 24 hours).

Identify and address all modifiable risk factors—smoking, diet, obesity, alcohol intake, physical activity, blood pressure, and HbA_{1c}.

SECONDARY PREVENTION

Do not delay statin treatment in secondary prevention while managing modifiable risk factors. Prescribe a high-intensity statin: **atorvastatin 80 mg OD**. Use a lower dose of atorvastatin if there is a potential drug interaction, high risk of an exacerbating adverse effect, or patient preference. (see atorvastatin 20 mg, 40 mg, 80 mg, 120 mg, 160 mg, 240 mg, 320 mg, 480 mg, 640 mg, 800 mg, 960 mg, 1120 mg, 1280 mg, 1440 mg, 1600 mg, 1760 mg, 1920 mg, 2080 mg, 2240 mg, 2400 mg, 2560 mg, 2720 mg, 2880 mg, 3040 mg, 3200 mg, 3360 mg, 3520 mg, 3680 mg, 3840 mg, 4000 mg, 4160 mg, 4320 mg, 4480 mg, 4640 mg, 4800 mg, 4960 mg, 5120 mg, 5280 mg, 5440 mg, 5600 mg, 5760 mg, 5920 mg, 6080 mg, 6240 mg, 6400 mg, 6560 mg, 6720 mg, 6880 mg, 7040 mg, 7200 mg, 7360 mg, 7520 mg, 7680 mg, 7840 mg, 8000 mg, 8160 mg, 8320 mg, 8480 mg, 8640 mg, 8800 mg, 8960 mg, 9120 mg, 9280 mg, 9440 mg, 9600 mg, 9760 mg, 9920 mg, 10080 mg, 10240 mg, 10400 mg, 10560 mg, 10720 mg, 10880 mg, 11040 mg, 11200 mg, 11360 mg, 11520 mg, 11680 mg, 11840 mg, 12000 mg, 12160 mg, 12320 mg, 12480 mg, 12640 mg, 12800 mg, 12960 mg, 13120 mg, 13280 mg, 13440 mg, 13600 mg, 13760 mg, 13920 mg, 14080 mg, 14240 mg, 14400 mg, 14560 mg, 14720 mg, 14880 mg, 15040 mg, 15200 mg, 15360 mg, 15520 mg, 15680 mg, 15840 mg, 16000 mg, 16160 mg, 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Guidelines For The Management Of Hyperlipidaemia In

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S Stroes**

Guidelines For The Management Of Hyperlipidaemia In:

Hyperlipidemia Management for Primary Care Brian V. Reamy, 2009-03-01 This book provides multifaceted strategies necessary to treat hyperlipidemia as well as tips for incorporating techniques into clinical practice In addition to discussing pharmacologic treatment the book includes a review of popular diets and therapeutic foods herbs and vitamins A section on evidence based recommendations for treating special populations discusses approaches for elderly patients women elite athletes and other populations with unique medical needs Case studies illustrate the principles introduced in the book The text is complete with screening tools for real world risk assessment

Prevention and Management of Cardiovascular and Metabolic Disease Peter Kokkinos, Christina N. Katsagoni, Labros S. Sidossis, 2023-04-13 Prevention and Management of Cardiovascular and Metabolic Disease Provides accurate and well documented information on the impact of diet and physical activity in the prevention and management of cardiovascular and metabolic diseases and healthy aging This authoritative textbook examines the independent and combined impact of diet and physical activity in the prevention and management of cardiovascular and metabolic diseases with special emphasis on the elderly populations In this book the authors Provide the latest data on the association between a suboptimal diet and physical inactivity and chronic disease Examine the role of epigenetics on longevity Discuss the fundamentals of healthy aging Highlight the role of well known dietary patterns such as the Mediterranean diet and the Nordic diet in favorable health outcomes including cardiovascular metabolic health and healthy aging Discuss the health outcomes of physical activity and healthy aging Present the most recent evidence based data on the independent and synergistic impact of diet and exercise on disease prevention and management including heart disease diabetes mellitus hypertension dyslipidemia kidney failure cancer and other conditions Prevention and Management of Cardiovascular and Metabolic Disease Diet Physical Activity and Healthy Aging is an excellent textbook for upper level undergraduate and graduate students in medical and health related disciplines and for health professionals including dietitians and nutritionists exercise physiologists athletic trainers nurses physicians geriatricians and other health professionals with a special focus in older adults This book is also a highly useful reference for health professionals interested in introducing diet and physical activity as an intervention for healthy aging as well as the prevention and management of cardiovascular and other metabolic diseases that are prevalent in aging populations

Guidelines for the Management of Hyperlipidaemia in General Practice Royal College of General Practitioners, 1992

Drug Treatment of Hyperlipidemia B. Rifkind, 1991-05-20 Originally published in 1991 Drugs Treatment of Hyperlipidemia is a collection of essays that include studies on lipid metabolism diagnosis of lipoprotein disorders detection and treatment of dyslipoproteinemia and trials of lipid lowering drugs amongst its topics

