

## Recommended Criteria for referral to Lipid Clinic

Reason	Referral Criteria
Severe hypercholesterolaemia	Cholesterol > 9.0 mmol/L (or non HDL-C > 7.5 mmol/L) regardless of existing heart disease / family history
Suspected familial hypercholesterolaemia (FH)	Cholesterol > 7.5 mmol/L and LDL-C > 4.9 mmol/L AND Premature CVD (age < 60 years old) in the patient OR Family history: 1st degree relative MI < 60 years old, 2nd degree relative MI, 50 years old OR Presence of tendon xanthomata
Family Screening	Cascade screening from identified patient with familial hypercholesterolaemia with a genetic diagnosis of FH  Cascade screening for first degree relatives of patients with high Lipoprotein (a)
Severe Hypertriglyceridemia	Triglyceride > 20 mmol/L OR Triglyceride 10 - 20 mmol/L which persists on a fasting lipid profile (2 samples 1 week apart) OR Triglyceride 4.5 - 9.9 mmol/L WITH non-HDL cholesterol > 7.5 mmol/L
Secondary prevention of CVD	Unable to meet target reductions in LDL-C or non HDL-C despite maximal doses of statins and other lipid lowering medications
Statin Intolerance	Patients not Rx to LDL-C/ Non HDL-C target with Ezetimibe/Bempedoic acid
Statin contraindicated (except for during Pregnancy and breast feeding period)	Rhabdomyolysis, Acute liver failure, Decompensated liver disease- to assess alternative parenteral lipid lowering therapy
Initiation of PCSK9 inhibitors	LDL –Cholesterol is persistently elevated $\geq 4$ mmol/L in patients at high risk of CVD and $\geq 3.5$ mmol/L if at very high risk of CVD, despite maximal tolerated lipid lowering therapy (statins $\pm$ Ezetimibe). High risk CVD is defined as a history of any of the following: acute coronary syndrome (such as myocardial infarction or unstable angina needing hospitalisation); coronary or other arterial revascularisation procedures; chronic heart disease; ischaemic stroke; peripheral arterial disease. Very high risk of CVD is defined as recurrent cardiovascular events or cardiovascular events in more than 1 vascular bed (poly vascular disease).
LFT abnormalities on statins	LFT abnormalities on both Atorvastatin and Rosuvastatin therapy
Rhabdomyolysis on statins	All patients with Rhabdomyolysis on statins to be referred for evaluation of parenteral lipid lowering therapy
Complex comorbidities or drug history	Drug interactions CYP450, antiretroviral therapy, ciclosporin therapy, dyslipidaemia with immunosuppressive treatment (e.g monoclonal antibody Rx for Inflammatory bowel disease)
Rare inherited conditions affecting cholesterol	Familial Chylomicronaemia syndrome
Personal or family history of premature heart disease for Lipoprotein (a) assessment	Premature CVD (age < 60 years old) in the patient OR Family history: 1st degree relative MI < 60 years old

### Investigations prior to referral to Lipid clinic:

1. Full lipid profile including LDL-C
2. HbA1c
3. TSH
4. Liver function test
5. Urea and Electrolyte profile
6. Urine Albumin creatinine ratio