Indicator development programme

NICE indicator guidance

**Diabetes: statins for primary prevention of CVD (40 years and over)**

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# Indicator NM162

## The percentage of patients with diabetes aged 40 years and over, with no history of cardiovascular disease and without moderate or severe frailty, who are currently treated with a statin (excluding patients with type 2 diabetes and a cardiovascular disease risk score of less than 10% recorded in the preceding 3 years).

## Indicator type

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

## Rationale

This indicator aims to reduce cardiovascular risk and prevent future cardiovascular events. Management of diabetes regardless of co-morbidities may inadvertently lead to both under-treatment and overtreatment. People with diabetes and less complex care needs may be undertreated, whilst 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.

## Source guidance

[NICE’s guideline for cardiovascular disease: risk assessment and reduction, including lipid modification](https://www.nice.org.uk/guidance/cg181) (2014, updated 2023) recommendations 1.4.17, 1.4.21 and 1.4.22

## Specification

Numerator: The number of patients in the denominator who are currently treated with a statin.

Denominator: The number of patients with diabetes 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 <10% recorded in the preceding 3 years).

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

Definitions: Cardiovascular disease is defined as angina, previous myocardial infarction, revascularisation, stroke or TIA or symptomatic peripheral arterial disease.

Exclusions:

* Patients who have any of the following diagnoses:
  + familial hypercholesterolemia
  + unresolved chronic kidney disease (CKD) 3-5 not superseded by a chronic kidney disease (CKD) 1-2 diagnosis.

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

Expected population size:

The indicator would be appropriate to assess performance at individual general practice level.

## Further information

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