

# The Clinical Impact of a Novel Nurse-led Secondary Prevention Lipid Service



University Hospitals Dorset  
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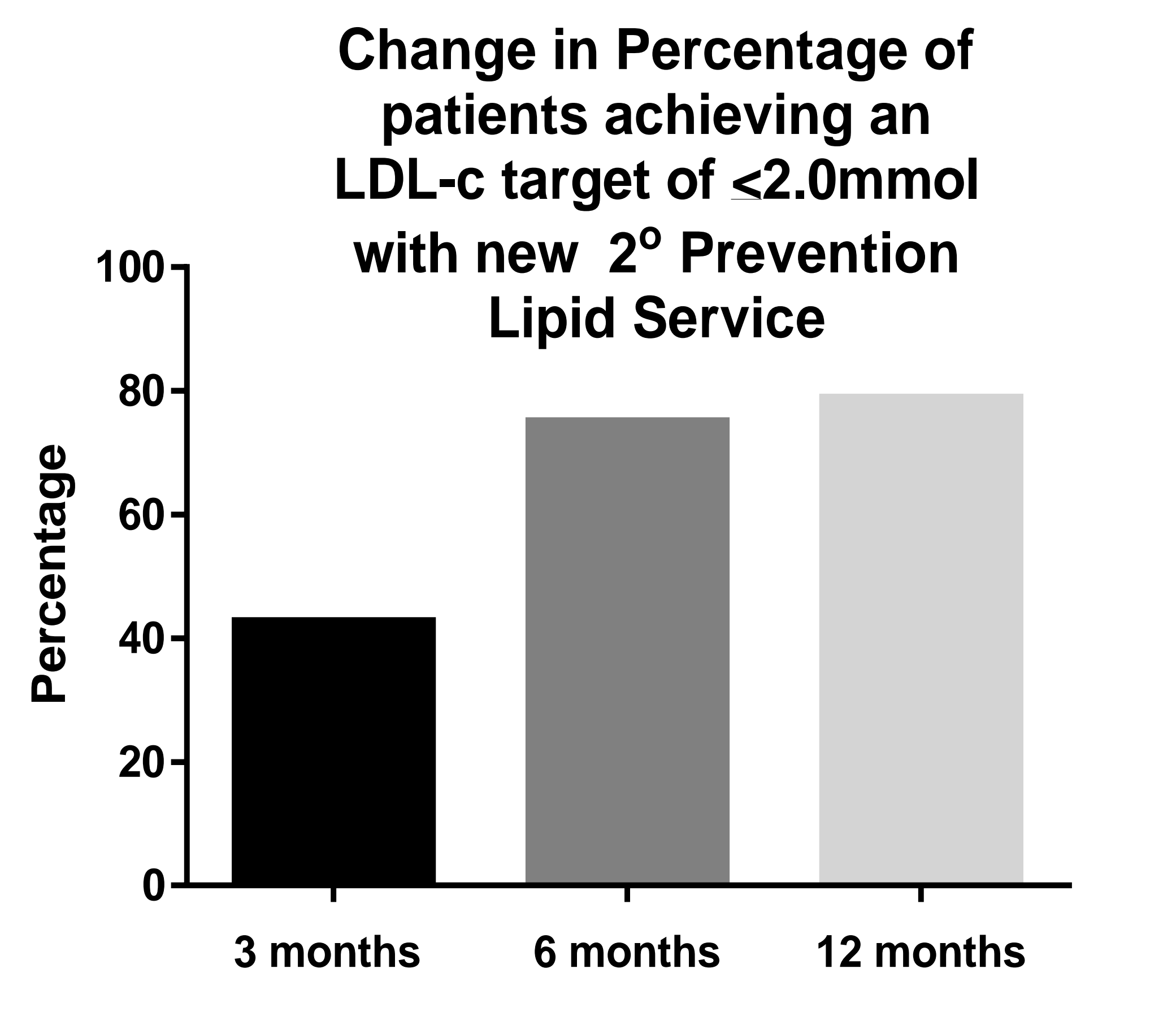
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## Purpose

Hyperlipidaemia is responsible for 25% of cardiovascular deaths (NHS England 2019).<sup>1</sup> Despite this, the Cardiovascular Disease Prevention Audit (CVDPREVENT) and local data have shown that lipid-lowering therapy in Dorset is in the lowest quartile nationally.<sup>2</sup> Consequently, a nurse-led secondary CVD prevention service was set up to improve lipid-lowering performance in East Dorset. Its one-year performance data is presented and compared to the preceding year prior to service commencement.

## Methods

The service started in July 2023 and supported by a two-year collaborative working project with Amarin. All patients hospitalised with an acute coronary syndrome or requiring revascularisation for flow limiting coronary artery disease and a serum LDL-cholesterol (LDL-C)  $>2.0$  mmol/L were included. An advanced nurse practitioner-led face-to-face consultation was undertaken at three months post index hospitalisation, followed by further telephone consultations at six and twelve months respectively. Fasting venous blood lipids were measured at each visit with signposting to ancillary services (eg smoking prevention and weight reduction), where indicated. The treatment target was an LDL-C  $\leq 2.0$  mmol/L (NICE 2023).<sup>3</sup> Treatment effect was measured using Chi-square and ANOVA testing for categorical and continuous data respectively.



