

Specialist Pharmacist-led multidisciplinary care pathway for optimising lipid therapy: Six Month Interim Analysis

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Background & importance:

Cardiovascular disease (CVD) is a leading cause of mortality worldwide and claims around 168,000 lives across United Kingdom each year^{1,2}.

The relationship of hypercholesterolaemia to CVD is well established. There is a 22% reduction in CVD events for every 1 mmol/L decrease in LDL sustained for 5 years⁴.

North East London (NEL) has a high prevalence of CVD and an ethnically diverse and deprived population. Most recent data suggests³:

- 130,000 people living with CVD.
- 220 deaths each year due to heart and circulatory disease.
- 16% are not on a lipid lowering therapy, and
- 26% are on optimal statin & non-HDL < 2.5mmol/L or LDL < 1.8mmol/L.

NEL integrated care board is focused on working in partnership to streamline services across primary and secondary care to address health inequalities, improve outcome and deliver high-quality services.

Aim & objectives:

Design, test and develop a clinical pathway initiative (CPI) that:

- Integrates specialist hospital services and workforce (i.e. specialist pharmacist and multidisciplinary teams (MDT)) into primary care.
- Optimise lipid lowering therapy.
- Improve access to newer technologies for lipid lowering therapy, reducing health inequalities and incidence of CVD events.

References

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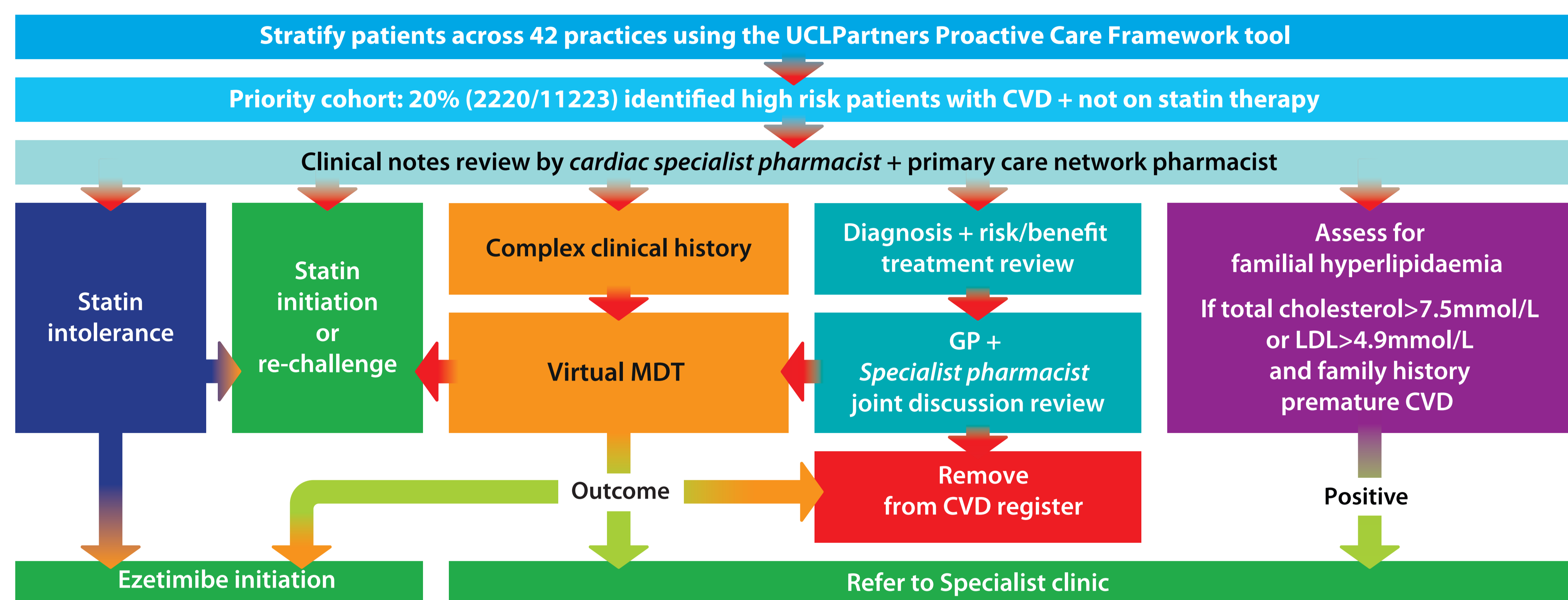
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4CPS - 212
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Materials & method*:

CPI integrating specialist pharmacist and services to optimise lipid lowering therapy for people with CVD in primary care across 42 General Practitioners (GP) practices.

