Dyslipidaemia – getting to lower LDL targets safely

CPD Questionnaire

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(Signature of healthcare professional)

First Name		**Profession**	
Surname		**Telephone**	
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1. Lowering LDL-cholesterol by 1 mmol/L leads to a reduction in major CAD events by:

☐ **A** 15 – 18% ☐ **B** 21 – 24% ☐ **C** 24 – 28%

2. A lowering of LDL-cholesterol by 1mmol/L leads to a reduction of overall mortality of:

☐ **A** 12% ☐ **B** 10% ☐ **C** 8%, according to the CTT evaluation

3. Patients at very high risk of CV events should receive immediate intensive lipid therapy and include

☐ **A** Patients with CAD, peripheral vascular disease or cerebrovascular disease
☐ **B** T2DM plus one or more CV risk factors
☐ **C** T2DM patients over the age of 40 years
☐ **D** Chronic kidney disease
☐ **E** All of the above

4. The latest SA guidance on LDL-cholesterol recommends for very high risk patients, a level of

☐ **A** 1.8 mmol/L ☐ **B** <1.4 mmol/L ☐ **C** 1.2 mmol/L

5. The first goal of lipid-lowering in very high risk patients is

☐ **A** To achieve 50% or more reduction in baseline LDL
☐ **B** To achieve LDL-cholesterol levels of <1.4 mmol/L
☐ **C** Both of the above

6. The clinical advice in high and very high risk patients is to use

☐ **A** Only high-intensity statins ☐ **B** Progress to combination with ezetimibe
☐ **C** PCSK9-inhibitors ☐ **D** All of the above

7. Using the combination of high-intensity statin plus ezetimibe would lead to an expected drop in LDL-cholesterol of

☐ **A** 40 – 45% ☐ **B** 55 – 65%

8. Using a PCSK9-inhibitor only would lead to an expected drop in LDL-cholesterol of approximately

☐ **A** 40% ☐ **B** 50% ☐ **C** 60%

9. Using a high-intensity statin plus PCSK9-inhibitor would lead to an expected drop of

☐ **A** 55% ☐ **B** 65% ☐ **C** 75%

10. Currently, global and now SA guidance advise the use of PCSK9-inhibitors, when very high risk, patients do not reach target of <1.4 mmol/L on maximum tolerated statins and ezetimibe.

☐ **A** True ☐ **B** False

11. Alirocumab and evolocumab are:

☐ **A** Humanised monoclonical antibodies ☐ **B** Fully human antibodies

12. The adverse event profile of alirocumab is the same as placebo except for

☐ **A** Mild site injections ☐ **B** Headaches and neurocognitive symptoms

13. PCSK9-inhibitors can be used safely to what level of LDL-cholesterol?

☐ **A** 1.3-1.8mmol/L ☐ **B** 0.5-1.3mmol/L ☐ **C** <0.5mmol/L

14. In the clinical trials, what dosage of alirocumab was used?

☐ **A** 75mg once every 2 weeks ☐ **B** 75mg once a week

15. In the ODYSSEY trial of alirocumab of heterozygous FH patients, the approach of starting at 75mg, up-titrating to 50mg at week 8, resulted in a drop of

☐ **A** 40-50% ☐ **B** 50-58% ☐ **C** 30-40%

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