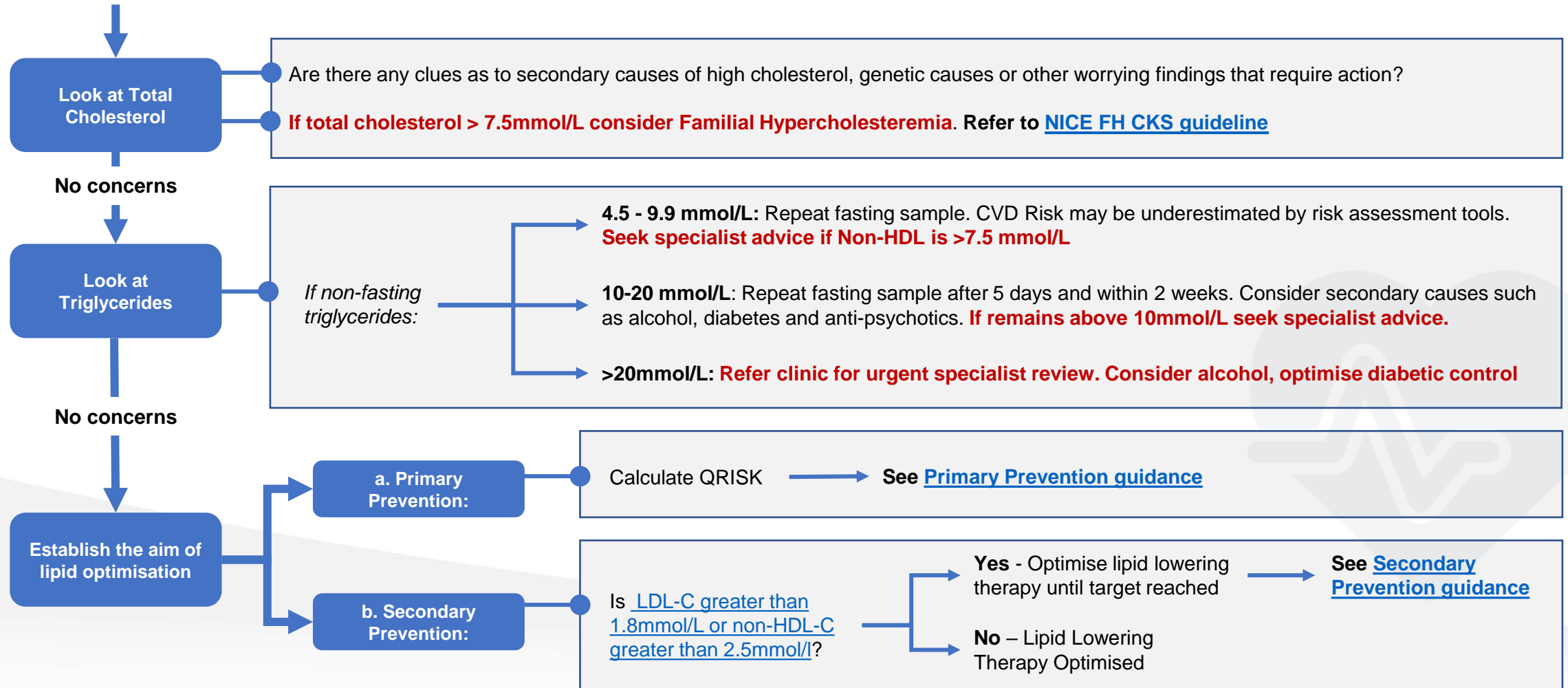


# Interpreting and dealing with cholesterol results in Primary Care: a step-by-step guide

## All cholesterol results



# Primary Prevention

**Primary Prevention means reducing risk of illness before it happens.**

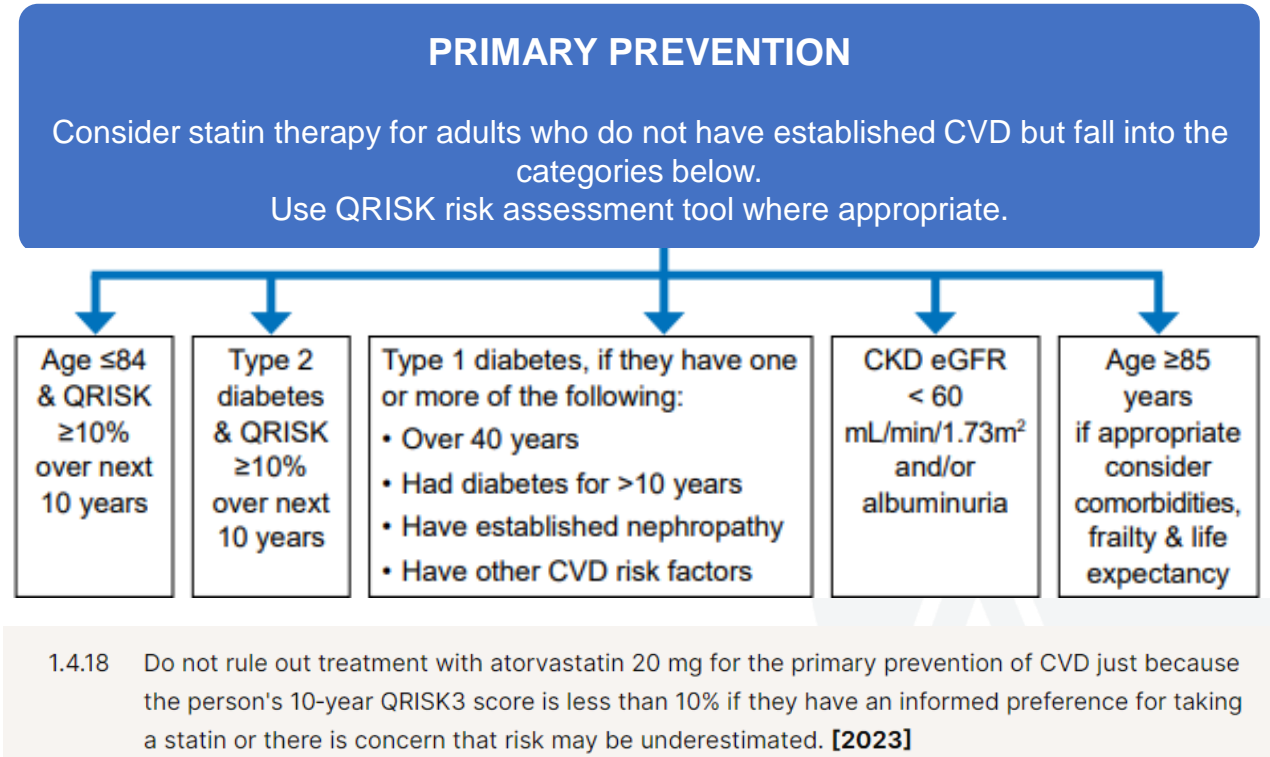
While individuals receiving primary prevention may have relatively low QRISK scores, the greater the length of and reduction in cholesterol the more benefit the person receives.

As Qrisk only looks at risk over a 10-year period, it significantly underestimates risk in young people and over-estimates risk in older individuals.

Note, standard CVD risk scores including QRISK may underestimate risk in people who have additional risk because of underlying medical conditions or treatments. These groups include the following groups of people:

- severe obesity (BMI>40kg/m<sup>2</sup>) increases CVD risk
- treated for HIV
- serious mental health problems
- taking medicines that can cause dyslipidaemia such as antipsychotic medication, corticosteroids or immunosuppressant drugs
- autoimmune disorders such as SLE, and other systemic inflammatory disorders
- non-diabetic hyperglycaemia
- significant hypertriglyceridaemia (fasting triglycerides 4.5-9.9mmol/L)
- recent risk factor changes e.g. quit smoking, BP or lipid treatment

Consider socio-economic status as an additional factor contributing to CVD risk.



