Recommended Criteria For Referral to Lipid Clinic (SWL Hospitals)

Hospital lipid clinic	Referral Criteria
Severe hypercholesterolaemia	Persistently elevated 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 >5.0 mmol/L **AND** • Premature CVD (age <60yrs) 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
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
Statin intolerance	Intolerance of 3 or more statins OR Severe adverse reaction to one statin AND not meeting target LDL-C/ non-HDL-C on ezetimibe 10mg daily.
Secondary prevention of CVD	Unable to meet target reductions in LDL-C or non-HDL-C despite maximal doses of statins + ezetimibe

The aim of hospital lipid clinics is to focus on patients with primary hyperlipidaemia, please exclude secondary causes before referral:

- For hypercholesterolaemia **exclude** hypothyroidism (check TSH), chronic renal disease or nephrotic syndrome, variant diets (zero carbohydrate; protein supplements)
- For hypertriglyceridaemia **exclude** new/uncontrolled diabetes (check HbA1c) and excess alcohol intake (e.g., alcohol units>40)
- For suspected familial hypercholesterolaemia exclude secondary causes before referring to the hospital-based lipid clinic

Guidance	NICE target NG 238	ESC targets 2025
Strategy	**Lipid lowering targets**	**Lipid lowering targets**
Primary prevention	40% non-HDL-C reduction from baseline	LDL-C <3mmol/L in moderate risk and <2.5mmol/L in high-risk patients
Secondary prevention	Non-HDL-C<2.6mmol/L (LDL-C <2.0 mmol/L)	≥50% LDL-C reduction from baseline PLUS LDL-C <1.4 mmol/L (very-high risk) LDL <1.0 mmol/L if recurrent CV events or multivessel disease (extreme risk)
Familial hypercholesterolaemia	At least 50% reduction in LDL-C from baseline (LDL-C <5mmol/L)	LDL-C <1.8mmol/L For high-risk; LDL-C <1.4 mmol/l for very high risk and LDL<1.0 mmol/L for extreme risk

- **If baseline cholesterol is unknown, aim for Non-HDL-C/LDL-C reduction below the target for the strategy appropriate to the patient**
- **Joint British Societies' consensus recommends a 'lower is better approach'**
- **Non-HDL=Total Cholesterol minus HDL-C**