

## **Summary of NICE Guidelines**

Title	Ezetimibe for treating primary heterozygous-familial and non-familial
The	hypercholesterolaemia
NICE Reference	TA385
Date of Review:	06 July 2016
Date of Publication	24 February 2016
Summary of Guidance	The management of heterozygous-familial and non-familial
(Max 250 words)	hypercholesterolaemia is a major factor when it comes to reducing an individual's 10-year risk of developing cardiovascular disease or to meet a specific target cholesterol levels. Up until recently, statins have been the only treatment available on the NHS for the management of hypercholesterolaemia in the primary and
	secondary prevention of cardiovascular disease. In a subset of patients where statins are ineffective there was a need for a new drug to reduce CVD risk thus ezetimibe. This guideline provides clear guidance of when and how to use Ezetimibe. It also states that statins still remain the main treatment for hypercholesterolaemia.
	Ezetimibe is the only established NHS practice drug recommended to treat hypercholesterolemia in cases where statins are considered inappropriate or is not tolerated. Ezetimibe is taken orally at a dose of 10 mg once daily.
	Ezetimibe exerts its cholesterol inhibitor functions by preventing the intestinal absorption of dietary and biliary cholesterol but does not affect uptake of triglycerides or fat-soluble vitamins.
	Ezetimibe monotherapy can be prescribed as monotherapy or in a combination therapy with statins.
	It should be used as a monotherapy in cases where patients who are unresponsive to statins or for whom statins is contraindicated
	It should be used as combination therapy with statins to achieve better low-density lipoprotein (LDL) cholesterol is patient whom statins is not achieving appropriate control.
	The use of Ezetimibe in the treating hypercholesterolaemia is not based of cost but on it being the right treatment to be used in the reduction of cardiovascular risk in line with the NICE's.

Impact on Lab (See below)	None
Lab professionals to be made aware	Chemical Pathologist
Please detail the impact of this guideline (Max 150 words)	This guideline will have no impact on laboratory staff but may be used in adding value to laboratory testing by highlighting the need to consider alternative therapy in patient on statins presenting with persistent hypercholesterolemia.

## Impact on Lab

- **None**: This NICE guideline has no impact on the provision of laboratory services
- Moderate: This NICE guideline has information that is of relevance to our pathology service and may require review of our current service provision.
- **Important:** This NICE guideline is of direct relevance to our pathology service and will have a direct impact on one or more of the services that we currently offer.

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