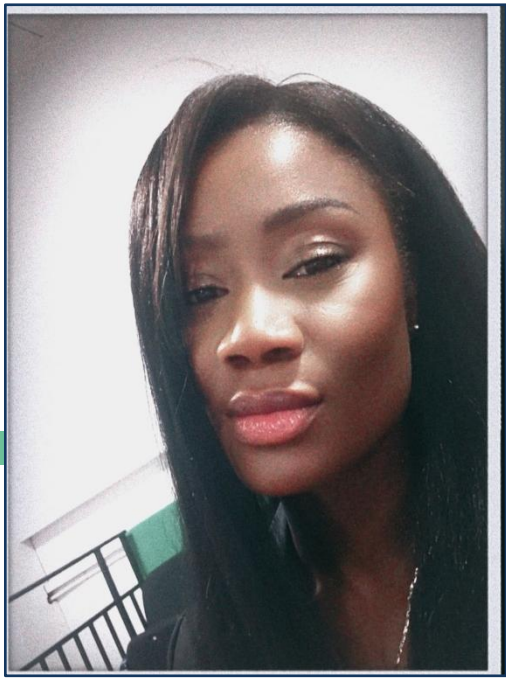# Optimising Lipid-Lowering Therapy in Black and Asian Patients with Chronic Kidney Disease (CKD)

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Aim:

To review all Black and Asian patients diagnosed with CKD and offer/optimise lipid-lowering therapy if indicated by the end of October 2025.

Method:

This Project followed a structured Plan-Do-Study-Act (PDSA) cycle approach.

- **Plan**: Searched and identified patients through a clinical search on SystmOne for all Black and Asian patients on the CKD register (stage 3-5) and defined treatment protocol based on NICE CKD (NG203) and Lipid (CG181) guidance.

- **Do**: Conducted multi-disciplinary team reviews to offer or optimise Lipid Lowering Therapy (LLT), implementing patient education to address concerns and myths and ensuring shared decision-making.

- **Study:** Monitored review treatment rates. Changes and outcomes were documented and coded.

- **Act**: Addressed barriers (using interpreter services and language specific leaflets) and refined the process to ensure target completion.

Validated ethnicity coding; 2 new Black and Asian patients were identified and 1 miscoded record corrected, giving a total of 13 patients.

Re-audited after coding review and lipid-lowering therapy discussion.

Lipid Lowering Therapy (LLT) Outcome

Legend: Baseline % on LLT pre-project, Final % on LLT Post review

Black and Asian CKD Patients

Legend:
- Patients at target
- Patient Reviewed
- Accepted Lipid lowering therapy
- Declined Lipid lowering therapy

(38%, 62%; 23%, 8%, 31%)

Summary of Results

- **13** Black and Asian patients with CKD were identified.
- **Baseline: 38.5%** on therapy or non-HDL <2.5 mmol/L
- **8** Patients (61.5%) were eligible for LLT discussion and 100% were reviewed
- **4** patients (50%) declined lipid-lowering therapy initiation but agreed to 6 monthly follow-ups and dietary changes.
- **1** patient (12.5%) was unsuitable for initiation due to frailty and multimorbidity.
- **3** Patients (37.5%) initiated lipid-lowering therapy.

Overall Project Impact: Equity Outcome Achieved

- **Before review:** 61.0% of Non-Black/Asian CKD patient were on LLT vs 38.5% Black/Asian patients
- **After review:** 61.5% of Black/Asian CKD patient are on LLT
- **Treatment gap between Ethnicity group closed**

BRIDGING THE EQUITY GAP

NON-BLACK/ASIAN PATIENTS	BLACK/ASIAN PATIENTS	BLACK/ASIAN PATIENTS
61.0% (50/82)	**38.5%** (5/13)	**61.5%** (8/13)
	✗ **22.5% EQUITY GAP**	✓ **EQUITY GAP CLOSED**

Learnings

- The project aim was met but revealed that the primary challenge is not clinical decision making but **overcoming patient hesitancy.**
- **Coding is critical:** Flawed coding initially hid 23% of our cohort, hence proactive data management is a prerequisite for future management and projects.
- **Collaborative working:** The collaborative efforts of GPs, nurses and pharmacists was essential to navigate clinical complexities and patient conversations, proving a team-based approach is vital for success.
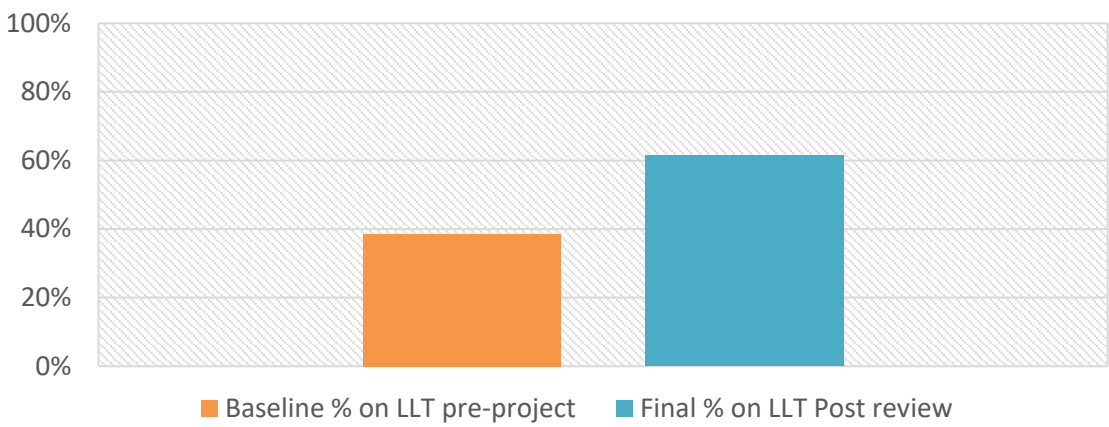
Patient feedback

