NICE National Institute for
Health and Care Excellence

NICE

Cardiovascular disease prevention: primary prevention with lipid lowering therapies

NICE indicator

Published: 23 August 2022

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 in people who have a 10% or more 10-year risk of developing cardiovascular disease. 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, 1.6.13, 1.10.1 and 1.10.2

- 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 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.

Exclusions:

- People with diagnosed cardiovascular disease (see the NICE indicator on secondary prevention with lipid-lowering therapies). Cardiovascular disease is defined as angina, previous myocardial infarction, revascularisation, stroke or transient ischaemic attack, 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, does not attend or if lipid-lowering therapy is not appropriate.

Expected population size: CVD Prevent data up to June 2024 indicates 1,006 eligible patients for an average practice with 10,000 patients (using Office for National Statistics [ONS] population statistics). 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.

Update information

Minor changes since publication

September 2025: We updated the source guidance section to align with updated recommendations in NICE's guideline on cardiovascular disease that link to relevant technology appraisals.

November 2024: We added additional relevant NICE technology appraisal guidance as source guidance.

June 2023: We updated references to NICE guidance.

ISBN: 978-1-4731-5991-4