

Effective Optimisation of Lipids in Primary Care

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Background

The relationship between low-density lipoprotein cholesterol (LDL-C) and risk for atherosclerotic cardiovascular disease (ASCVD) is well established. Elevated LDL-C is a necessary condition for atherogenesis induction, and it is also associated with 25.3% of annual ASCVD deaths. Recent modelling suggests that the **Size of the Prize for Cholesterol** in our area has a potential to prevent 227 CV events and save 27 deaths over the next three years. ESC 2025 Dyslipidaemia guidelines recommends that for patients inadequately controlled with statin ± ezetimibe, Bempedoic acid is recommended as an adjunct. It also puts a stronger emphasis on initiating combination therapy or intensifying lipid-lowering therapy during an ASCVD event.

Primary Aim

- 1. Find patients on secondary prevention register - currently not on Lipid Lowering Therapy (LLT) or LDL-c >2.0
- 2. Optimise LLT with shared decision making with patients to achieve LDL-c <2.0

Secondary Aim

- 3. To get patients to a target LDL-c <1.4 as per European Society of Cardiology (ESC) guidelines

Method

- EMIS search– CHOL04 to provide data of patients who are currently not being treated to target and identifying those who require annual lipid testing from August to November 2025
- Through searches identified patients who need an annual blood test or optimisation of LLT
- Set up Saturday Review / Phlebotomy clinic
- Involved patients in decision making of their additional treatment through educational slides, explaining about role of LDL-c in ASCVD including importance of adherence of LLT.
- Expanded initiation of non-statin therapies including Inclisiran in Primary

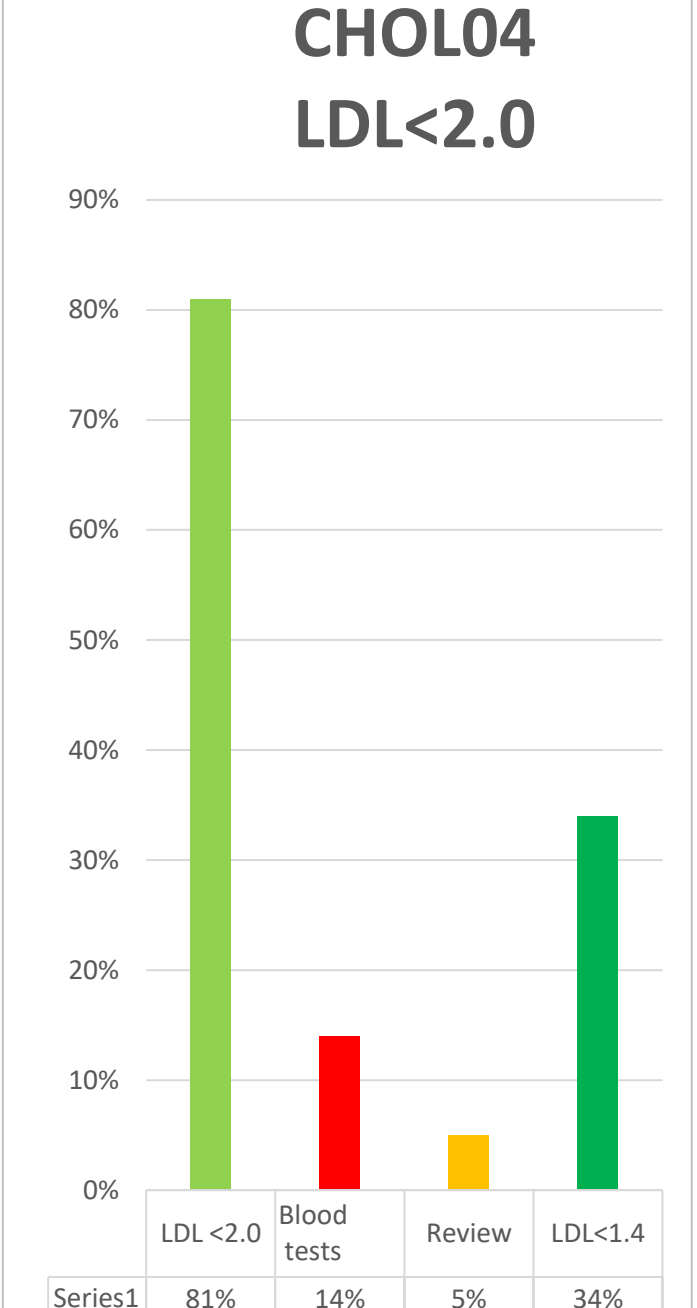
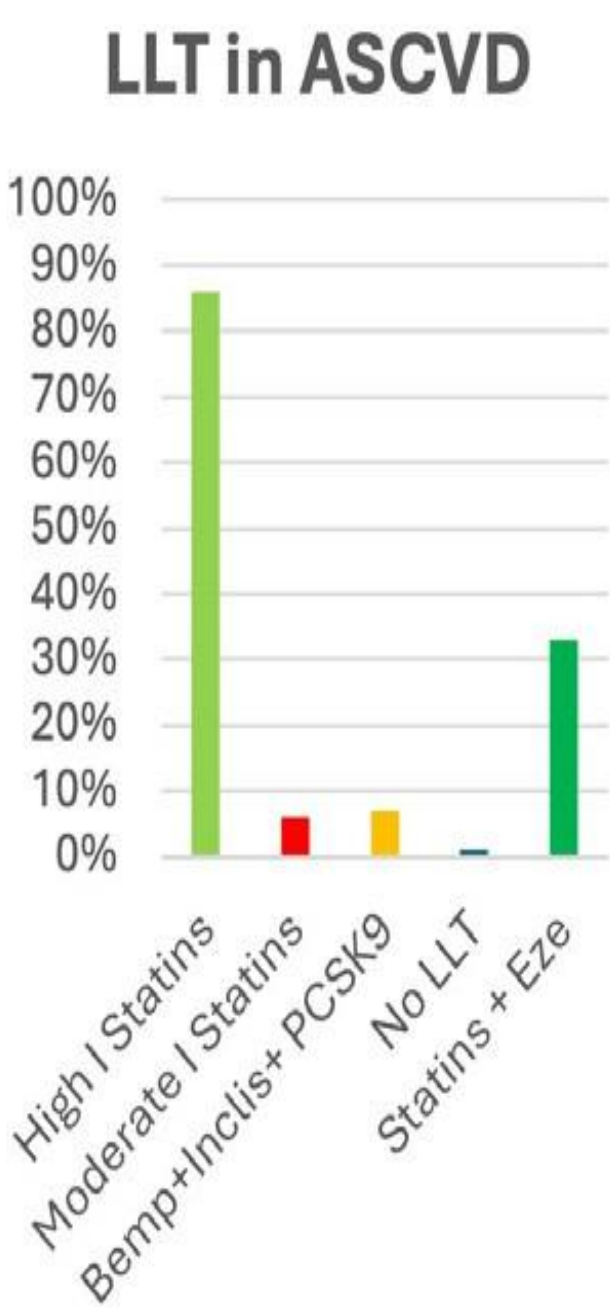
Summary of Results: 30.8.2025 to 7.11.2025

