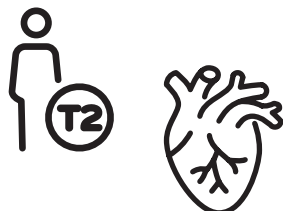


# Lipid management in people living with diabetes

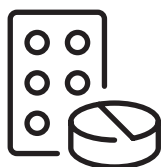
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## ➡ ALL YOU NEED TO KNOW ABOUT LIPID MANAGEMENT IN PEOPLE LIVING WITH DIABETES



### PEOPLE WITH TYPE 2 DIABETES, FOR PRIMARY PREVENTION OF CVD:

1. Consider Atorvastatin 20mg, especially Qrisk  $\geq 10\%$
2. Identify and address all modifiable risk factors - smoking, diet, obesity, alcohol intake, physical activity, blood pressure and HbA1c.
  - If target still not achieved, add Ezetimibe 10mg OD
  - If statins not tolerated use Ezetimibe 10mg as monotherapy
  - If LDL-C still  $>1.8$ , add Bempedoic Acid 180mg OD (may use combination, Nustendi)
  - If LDL-C  $>1.8$  and  $<40-50\%$  reduction in LDL-C, refer.



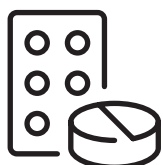
### IN PEOPLE WITH TYPE 1 DIABETES:

Consider same pathway for people who are  $\geq 40$  years old,  $>10$  yrs since diagnosis, people with CKD and/or other CVD risk factors.



### FOR SECONDARY PREVENTION OF CVD:

1. Offer statin therapy to adults with CVD (angina, MI, stroke, TIA, revascularisation, PAD)
2. Do not delay whilst modifying risk factors.
3. Commence Atorvastatin 80mg OD (20mg if eGFR  $<60\text{mL/min/1.73m}^2$ ) check lipids 6-12 weeks
  - If LDL-C  $\geq 1.4\text{mmol/L}$  and  $<40-50\%$  reduction from baseline, add Ezetimibe 10mg OD
  - If LDL-C remains between  $1.4-2.5\text{mmol/L}$  add Bempedoic Acid 180mg OD (only if not on higher dose statins) may use combination Nustendi
  - If fasting LDL-C  $>2.6$  and  $<3.5\text{mmol/L}$ , add Inclisiran (if not on PCSK9i)
  - If fasting LDL-C  $>3.5\text{mmol/L}$  consider Inclisiran or refer to lipid clinic for PCSK9i



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