



Resource impact statement

Resource impact

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Indicator

IND287. 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.

Resource impact

The previous indicator **IND162** was as follows:

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 CVD, chronic kidney disease, familial hypercholesterolaemia or type 1 diabetes), who have a recorded cardiovascular risk assessment score of more than 20% in the preceding 12 months: the percentage who are currently treated with statins (unless there is a contraindication).

IND287 updates and replaces IND162 and expands the lipid lowering therapies in the indicator beyond statins as well as amending the relevant population to be consistent with [NICE's guideline on cardiovascular disease: risk assessment and reduction, including lipid modification](#).

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.

[Clinical Practice Research Datalink \(CPRD\)](#) data indicates that the number of people 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, is around 33 per 10,000 population.

The proposed indicator amends the relevant population, widens the lipid-lowering therapies in the indicator and applies to a relatively small number of people per average practice. Any associated resource impact is therefore unlikely to be significant.