Patients on secondary prevention register = 283 (4% of list size)

- 168 patients required an annual blood test / medication optimisation
 - 128 blood tests done during this period and 40 more booked,
 - No LLT in 5 patients: 2 End of Life, 1 advanced cirrhosis, 1 refused Inclisiran, 1 for review
 - Ezetimibe added in 20 patients after review
 - Poor adherence of LLT identified in 20 patients
 - Inclisiran started in 3 patients with LDL-c >2.6 in Primary care
 - Bempedoic acid started in 2 patients
 - Icosapent in 1 patient and Fenofibrate In 1 patient

Aim	Baseline	Current
Primary aim – LDL-c <2.0	113 patients (40%)	229 patients (81%)
Secondary aim – LDL-c <1.4	63 patients (22%)	95 patients (34%)

- **Plan for patients with LDL-c 1.4 to <2.0 = 88:**
 - Adherence advice (33 patients)
 - Initiate ezetimibe (33 patients)
 - Consider Bemp+ Statin+ Eze (ESC guideline; no NICE guideline) 11
 - Amend statin (5 patients)
 - Discuss in the multidisciplinary team meeting (6 patients)



Sustaining the Change

- Improving adherence through education, digital apps, pill dispenser
- Regularly reviewing the data and having regular Practice meetings
- Opportunistically optimising treatments and checking on adherence
- Involving the whole primary care team to achieve targets
- Discussing with other Practices in the PCN and sharing good practice
- Offering injectable therapies in the practice with LDL-c >2.6

Learnings

- Adherence to medication seems to be the biggest issue
- Lack of knowledge regarding importance of LLT (among patients)
- Reinforcing the importance of medication / annual blood tests
- Clinical inertia – transfer of knowledge to practice
- Missed opportunities in consultations for adherence & testing
- Injectable therapies provide good adherence and target LDL
- Learnt new skills to do complex searches on EMIS

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