

Diabetes: T1DM and lipid-lowering therapies

NICE indicator

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www.nice.org.uk/indicators/ind277

This other replaces IND166.

Indicator

The percentage of patients with type 1 diabetes aged over 40 years (excluding people with 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. Statin therapy helps to lower the level of low-density lipoprotein (LDL) cholesterol in the blood and is associated with a reduction in myocardial infarction (MI), coronary heart disease and stroke. Atorvastatin is recommended for the primary and secondary prevention of cardiovascular disease in adults with type 1 diabetes. 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 \(2023\), recommendation 1.6.10, 1.6.13, 1.7.2, 1.7.3, 1.7.9, 1.7.10, 1.10.1, 1.10.2, 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 currently treated with a lipid-lowering therapy.

Denominator: The number of patients with type 1 diabetes who are aged over 40 years.

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 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 treatment with a lipid-lowering therapy is not appropriate.

Expected population size:

National Diabetes Audit data for 2022 to 2023 shows that 0.3% of people in England 40 years or over have a diagnosis of type 1 diabetes: 26 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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