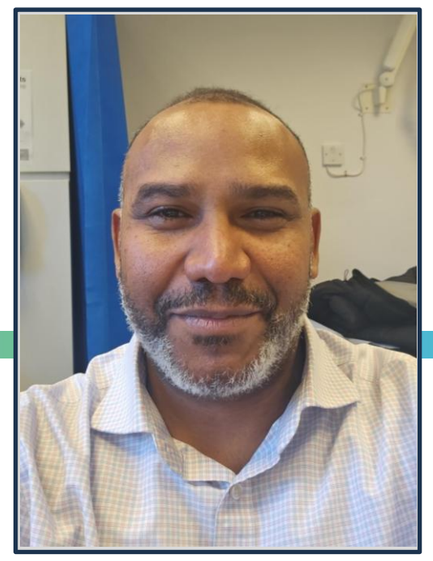
IMPROVING STATIN UPTAKE FOR PRIMARY CVD PREVENTION IN PEOPLE LIVING WITH HIV IN PRIMARY CARE



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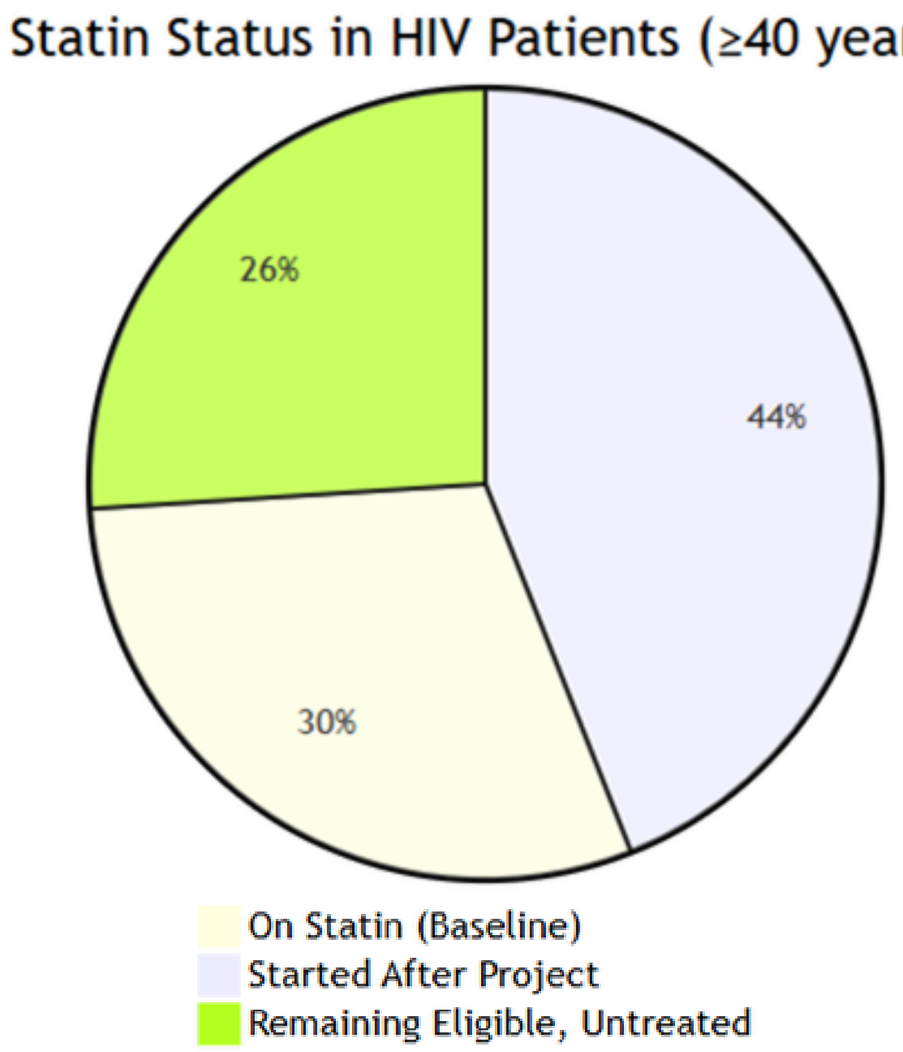
AIM
To identify people living with HIV aged ≥40 years who met NICE and BHIVA criteria for primary prevention statin therapy but were not prescribed a statin, and to offer initiation in line with guidance.

METHOD:
- Identified HIV patients ≥40 years not on statins
- Prioritised those with ≥5% CVD risk
- Contacted, explained benefits and offered initiation
- First-line: Atorvastatin 20mg OD
- Initiated, coded and monitored appropriately

SUMMARY OF RESULTS:
- Total HIV patients ≥40 years: 50
- Eligible for statin: 40
- Already on statin at baseline: 15
- Newly started statin: 22
- ≥5% 10-year CVD risk: 68%



SUSTAINING THE CHANGE:
- Add standing searches for HIV patients ≥40 without statins
- Flag patients approaching age 40
- Integrate EMIS prompts
- Develop patient information with QR code
- Re-audit at 6-12 months

LEARNINGS:
- Case-finding rapidly identifies untreated eligible patients
- Clear explanation of evidence improves acceptance
- Manual review of ART-statin interactions remains essential
- Cross-team communication sustains improvement

Patient feedback
"Reassured by proactive prevention and clear explanation of heart risks in HIV."

Staff feedback
Increased confidence in applying BHIVA/NICE thresholds and discussing statins with patients.

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UCLPartners CVD Academy is being part funded by sponsorship from Boehringer Ingelheim, Novo Nordisk & Daiichi Sankyo. Boehringer Ingelheim, Novo Nordisk & Daiichi Sankyo have had no input or influence into the arrangements, creation of the content or selection of delegate or faculty members associated with this programme.