Croydon NHS
Primary Care Trust
Clinical Assessment Service

# Hyperlipidaemia

## Management

### Primary Care

- Screening for hyperlipidaemia in line with local protocols and guidelines
- Simvastatin should be first line treatment
- Initiation and monitoring of lipid lowering therapy
- Referral may be unnecessary for someone with suspected familial combined hyperlipidaemia if they qualify for treatment according to risk assessment. Family screening and counselling, however, should not be forgotten.

### Specialist Management

- Assessment of severe dyslipidaemias and/or failure to respond to therapy

## When to refer

### Refer to CAS

- Severe hypercholesterolaemia, i.e. total cholesterol (TC) > 10 mmol/l
- Severe hypertriglyceridaemia, i.e. triglycerides > 10 mmol/l
- Suspected familial hypercholesterolaemia: TC > 7.5 mmol/l (or LDL-C > 4.9 mmol/l) and at least one of the following:
  - Tendon xanthomata in themselves or in a first- or second-degree relative
  - Family history of premature coronary heart disease or other atherosclerotic disease in a male first-degree relative before the age of 55 years, or in a female first-degree relative before the age of 65 years
  - Family history of TC > 7.5 mmol/l in a first- or second-degree relative
- Failure of therapy: failure to meet target lipid reduction despite maximally tolerated therapy

### Refer to RARC

- if the patient does not meet the referral criteria above consider referral to CAS requesting a RARC appointment.