



**Primary Care
Cardiovascular
Society**

Empowering primary care to deliver
the best in cardiovascular health



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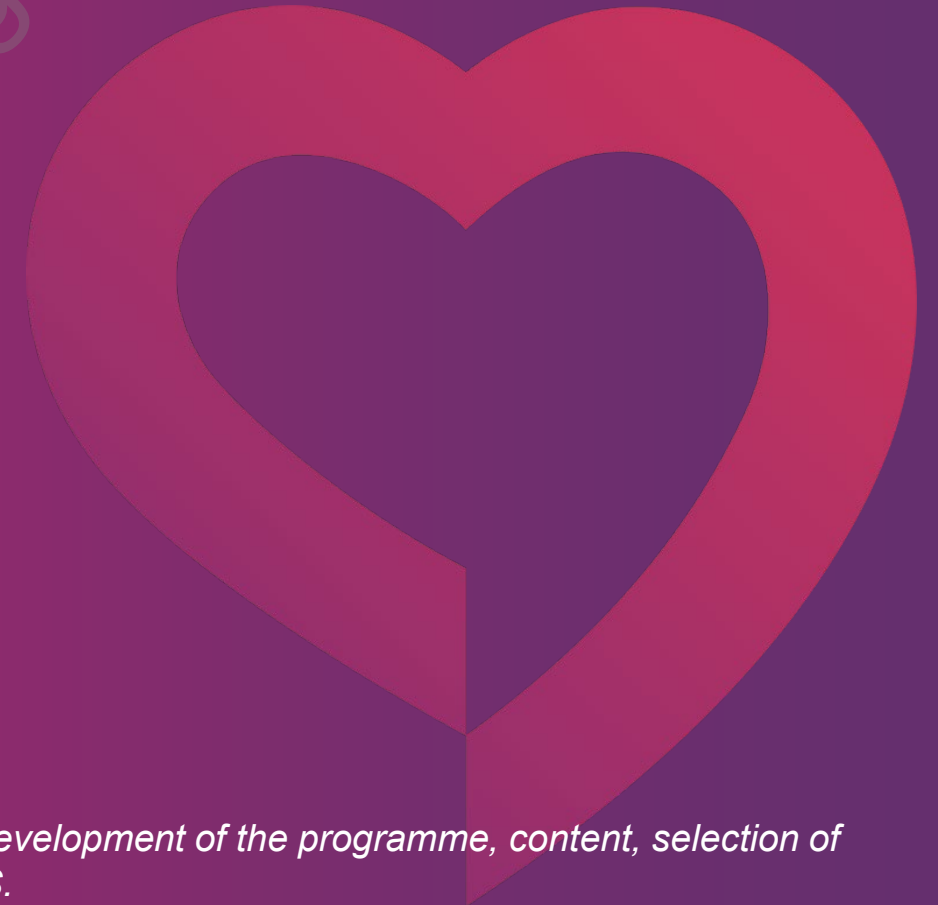
Empowering primary care to deliver
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PCCS Lipid QI Programme

Addressing Adherence

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PCCS Lipid QI Programme



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Setting the clinic up for success

- 1) Choose a lipid “leader”
- 2) Upskill **ENTIRE** team- utilise your MDT (in-house educational sessions) and present a **unified front**
 - Ensure all team members are aware of lipid-lowering options: statins, ezetimibe, bempedoic acid, inclisiran, PCSK9i
 - Ensure all team members are following the SAME lipid guidelines (NICE, ESC/EAS)

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When to address lipids

- Searches using online medical records (embedded tools)
 - Focusing on patients with CVD and sub-optimal LDL-C
- Following up on blood results
- Health checks
- Long-term condition reviews (i.e., CHD, DM, CVA, PAD reviews)
- Opportunistic reviews

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Patient consultation

- Address secondary prevention: HTN, AF (check pulse!), PAD
- Lifestyle: diet, alcohol intake, smoking status, weight-loss
- **Medication review:** address current treatment and discuss options
 - Discuss all lipid options and create **shared** decision making
- Lipid targets: QOF target LDL-C < 1.8 mmol/L¹ (ESC target <1.4 mmol/L)²
 - Emphasising importance of reaching target

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Choosing the right medication for the right patient



1. Statins: first-line (unless CI)
 - Address patient concerns: “most side effects are minimal and potential harm from low-to moderate-dose statins is small,” discuss risk vs benefit (especially if secondary prevention)
2. Ezetimibe: often used second-line, decreases absorption of cholesterol, therefore most common s/e are GI related¹ (ex. careful w/IBS patients)
3. Bempedoic Acid: can be used by itself² or in a combination tablet with ezetimibe,³ can increase uric acid (ex. caution with gout patients)²
4. Inclisiran: smallest side effect profile,⁴ no long-term data, only used for secondary prevention and LDL-C must be ≥ 2.6 mmol/L to meet NICE guidelines⁵
5. PCSK9 inhibitors: initiated by specialist



Helpful tips

1. ASK if they are taking their medication
2. Explore reasons for non-adherence/address patient concerns
3. Keep a close follow-up: monthly reviews if appropriate
4. Review routine bloods and look for trends (will become obvious if not taking medication)
5. SHARED decision making is key!

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