"Thank you for taking the time to explain to me, I hadn't realised the importance of statins."

"I didn't realise kidney disease affected my heart risk, it's good to have this explained clearly."
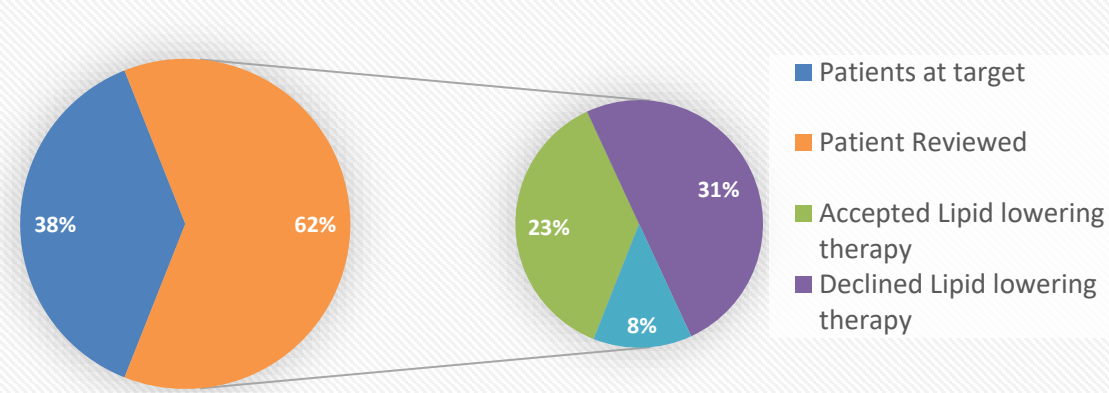
Patient feedback

"Having a patient information leaflet on CKD in my native language has improved my understanding of the condition and how to better look after my kidneys."
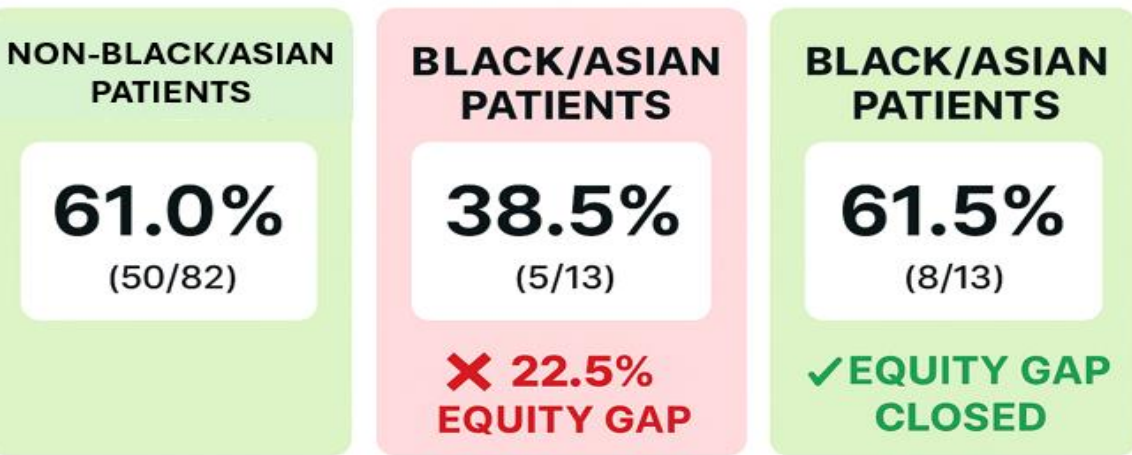
Sustaining the Change

Proactive Recall System:

- Created a pop-up system for patients in this group to alert clinicians.
- Embed lipid optimisation in annual CKD review and recall templates.

Data Quality Vigilance:

- Regular register review quarterly to maintain accurate CKD and ethnicity coding.

Monitoring:

- Re-audit 6 monthly to monitor outcomes and maintain equity in care.

Staff and Patient Engagement:

- Upskilling all clinicians through case-based discussion and six-monthly team education sessions led by clinical pharmacist post audits.
- Patient education reinforced during reviews to support adherence and lifestyle changes by all clinicians.