Lipid management clinic for stroke secondary prevention

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INTRODUCTION

'Treat stroke to Target' trial showed that high risk stroke and TIA patients with atherosclerosis and/or ischaemic heart disease who were treated to an **LDL level of less than 1.8mmol/L**, using atorvastatin and/or ezetimibe, had a 22% relative risk reduction in major cardiovascular events compared to those with a higher target (NNT 42/3.5years)[1].

AIM

To estimate the number of stroke patients who might safely benefit from a targeted, pharmacist led intensive lipid management program to achieve a target LDL of <1.8mmol/L.

METHOD

Notes reviewed: 653 patients with ischaemic stroke

Excluded: 153 patients

- Had diagnosis revised
- Due to secondary aetiology e.g. dissection
- Modified Rankin Score ≥4
- Deceased

Included: 500 ischaemic stroke patients

High Risk Group

+ IHD and/or Atherosclerosis on imaging

297 patients
(AF patients included if they met these criteria)

RESULTS

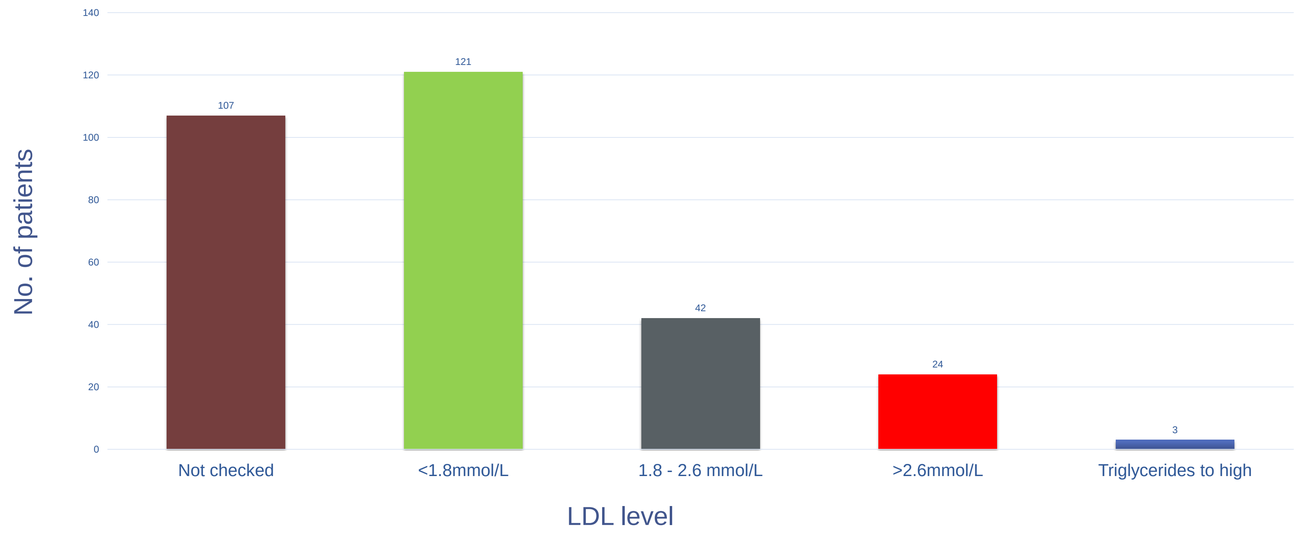

Figure 1. Lipid levels in high risk ischaemic stroke patients on most recent check within 1 year post-stroke (n=297 patients). 66 patients (22% of high risk group) did not achieve an LDL level of <1.8mmol/L

Conclusions

In the high risk group, 30% failed to meet the 40% reduction in LDL recommended by the RCP stroke guidelines and 22% did not achieve an LDL level of <1.8mmol/L as per 'Treat to Target' trial.

Using these results, based on annual stroke admissions in our health board, with a catchment population of 655,000, around **86 – 117 high risk patients per year could benefit** from lipid treatment follow up. A pilot, virtual, monthly Lanarkshire-wide pharmacist led clinic has now been granted funding for post-stroke lipid treatment intensification.

References

1 Amarenco P, Kim JS, Labreuche J, et al. A comparison of two LDL cholesterol targets after ischaemic stroke. The New England Journal of Medicine. 2020;382(1): 9 – 19.

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