# Secondary Prevention Cholesterol Management

Across GM only **25% of patients** who have had a CVD event are below this target. Cholesterol and therefore CVD risk can be reduced through a combination of lifestyle and medications and therefore future risk can be significantly reduced.

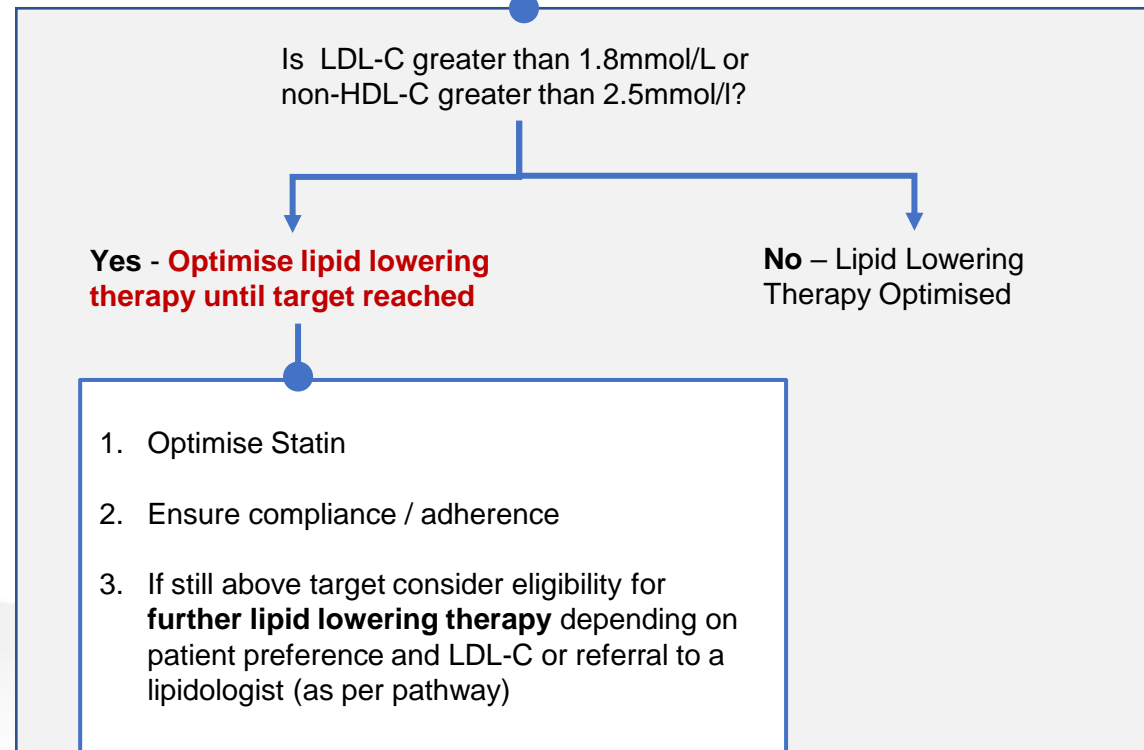
Medication is another tool in conjunction with amenable lifestyle changes (note lifestyle changes alone (depending on lifestyle) may realistically only reduce cholesterol by a maximum of ~ 20%.

Access the GMMMG-approved **Lipid Management Pathway for the Secondary Prevention of CVD**. [Click here](#).

Read further information **purpose and development of the pathways**. [Click here](#).

## SECONDARY PREVENTION

Offer statin therapy (Atorvastatin 80mg) to adults with CVD, this includes CHD, angina, Acute Coronary Syndrome (MI or unstable angina), revascularisation, stroke or TIA, or symptomatic peripheral arterial disease. Do not delay statin treatment if a person has acute coronary syndrome.



# Governance

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For feedback, issues or requests for more guidance please use [feedback.gmcvd.com](https://feedback.gmcvd.com)

We will be monitoring all feedback to help guide further iterations and inform future work.

