Diabetes: lipid-lowering therapies for secondary prevention of CVD

NICE indicator

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www.nice.org.uk/indicators/ind276

> This other replaces IND184.

Indicator

The percentage of patients with diabetes and a history of cardiovascular disease (excluding a history of haemorrhagic stroke) 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. NICE's guideline on cardiovascular disease recommends treatment is started with atorvastatin 80 mg, while highlighting situations where a lower dose should be used. The indicator wording allows for choice of the appropriate dosage. Alternative lipid-lowering therapies may be considered if statins are contraindicated or not tolerated, or cholesterol treatment targets are not met.

Source guidance

- Cardiovascular disease: risk assessment and reduction, including lipid modification. NICE guideline NG238 (2023), recommendations 1.7.2, 1.7.3, 1.7.9, 1.7.10, 1.10.3 and 1.10.4

- Inclisiran for treating primary hypercholesterolaemia or mixed dyslipidaemia. NICE technology appraisal guidance 733 (2021)

- 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 diabetes and a history of cardiovascular disease (excluding a history of haemorrhagic stroke).

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

Definitions: For the purposes of this indicator, cardiovascular disease is defined as angina, previous myocardial infarction, revascularisation, ischaemic stroke or TIA, or symptomatic peripheral arterial disease. Existing QOF registers could be used for coronary heart disease (CHD001), stroke or TIA (STIA001 excluding a history of haemorrhagic stroke) and symptomatic peripheral arterial disease (PAD001).

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 a history of haemorrhagic stroke (as the risk of further haemorrhage may outweigh the risk of a vascular event).

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

Expected population size:

Quality and Outcomes Framework for 2023 to 2024 (DM022) show that 1.82% of people in England are on the diabetes register and have a history of CVD (excluding haemorrhagic stroke): 182 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, 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.

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