Dyslipidaemia in Clinical Practice Gilbert Thompson, Jonathan Morrell, Peter W.F. Wilson, 2006-04-03 The Second Edition offers the reader the very latest information on lipid disorders from aetiology to the management of this ever increasing problem that is a major cause

of atherosclerotic and cardiovascular disease Written by a general practitioner an epidemiologist and a lipidologist this concise and well illustrated text will appeal to a wi

Hyperlipidemia: Pathophysiology, Therapeutic Advances, and Personalized Management Dr. Spineanu Eugenia,2025-02-19 Explore the intricate landscape of Hyperlipidemia in this comprehensive treatise delving into its pathophysiology latest therapeutic advancements and personalized management strategies Discover how genetic insights and novel therapies are transforming lipid management offering tailored approaches to mitigate cardiovascular risk From the molecular mechanisms underlying lipid metabolism to the clinical application of precision medicine this resource navigates through cutting edge research and clinical practices Whether you re a healthcare professional researcher or student gain insights into optimizing treatment outcomes and improving patient care

Hyperlipidemia Pathophysiology Therapeutic Advances and Personalized Management is your definitive guide to understanding addressing and advancing the field of lipid disorders in cardiovascular health

Clinical Practice Guidelines for Midwifery & Women's Health Nell L. Tharpe,Cindy L. Farley,Robin G. Jordan,2021-01-28 Clinical Practice Guidelines for Midwifery Women s Health Sixth Edition is an accessible and easy to use quick reference guide for midwives and women s healthcare providers Completely updated and revised to reflect the changing clinical environment it offers current evidence based practice updated approaches and opportunities for midwifery leadership in every practice setting Also included are integrative alternative and complementary therapies

Guidelines for the Management of Hyperlipidaemia Irish Hyperlipidaemia Association,1992

Cumulated Index Medicus ,1993

The Maudsley Prescribing Guidelines in Psychiatry David M. Taylor,Thomas R. E. Barnes,Allan H. Young,2018-04-12 The revised 13th edition of the essential reference for the prescribing of drugs for patients with mental health disorders The revised and updated 13th edition of The Maudsley Prescribing Guidelines in Psychiatry provides up to date information expert guidance on prescribing practice in mental health including drug choice treatment of adverse effects and how to augment or switch medications The text covers a wide range of topics including pharmacological interventions for schizophrenia bipolar disorder depression and anxiety and many other less common conditions There is advice on prescribing in children and adolescents in substance misuse and in special patient groups This world renowned guide has been written in concise terms by an expert team of psychiatrists and specialist pharmacists The Guidelines help with complex prescribing problems and include information on prescribing psychotropic medications outside their licensed indications as well as potential interactions with other medications and substances such as alcohol tobacco and caffeine In addition each of the book s 165 sections features a full reference list so that evidence on which guidance is based can be readily accessed This important text Is the world s leading clinical resource for evidence based prescribing in day to day clinical practice and for formulating prescribing policy Includes referenced information on topics such as transferring from one medication to another prescribing psychotropic medications during pregnancy or breastfeeding and treating patients with comorbid physical conditions

including impaired renal or hepatic function Presents guidance on complex clinical problems that may not be encountered routinely Written for psychiatrists neuropharmacologists pharmacists and clinical psychologists as well as nurses and medical trainees The Maudsley Prescribing Guidelines in Psychiatry are the established reference source for ensuring the safe and effective use of medications for patients presenting with mental health problems **Dyslipidaemia Clinical Practice** Gilbert Thompson, John Dean, Peter W.F. Wilson, 2001-11-22 After half a century of doubt and debate dyslipidemia has at last been accepted by cardiologists and the medical community at large as a major treatable cause of atherosclerotic cardiovascular disease A number of guidelines have been issued on the management of dyslipidemia in preventing coronary heart disease A working knowledge of the various types of dyslipidemia and their treatment is highly relevant to modern medicine with its accent on prevention This book written by a general practitioner an epidemiologist and a lipidologist provides a broad and up to date perspective of dyslipidemia and is chiefly intended for use in primary care It details normal lipid metabolism describes the genetic and acquired causes of dyslipidemia and reviews the evidence that the latter is a risk factor for vascular disease Most of the book however is devoted to the practicalities of screening risk assessment and management of dyslipidemia in everyday clinical practice including chapters summarizing current guidelines the importance of diet and the role of lipid lowering drugs Cardiologists general practitioners and pharmacists will find this volume indispensable **Management Guidelines for Adult Nurse Practitioners** Lynne M. Hektor Dunphy, 1999 At last A book that provides a nursing approach to the prevention and treatment of disease You ll access information on the clinical aspects of common disorders the nursing concerns and patient education all in a handy pocket size organized by anatomical areas in a head to toe approach you ll find coverage of 172 disorders the ones you will most likely encounter while seeing adult patients discussion of each disorder covers definition etiology occurrence age ethnicity gender contributing factors signs and symptoms diagnostic tests differential diagnosis treatment follow up sequelae prevention prophylaxis referral guidelines education and references includes more than 65 diagnostic and treatment reasoning algorithms and ICD codes and offers strategies to help you quickly conduct an accurate and thorough assessment **Clinical Handbook of Weight Management, Second Edition** Michael E J Lean, 1998-01-01 Obesity has not until very recently featured very strongly in medical training There has been a widespread view that becoming overweight is a sign of a weak personality a combination of gluttony and apparent sloth accompanied very often by a degree of mendacity For this reason medical practitioners are often reluctant to become involved in obesity and weight management The second edition of this popular handbook provides an up to date background on obesity and an understanding of weight management for health professionals and offers outlines for management plans which can be instituted at a primary care level **Practice Guidelines** Kristine Scannell, 1992 **Rutherford's Vascular Surgery and Endovascular Therapy, 2-Volume Set, E-Book** Anton N. Sidawy, Bruce A. Perler, 2022-06-04 Encyclopedic definitive and state of the art in the field of vascular disease and its medical surgical and

