



Cardiovascular disease prevention: primary prevention with lipid lowering therapies

NICE indicator

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www.nice.org.uk/indicators/ind229

Indicator

The percentage of patients with a cardiovascular disease risk assessment score of 10% or more who are currently treated with a lipid-lowering therapy.

Indicator type

General practice indicator suitable for use in the Quality and Outcomes Framework.

This document does not represent formal NICE guidance. For a full list of NICE indicators, see our [menu of indicators](#).

To find out how to use indicators and how we develop them, see our [NICE indicator process guide](#).

Rationale

Lipid-lowering therapies can help lower low-density lipoprotein (LDL) cholesterol as part of primary prevention of cardiovascular disease if lifestyle interventions are ineffective or inappropriate. Atorvastatin 20 mg is recommended as first-line therapy for the primary prevention of cardiovascular disease to people who have a 10% or more 10-year risk of developing cardiovascular disease.

Source guidance

- [Cardiovascular disease: risk assessment and reduction, including lipid modification. NICE guideline NG238 \(2014, updated 2023\)](#)
- [Ezetimibe for treating primary heterozygous-familial and non-familial hypercholesterolaemia. NICE technology appraisal guidance 385 \(2016\)](#)
- [Bempedoic acid with ezetimibe for treating primary hypercholesterolaemia or mixed dyslipidaemia. NICE technology appraisal guidance 694 \(2021\)](#)

Specification

Numerator: The number in the denominator who are currently treated with a lipid-lowering therapy.

Denominator: The number of patients with a last recorded cardiovascular disease risk score of 10% or more.

Calculation: Numerator divided by the denominator, multiplied by 100.

Definitions: Current treatment with a lipid-lowering therapy is defined as prescription of a

statin or non-statin lipid-lowering therapy in the last 6 months of the reporting period. Contract negotiators may want to consider including additional therapies that have been approved by NICE but are generally not initiated in general practice.

Exclusions: People with diagnosed cardiovascular disease or chronic kidney disease (CKD; see indicators IND230 and IND231). Cardiovascular disease is defined as angina, previous myocardial infarction, revascularisation, stroke or transient ischaemic attack, or symptomatic peripheral arterial disease.

Personalised care adjustments or exception reporting should be considered to account for situations where the patient declines, does not attend or if lipid-lowering therapy is not appropriate.

Expected population size: The indicator would be appropriate to assess performance at individual general practice level. To be classified as suitable for use in QOF, there should be an average minimum population of more than 20 patients per practice eligible for inclusion in the denominator before application of personalised care adjustments. [CVD Prevent](#) data up to September 2021 indicates 1,002 eligible patients for an average practice with 10,000 patients (using Office for National Statistics [ONS] population statistics).

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