Diabetes: lipid-lowering therapies for primary prevention of CVD (T2DM and 10% risk)

NICE indicator
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www.nice.org.uk/indicators/ind274

This other replaces IND182.

Indicator

The percentage of patients with a diagnosis of type 2 diabetes and a recorded cardiovascular disease risk assessment score of 10% or more (without moderate or severe frailty), 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

This indicator aims to reduce cardiovascular risk and prevent future cardiovascular events.

People with diabetes and less complex care needs may be under-treated, while people with more complex care needs may be at risk of overtreatment. A focus on primary prevention of cardiovascular disease in people with diabetes without moderate or severe frailty aims to reduce under-treatment and support better control of biomedical targets through individualised, patient-centred care. Atorvastatin 20 mg is recommended as first-line therapy for the primary prevention of cardiovascular disease in adults with type 2 diabetes and a recorded cardiovascular disease risk assessment score of 10% or more. Alternative lipid-lowering therapies may be considered if statins are contraindicated or not tolerated.

Source guidance

- Cardiovascular disease: risk assessment and reduction, including lipid modification. NICE guideline NG238 (2023), recommendation 1.6.7
- Bempedoic acid with ezetimibe for treating primary hypercholesterolaemia or mixed dyslipidaemia. NICE technology appraisal guidance 694 (2021)
- Evolocumab for treating primary hypercholesterolaemia and mixed dyslipidaemia. NICE technology appraisal guidance 394 (2016)
- Alirocumab for treating primary hypercholesterolaemia and mixed dyslipidaemia. NICE technology appraisal guidance 393 (2016)
- Ezetimibe for treating primary heterozygous-familial and non-familial hypercholesterolaemia. NICE technology appraisal guidance 385 (2016)

Specification

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

Denominator: The number of patients with a diagnosis of type 2 diabetes and a recorded cardiovascular disease risk assessment score of 10% or more (without moderate or severe frailty) identified in the preceding 12 months.

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.

Exclusions:

- People with diagnosed cardiovascular disease (see the NICE indicator on diabetes: lipid-lowering therapies for secondary prevention of CVD). Cardiovascular disease is defined as angina, previous myocardial infarction, revascularisation, stroke or TIA, or symptomatic peripheral arterial disease.
- Patients aged 24 and under (QRISK3 is not validated in people under 25 years).
- Patients aged 85 and older (QRISK3 is not validated in people over 84 years).

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

Expected population size: QOF data for indicator DM022 for 2023 to 2024 show that 2.6% of people in England have a diagnosis of diabetes and are aged 40 years and over, with no history of cardiovascular disease and without moderate or severe frailty (excluding patients with type 2 diabetes and a cardiovascular disease risk score of less than 10% recorded in the preceding 3 years): 258 patients for an average practice with 10,000 patients. The denominator size for this indicator is expected to be similar.

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, prior to application of personalised care adjustments.

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