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Practical Cardiology Majid Maleki, Azin Alizadehasl, Majid Haghjoo, 2017-08-25 From basic clinical facts to new advanced guidelines Practical Cardiology by Drs Majid Maleki Azin Alizadehasl and Majid Haghjoo is your new go to resource for new developments in cardiology knowledge imaging modalities management techniques and more This step by step practical reference is packed with tips and guidance ideal for residents fellows and clinicians in cardiology as well as internal medicine cardiac surgery interventional cardiology and pediatric cardiology Features a wealth of information including practical points from recently published guidelines ECGs hemodynamic traces of advanced imaging modalities in real patients and much more Offers a comprehensive review of cardiovascular medicine from basic to advanced

Management of Complex Cardiovascular Problems Thach N. Nguyen, Dayi Hu, Shao Liang Chen, Moo-Hyun Kim, Cindy L. Grines, Faisal Latif, 2016-04-05 Patients with complex cardiovascular problems pose a special management challenge for both the specialist and the non specialist This book helps you approach difficult cases with the confidence to strategically map care understand the risk profile of your patient and make effective treatment decisions Dependable and succinct content provides high yield information for the busy

cardiologist Take home call outs and critical thinking boxes provide candid advice on incorporating guidelines and evidence based medicine into your practice New convenient pocket sized format New chapter addressing cardiovascular problems in women Discussion of high risk factors for and strategic care mapping encourage clinical focus Clinical pearls offer expert advice on topical issues Includes emerging trends and clinical trials keeping you up to date **Evidence-based**

Management of Lipid Disorders Maud N Vissers,,John JP Kastelein,,Erik S Stroes,2010-09-01 Practising evidence based medicine necessarily depends on the clinician having access to the best evidence available but in a fast moving field keeping up to date with the latest developments is a challenging prospect In this new volume leading experts focus on the most important clinical issues associated with the management of lipid disorders evaluating and interpreting the evidence available to provide the reader with a reliable summary of our current knowledge Topics covered include therapeutical strategies for managing hereditary lipid disorders including familial hypercholesterolemia both in adults and children and familial combined hypercholesterolemia The authors also evaluate the evidence for a link between inflammatory disease and cardiovascular risk the metabolic syndrome and the interconnections between dyslipidemias and diabetes They also look at therapeutic challenges such as the management of patients who are statin resistant and the control of lipid levels in those suffering renal insufficiency Tables highlight important data evidence from trial results and expert reports and each section concludes with a series of key points that present a summary of evidence based recommendations for best practice graded according to the quality of that evidence Evidence based Management of Lipid Disorders provides the busy clinician with a unique analysis of the data supporting current therapies and will help the reader formulate effective strategies for treating their own patients Comprehensive Management of High Risk Cardiovascular Patients Antonio M. Gotto,Peter P.

Toth,2016-04-19 Filling a large gap in the literature this book focuses on the management of patients who have or are at risk of developing cardiovascular disease Designed to serve as a resource for the busy practicing clinician the approach is evidence based but practical Conceptual development and the exploration of biochemical and physiological mechanism

Clinical Manual of Total Cardiovascular Risk Neil R. Poulter,2008-12-15 Over the last 10 20 years there has been an increasing appreciation of the need to manage individual risk factors for cardiovascular disease CVD in the context of overall cv risk rather than on the basis of the absolute level of any given risk factor This approach has given rise to the misnomer global risk and generated extensive lip service around this more broad minded approach to managing risk factors and the prevention of CVD This short book was devised with the idea of providing a practical summary of the rationale for management based on estimated total CV risk and the various methods associated with so doing Practical issues are addressed including treatment thresholds and targets for the major risk factors on which we routinely intervene and a brief description of the major means of these interventions is provided Whilst a multifactorial approach to CV prevention is logical and reflects the pathophysiological processes which underpin the formation of atherosclerosis the evidence base to guide

practice using estimated CV risk global risk as a threshold for intervention is essentially non existent Meanwhile pending supportive evidence from randomized trials practical pragmatic and cost effective approaches to preventing CVD which is the current biggest contributor to global mortality and burden of disease is urgently required The hope is that this book may make a small contribution toward reducing the horrendous burden which CVD currently imposes on the world

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