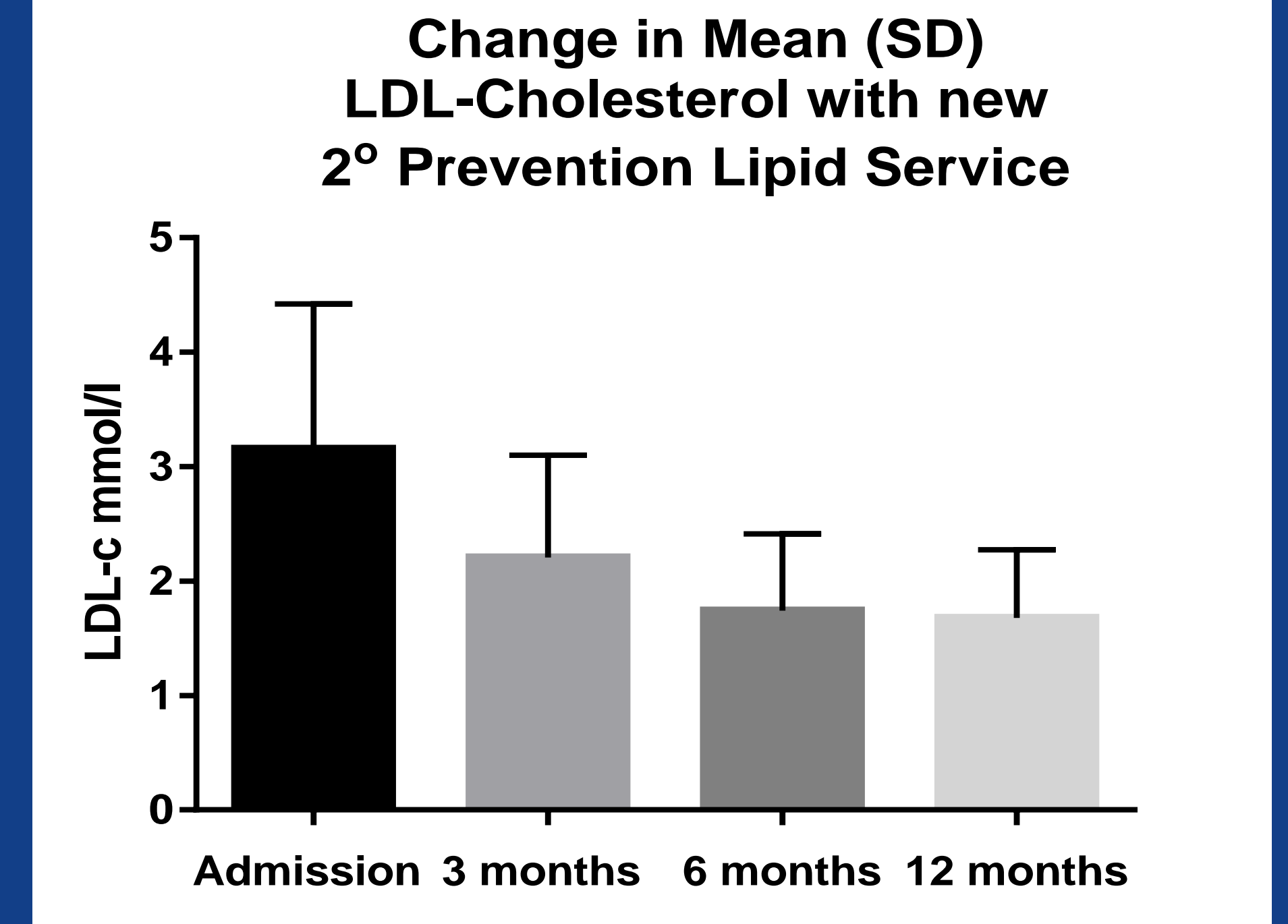
## Results

East Dorset MINAP data from 2022 has shown that 1058/2268(46.6%) of patients achieved an LDL-C  $\leq 2.0$  mmol/L.

Data from the first 177 consecutive patients (one-year) of the new service (mean age  $66.34 \pm 10.72$  years; 65.5% men) showed that LDL-C was  $3.16 \pm 1.27$  mmol/L at hospital admission,  $2.20 \pm 0.89$  mmol/L at 3 months (baseline visit),  $1.74 \pm 0.67$  mmol/L at 6 months and  $1.68 \pm 0.60$  mmol/L at 12 months ( $p < 0.0001$ ).

An LDL-C of  $\leq 2.0$  mmol/L was achieved in 42.7% at three months, 75% at six months and 78.8% at twelve months ( $p < 0.0001$ ).

Twenty-one patients were commenced on injectable lipid modification therapy. Additional therapies were added to reduce residual risk.



## Conclusions

The introduction of a nurse-led Secondary prevention service has led to marked improvements in lipid lowering performance in East Dorset.

## References

1. NHS England (2019). *NHS England Cardiovascular Disease (CVD)*. [online] England.nhs.uk. Available at: <https://www.england.nhs.uk/ourwork/clinical-policy/cvd/>.
2. CVDPREVENT. (n.d.). *CVDPREVENT*. [online] Available at: <https://www.cvdprevent.nhs.uk/>.
3. NICE (2023). Cardiovascular disease: risk assessment and reduction, including lipid modification NICE guideline. [online] Available at: <https://www.nice.org.uk/guidance/ng238/resources/cardiovascular-disease-risk-assessment-and-reduction-including-lipid-modification-pdf-66143902851781>.