

AGGRESSIVE LIPID LOWERING IN ACUTE CORONARY SYNDROME

- Patients with acute coronary syndrome (ACS) should be commenced on long term statin therapy prior to discharge (SIGN 93)
- The majority of ACS patients will be commenced on atorvastatin 20mg (simvastatin 40mg second line) in hospital with the target of achieving total cholesterol <5.0mmol/L (SIGN 97) and HDL cholesterol >1.0
- Aggressive lipid lowering therapy with atorvastatin 80mg may be beneficial in a subset of patients and should be considered in the following circumstances:
 - Total cholesterol >6.0mmol/L on admission
 - ACS despite ongoing treatment with atorvastatin 20mg or simvastatin 40mg
 - Extensive/ diffuse coronary artery disease on angiography
 - Additional risk factors such as diabetes mellitus or cerebrovascular disease
- Aggressive lipid lowering therapy is unattractive in the following patient groups:
 - Very elderly
 - Patients with known liver disease
 - Patients with known intolerance to lipophilic statins
- Patients given atorvastatin 80mg should continue this for a period of 3 months, when they should be reviewed in primary care and titrated down to atorvastatin 20mg. The cholesterol profile should be re-checked at 3 months. It may be advisable to continue atorvastatin 80mg if total cholesterol is >6.0mmol/L and it is well-tolerated

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