

PEER Simplified Lipid Guideline 2023: Summary

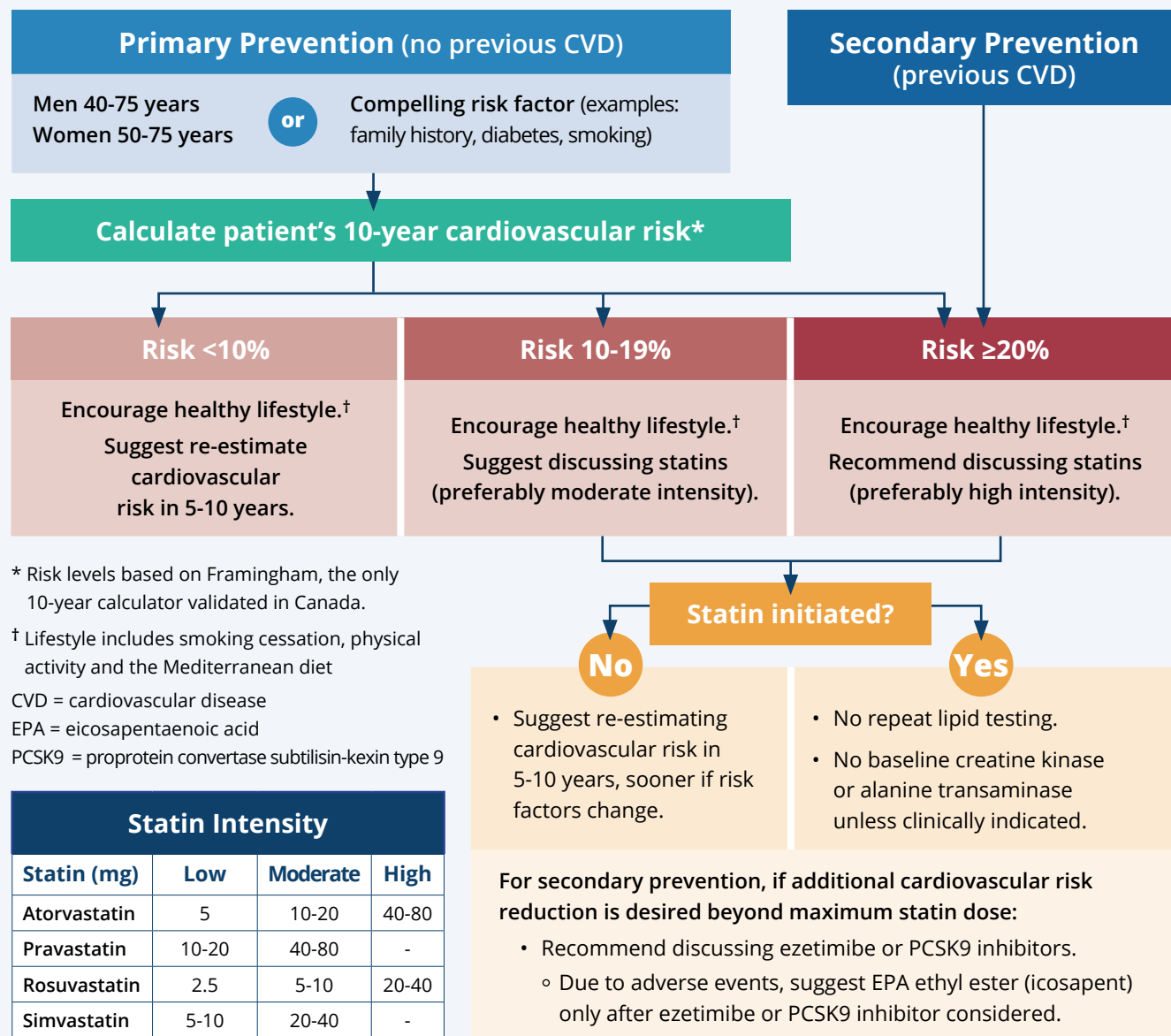
Simplified approach

Shared decision making

Reduce unnecessary testing

Treatment Algorithm

(Excludes familial hypercholesterolemia)



Benefit of Statin Therapy

Sample Patient, CVD Risk over 10 years	Statin Option	Relative Risk Reduction	Absolute Risk Reduction	New 10 year Risk on Therapy
20%	Moderate Intensity	25%	5%	15%
	High Intensity	35%	7%	13%

Lipid Lowering Agents

Drug	Prescribing Considerations	CVD Relative Risk Reduction	90-day cost ¹
Statins	- The only lipid lowering agent that decreases all-cause mortality. - Muscle symptoms in first year: 15% versus 14% placebo. - Do not worsen cognition or dementia.	25-35%	\$30-50
Ezetimibe	- Mostly studied when added to statins in secondary prevention. - Well tolerated; 10mg daily.	7%	\$30-45
PCSK9 inhibitors	- Mostly studied when added to statins in secondary prevention. - Injection site reactions: 3.5% versus 2.1% placebo. - Subcutaneous injections every 2 weeks: alirocumab 75-150mg or evolucumab 140mg.	~15%	\$1500-2400
Fibrates	Increase serum creatinine (2-11% more than placebo), pancreatitis (~0.1% more), altered liver function tests (~5% more); example: fenofibrate.	0-14%*	\$60-150
EPA ethyl ester (icosapent)	- Mostly studied when added to statins. - Atrial fibrillation (5.3% versus 3.9% placebo), serious bleeds (2.7% versus 2.1% placebo); 2g twice daily.	~20%	\$1000

* 0% if added to statins; up to 14% if not on a statin

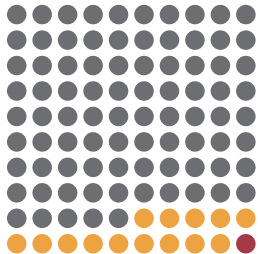
¹RxFiles PEER/ACFP Pricing Document

EPA = eicosapentaenoic acid; CVD = cardiovascular disease;

PCSK9 = proprotein convertase subtilisin-kexin type 9

Management of Muscle Symptoms Related to Statins

Out of 100 patients on statins,
15 report muscle symptoms,
but only 1 is due to statins



If a patient does not tolerate a statin, discuss statin rechallenge

OPTIONS

Same statin at same dose

Lower dose or intensity

Different statin

Alternate day dosing

If a patient is unable to tolerate or unwilling to try a re-challenge

Primary prevention

Suggest against non-statin lipid lowering therapy

Secondary prevention

Suggest discussing ezetimibe, fibrate, PCSK9 inhibitor or EPA ethyl ester (icosapent)

FAQ & Helpful Resources

Q: Why do PEER guidelines recommend against targeting low-density lipoprotein (LDL) levels?

A: The vast majority of clinical trials have prescribed fixed statin doses based on CVD risk. Best evidence suggests both strategies (targeting LDL levels or using statins at proven doses) are similarly effective in reducing CVD risk. Targeting cholesterol levels is more complex than use of proven doses. A simplified approach of using proven doses reduces the burden of unnecessary testing for both patients and health professionals. Read more about this issue in the guideline.

Q: Which cardiovascular decision aid should I use?

A: There are many cardiovascular risk calculators. The Framingham model has been validated in Canada. [The PEER Cardiovascular Decision Aid](https://decisionaid.ca/cvd/) (<https://decisionaid.ca/cvd/>), based on Framingham, has been created for this guideline.

Q: How can I help patients with positive lifestyle changes?

A: Encourage smoking cessation. Providing [exercise prescription](#) and information about the [Mediterranean diet](#) may be helpful.



RXFILES EXERCISE PRESCRIPTION



MEDITERRANEAN DIET