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| Case find under 30 years:TC >7.5 or LDL-C >4.9 or non-HDL-C >6.0 |

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| Case find 30 years or over:TC >9.0 or LDL-C ≥6.5 or non-HDL-C >7.5 |

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| 1. Family history questionnaire (text or in person) **(Appendix 1)** 2. Fasting lipids, LFTs, TFTs, Renal, HbA1c |

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| Nurse/Pharmacist Desktop ReviewExclude secondary causes of high TC **(Appendix 2)** |

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| Fasting TG ≤2.3 |

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| Fasting TG >2.3 |

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| Investigate raised TG and Refer if indicated **(Appendix 4)** |

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| [Dutch Lipid Clinic Network Score (DLCN Score](https://www.mdcalc.com/calc/3818/dutch-criteria-familial-hypercholesterolemia-fh) **(Appendix3)** |

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| Unlikely FH: Manage as appropriate for 1o/2o prevention Aim to reduce non-HDL cholesterol by at least 40%, support behaviour change, titrate high intensity statins, manage other CVD risk factors and consider other therapies as advised in the [formulary](https://southwest.devonformularyguidance.nhs.uk/formulary/chapters/2.-cardiovascular/management-of-blood-lipids)  |

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| DLCN Score <5  |

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| DLCN Score ≥ 5  |

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| Start treatment in primary care with Aim to reduce LDL by 50% or more, Titrate high intensity statins, consider other therapies (see [formulary](https://southwest.devonformularyguidance.nhs.uk/formulary/chapters/2.-cardiovascular/management-of-blood-lipids) for guidance), support behaviour changes and manage other CVD risk factors and refer **to secondary care** for further input and consideration of genetic testing/ cascade testing |

**Appendix 1**

*Familial Hypercholesterolemia Family History Questionnaire*

*We have reviewed your cholesterol results and would like some information on your family history to help inform your treatment. Please answer the following questions:*

1. Have any of your first-degree blood relatives (mother, father, brother, or sister) had a heart attack under the age of 60?

If Yes, which relative (mention how they are related to you) and how old were they when they had the heart attack?

1. Have any of your second-degree blood relatives (grandparents, aunts, uncles, nephews, nieces and half-brothers and half-sisters) had a heart attack aged 50 or under?

If Yes, which relative (mention how they are related to you) and how old were they when they had the heart attack?

**Appendix 2**

[Secondary causes](https://southwest.devonformularyguidance.nhs.uk/referral-guidance/western-locality/pathology/secondary-hypercholesterolaemia) of raised cholesterol include:

* Uncontrolled diabetes mellitus
* Obesity – inactivity, diet
* Excess alcohol consumption
* Untreated hypothyroidism
* Medications e.g., thiazide diuretics and ciclosporin

 **Appendix 3:** [Dutch Criteria for Familial Hypercholesterolemia (FH) - MDCalc](https://www.mdcalc.com/calc/3818/dutch-criteria-familial-hypercholesterolemia-fh)

**Appendix 4**: If non-fasting triglyceride > 4.5mmol/L

* **Greater than 20mmol/L**
* Refer to lipid clinic for urgent specialist review (if not a result of excess alcohol or poor glycaemic control). At risk of acute pancreatitis.
* **10 - 20mmol/L**
* Repeat the triglyceride measurement with a fasting test (after an interval of 5 days, but within 2 weeks) and review for potential [secondary causes](https://southwest.devonformularyguidance.nhs.uk/referral-guidance/western-locality/pathology/secondary-hypercholesterolaemia) of hyperlipidaemia.
* Seek specialist advice if the triglyceride concentration remains ≥ 10mmol/L. At risk of acute pancreatitis.
* **4.5 - 9.9mmol/L**
* Triglyceride ≥ 4.5mmol/L, repeat with a fasting triglyceride measurement.
* Be aware that the CVD risk may be underestimated by risk assessment tools. Optimise the management of other CVD risk factors present and seek specialist advice if non-HDL-C concentration is > 7.5 mmol/L.