After the survey, all patients desired to continue with iPCSK9.

**Conclusion** After 6–12 weeks of iPCSK9 treatment, all patients reduced LDL level except 1 who was non-adherent. The LDL reduction ranged between 54%–71% and all patients on evolocumab achieved a LDL <70 mg/dL.

The tolerability was excellent and only mild adverse events in about 8% of patients were experienced.

A high acceptance of both alirocumab and evolocumab was reported by all patients who would continue with iPCSK9 treatment.

**REFERENCES AND/OR ACKNOWLEDGEMENTS**

No conflict of interest.

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**4CPS-025** LIPID MODIFICATION THERAPY FOR PRIMARY PREVENTION OF CARDIOVASCULAR DISEASE

S Fhadi* 1, P Wright, H Khuu, B Hazelings, A Jung, S Antioniu, R Health NHS Trust, Pharmacy, London, UK; 2Purdue University, Pharmacy, West Lafayette, USA

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**Background** Cardiovascular disease (CVD) is the leading cause of mortality worldwide, totalling almost one-third of all deaths. Lipid optimisation is a key public health priority to decrease CVD morbidity, mortality and consequential economic burden on healthcare systems. A reduction in cholesterol by 1 mmol with statin therapy reduces the risk of CVD events by 20%–24%, in people with an estimated 10 year CVD risk greater than 10%. In the UK, the National Institute of Clinical Excellence (NICE) recommends atorvastatin 20 mg for primary prevention of CVD in these people, using QRISK2 to estimate their level of risk.

**Purpose** To assess adherence to NICE lipid modification guidance in patients presenting with acute coronary syndrome (ACS).

**Material and methods** Data on lipid-lowering therapy was collected prospectively, over an 8 week period in August 2018, for all patients presenting with ACS. QRISK2 scores were calculated for patients admitted with ACS naïve to statin therapy. Ethics approval was not required.

**Results** Two-hundred and fifty-two patients presented with ACS: mean total cholesterol and low-density lipoprotein (LDL) levels on admission were 4.7 and 2.8 mmol/L respectively. One-hundred and thirty-six (54%) patients were naïve to statin therapy prior to admission, of these 91 (67%) had a percentage decrease in LDL-C >40% with an adherence index of 1.04 (SD 0.12), 31% in the alirocumab group and 54% in the evolocumab group. The adherence index in both groups was similar.

**Conclusion** Two-thirds of patients naïve to statin therapy prior to admission had a 10 year CVD risk of 10% or greater, as estimated using QRISK2, and would have been eligible for atorvastatin 20 mg for primary prevention of CVD as per NICE guidance. Identifying patients in primary care at risk of CVD events is key to ensuring appropriate lifestyle modifications are undertaken and statin therapy initiated, both of which have been shown to reduce CVD event rates. Community services, such as NHS health checks at community pharmacies, and development of GP practice-based pharmacists should be targeted and supported by secondary care to ensure high-risk patients are prescribed optimum lipid modification therapy for primary prevention of CVD, thereby reducing the risk of CVD morbidity, mortality and associated financial implications to the health system.

**REFERENCES AND/OR ACKNOWLEDGEMENTS**


No conflict of interest.