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Cardiac rehabilitation and patient facilitated approach helps monitoring lipid management in very high risk cardiovascular disease patients

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Introduction/Background

Lipid-modification therapy plays a pivotal role in secondary prevention after Acute Coronary Syndrome (ACS). According the European Society of Cardiology (ESC) guidelines all patient should have baseline and follow up (3 months post ACS) lipid profile after high dose statins (Atorvastatin 80mg) treatment. Our initial audit showed that only 88% patient had admission lipid profile while only 63% had lipid profile checked at 3 months follow up with General Practitioners (GP). Recommendations were to encourage patients during cardiac rehabilitation to take responsibility of lipids assessment and given blood test forms to take to GP.

Aims/Objectives

To assess the effect of reinforcement during cardiac rehabilitation appointments and patient facilitated approach with blood test forms to monitor lipid profiles.

Methods

We audited Acute Coronary Syndrome (ACS) patients treated with Coronary Angioplasty +/- stents from July 2017 to September 2017. Following notes were made:
Baseline lipid profile during index admission
Follow up lipid profile 3 months after the treatment
Lipid – modification therapy, started or optimized

Results

111 Acute Coronary Syndrome (ACS) patients treated with coronary angioplasty/stents during the 3 months period. Mean age was 65 and 63% (70 patients) were male. 8 (7.2%) patients did not have admission lipids profile.

48 (43%) patients were already on some form of statins.100 (90%) patients were started on atorvastatin 80mg, 4 patients (3%) on atorvastatin 40mg, 4 patients (3%) on rosuvastatin 5mg, one patient on simvastatin while 2 patients had allergy to statins.

At 3 months follow up 92 (83%) patients had lipid profiles checked compared to 63% in our previous audit.

Conclusions
Patient facilitated approach during cardiac rehabilitation attendance and blood test form has significantly increased follow up lipid assessment.
Most of the patients were optimized to standard lipid modification therapy according to ESC guidance
Involvement of primary healthcare (General Practitioners) along with patient centered approach may further increase the lipid management in high risk patients.