



Kidney conditions: CKD and lipid lowering therapies

NICE indicator

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Indicator

The percentage of patients with CKD, on the register, 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

People with chronic kidney disease (CKD) are at increased risk of cardiovascular disease (CVD). Lipid-lowering therapies can help lower low-density lipoprotein (LDL) cholesterol as part of primary and secondary prevention of CVD in people with CKD. Atorvastatin 20 mg is recommended as first-line therapy for the primary and secondary prevention of CVD in people with CKD.

Source guidance

- [Cardiovascular disease: risk assessment and reduction, including lipid modification. NICE guideline NG238 \(2023\)](#), recommendations 1.7.10, 1.7.11, 1.8.1, 1.10.1 and 1.10.2
- [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 CKD on the register.

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 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 a history of haemorrhagic stroke.

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: QOF data for 2020 to 2021 shows that 3.9% of people in England are on the CKD register; 311 patients for an average practice with 10,000 patients. To be suitable for use in QOF, there should be more than 20 patients eligible for inclusion in the denominator, per average practice with 10,000 patients, before application of personalised care adjustments.

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