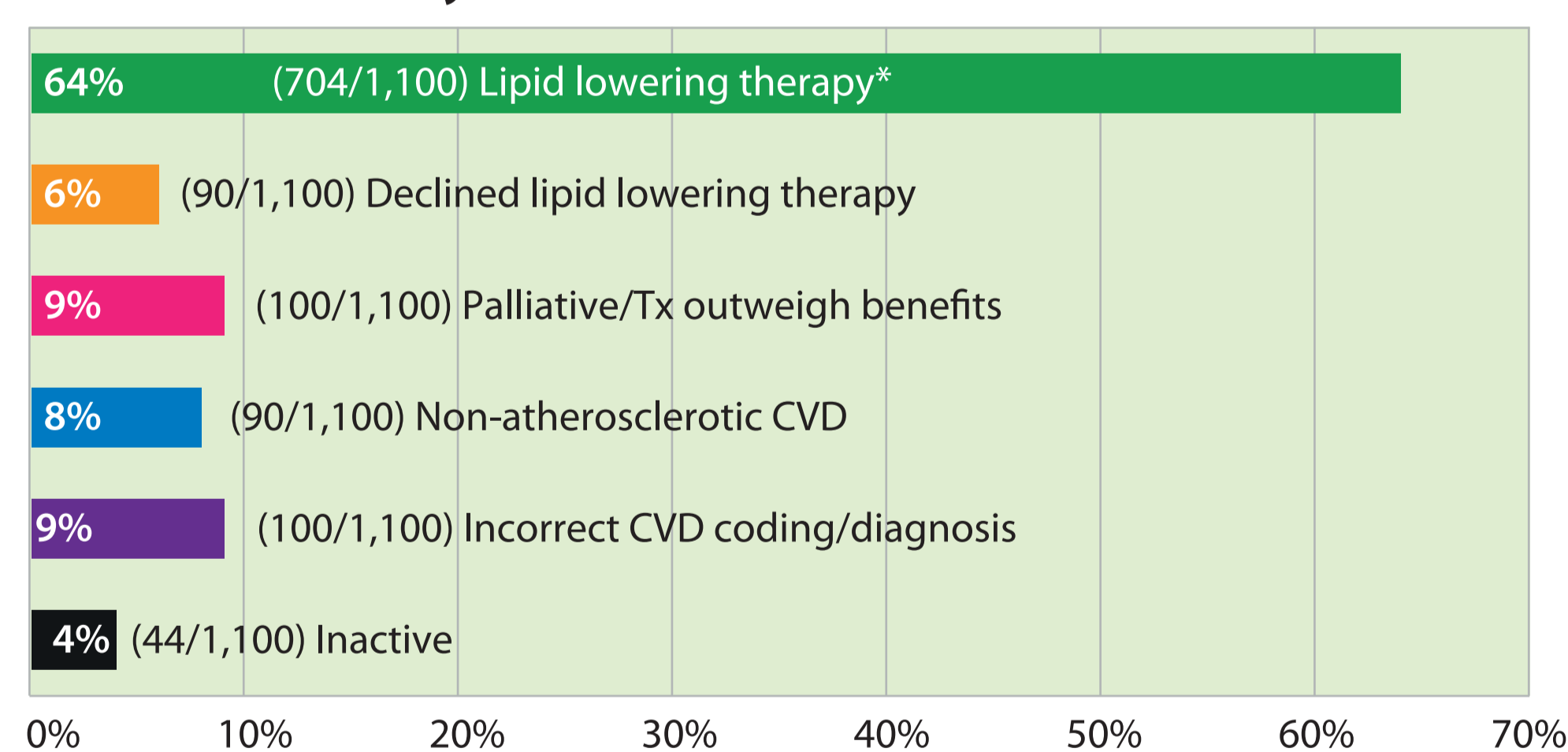


*Green and red are possible end results/points

Results:

A six-month interim analysis of 1,100 out of the 2,200 clinical reviews conducted by specialist pharmacist revealed 65% (715/1,100) of people were not naive to statin treatment as they had previously been prescribed one or more statin prior to the CPI.

