South African dyslipidaemia guidelines and consensus statement

Introduction

deNovo Medica and the Faculty of Consulting Physicians of Southern Africa (FCPSA) as educational partner are introducing a new CPD-accredited practice-oriented approach to the interpretation of clinical guidelines – both South African and, if not available in South Africa, the latest international guidance.

These clinical interpretations will consist of three parts: a video interview with the leading South African expert(s), a summary of what is really new and important in the guidelines/consensus statement for your everyday clinical practice and a relevant case study that implements these new approaches.

Dyslipidaemia is the first of our guidelines on what is ‘really new’ and recommended for best practice care.1 Professor Derick Raal, Wits University, summarises the key clinical messages in this report.

Summary of key clinical approaches to the 2018 South African dyslipidaemia guidelines

- No changes have been made to the target lipid levels in the various risk categories
- A greater emphasis has been placed on treating high- and very high-risk patients (with existing cardiovascular disease or diabetes) effectively, as audits show undertreatment of these patients
- LDL-cholesterol levels of high- and very high-risk patients should be treated aggressively to achieve a 50% reduction
- In order to achieve a 50% LDL-cholesterol reduction, high-intensity statins, such as atorvastatin or rosuvastatin, are essential
- As people with type 2 diabetes frequently present with moderately raised LDL-cholesterol levels but are still at very high cardiovascular risk, these guidelines recommend a target of a 50% reduction in initial levels regardless of whether the 1.8mmol/l target is reached
- The consensus guidance is not to start with a small dose of a moderate-intensity statin to achieve a 50% reduction in LDL-cholesterol level, but to treat immediately with an appropriate dose that will achieve the reduction required
- If lipid levels do not reach target or are not lowered by the required 50% on statin therapy, then ezetimibe should be added.

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Translating guidelines into clinical practice: South African dyslipidaemia guidelines and consensus statement

Current clinical practice in South Africa – how good are we at achieving LDL-cholesterol targets?

The latest South African dyslipidaemia guideline consensus statement was issued in 2018 by the Lipid and Atherosclerosis Society of Southern Africa (LASSA) and the South African Heart Association (SA Heart) and is modified and tailored to South African needs from 2016 European Society of Cardiology (ESC) guidance.

There have been a number of South African and international audits of dyslipidaemia therapy; the CEPHEUS study, also undertaken in South Africa, showed that overall only 49.4% of patients reached their recommended LDL-cholesterol level. In the South African data from the DYSlipidaemia International Study (DYSIS), only 49.7% of treated patients reached their target levels.

Recommendations for other therapy: the PCSK9 inhibitors

The patients who will benefit most from these new lipid-lowering medications are:

1. Patients at very high risk of cardiovascular disease, despite being on a high dose of statin (atorvastatin 80mg or rosuvastatin 40mg) and ezetimibe
2. Patients with familial hypercholesterolaemia
3. Patients who cannot tolerate the levels of statin required to get them to the recommended target level/50% reduction in their initial LDL-cholesterol levels.

The PCSK9 inhibitors, evolocumab and alirocumab, have been shown to reduce LDL-cholesterol levels by 60%.

Conclusion

“It is vital that clinicians treat raised LDL-cholesterol levels effectively, particularly in our country with its high prevalence of atherosclerosis and non-communicable diseases,” Prof Raal concluded.

Clinicians adopting these clinical approaches to lipid-lowering; using appropriate doses of statins, selecting high-intensity statins in high- and very high-risk patients, adding ezetimibe and considering PCSK9 inhibitors for those not at target (when these agents become available in South Africa), will reduce the extent of cardiovascular disease and death in the country!

References

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