Cardiovascular disease prevention: lipid lowering therapy for people newly diagnosed with hypertension or T2DM

NICE indicator
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www.nice.org.uk/indicators/ind287

This other replaces IND162.

Indicator

In those patients aged between 25 and 84 years, with a new diagnosis of hypertension or type 2 diabetes recorded in the preceding 12 months (excluding those with pre-existing cardiovascular disease [CVD], chronic kidney disease, familial hypercholesterolaemia or type 1 diabetes), who have a recorded cardiovascular risk assessment score of 10% or more in the preceding 12 months: the percentage who are currently treated with a lipid lowering therapy.

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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

The indicator aims to reduce CVD risk and prevent future cardiovascular events in people with a new diagnosis of hypertension or type 2 diabetes. Atorvastatin 20 mg is recommended as the preferred high-intensity statin for primary prevention of CVD but alternative statins or lipid lowering treatment could be used if atorvastatin 20 mg is contraindicated, not tolerated or does not result in a greater than 40% reduction in non-HDL cholesterol. All other modifiable CVD risk factors should be optimised before lipid lowering therapy is offered.

Source guidance

- Cardiovascular disease: risk assessment and reduction, including lipid modification. NICE guideline NG238 (2023), recommendations 1.6.7, 1.6.13, 1.9.1 to 1.9.4, 1.10.1 and 1.10.2
- Bempedoic acid with ezetimibe for treating primary hypercholesterolaemia or mixed dyslipidaemia. NICE technology appraisal guidance 694 (2021)
- 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.

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Denominator: The number of patients aged between 25 and 84 years with a new diagnosis of hypertension or type 2 diabetes, recorded in the preceding 12 months (excluding those with CVD, chronic kidney disease, familial hypercholesterolaemia or type 1 diabetes), who have a recorded CVD risk assessment score of 10% or more in the preceding 12 months.

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

Definitions:

- CVD is defined as angina, previous myocardial infarction, revascularisation, stroke or TIA or symptomatic peripheral arterial disease.
- Full formal CVD risk assessment. NICE guidance recommends QRISK3 for full formal CVD risk assessment however the indicator allows for additional coded tools to be used dependent on local practice.

Exclusions: None.

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

Expected population size: Analysis of data from the Clinical Practice Research Datalink (CPRD) Aurum March 2024 dataset shows that 0.33% of people in England were aged between 25 and 84 years with a new diagnosis of hypertension or type 2 diabetes in the preceding 12 months (without exclusions) and had a recorded CVD risk assessment score of 10% or more in the preceding 12 months: 33 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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