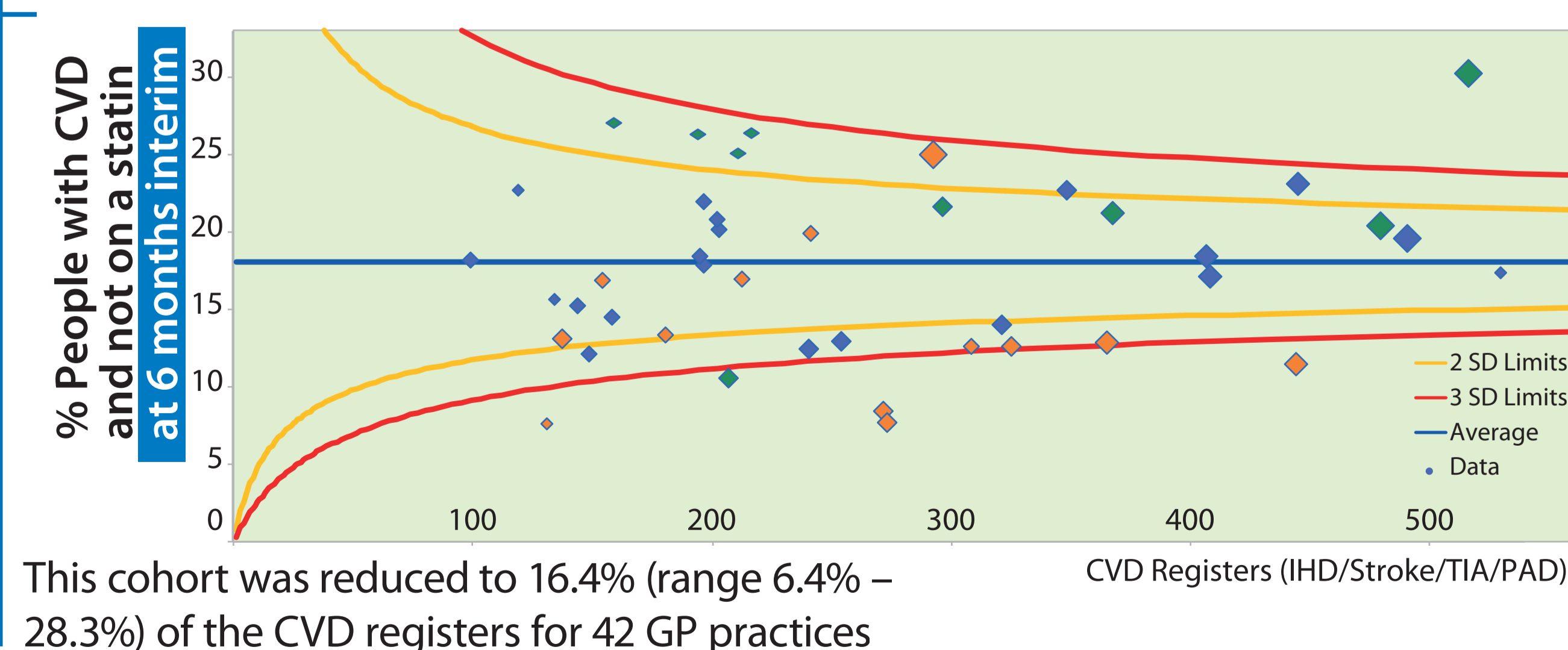
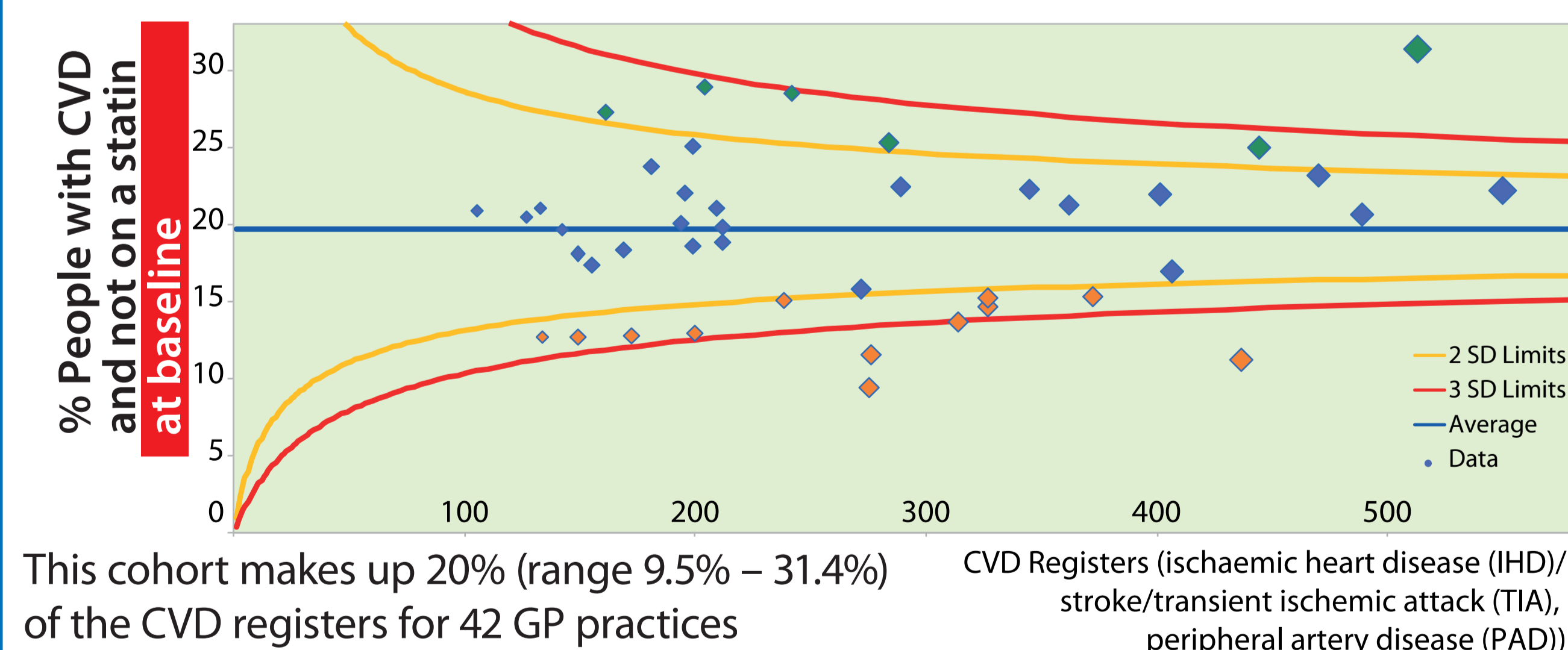
Six months analysis of 1,100 clinical notes reviews outcome



*Lipid lowering therapies prescribed

35% (385/1,100) statin
1% (12/1,100) ezetimibe
0.8% (9/1,100) other lipid lowering therapies (3 Bempedoic acid; 2 inclisiran, 3 evolocumab, 1 alirocumab)
Remaining in progress for consultations and/or prescriptions

Note: 4% (44/1,100) Statin Intolerance
1 in 5 people with non-atherosclerotic CVD or removed from CVD register eligible for primary prevention
5 referred for FH genetic assessment consideration



Conclusion & relevance:

A new clinical pathway initiative integrating specialist services as part of the multidisciplinary primary care workforce has shown a significant improvement in lipid lowering therapy prescribing to reduce the risk of CVD events.

Extrapolating these results nationally would potentially save 8,000 lives and prevent 17,000 myocardial infarctions and 5,000 strokes over 5 years⁵.