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P090 -Improving the prescribing of statins in people with chronic kidney disease.

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Introduction

Chronic Kidney Disease (CKD) is a powerful independent predictor of cardiovascular disease and treatment with statins reduces this risk. NICE clinical guidelines recommend prescription of statins for patients with CKD and in 2017, NICE Quality Standards recommended that all adults with CKD stages 3-5 should be offered atorvastatin 20mg/day¹. We set out to identify patients in our renal outpatient clinics who had not been prescribed a statin and improve the prescribing of these drugs. Here we report our initial experience and outcomes.

Methods

In 2017, using our electronic Vital Data system, we identified 3171 people with CKD Stages 3-5 in our general nephrology clinics, of whom 1862 (59%) were not taking a statin. We excluded 1401 people who were over 80 years of age. It was decided to adopt individualised review in initiating statin therapy. A data collection form was therefore designed by a specialist renal pharmacist and attached to the patients' notes for completion at their next outpatient clinic appointment. Patients were excluded if they had been discharged. Prescribers used this form during patient discussions to assess suitability for therapy and previous use of a statin or alternative lipid-lowering therapy. Where appropriate, statins were recommended in GP correspondence: the first thirty of these were followed up to see if a statin had been initiated, following their next outpatient appointment or from their summary care record.

Results

After 6 months, 95 data collection forms (of a possible 202) had been returned for analysis (47%). Following discussion with individuals, 16 already on statin therapy were excluded.

Reasons for the nephrology team not recommending statin therapy in the 79 people identified (numbers and percentages in brackets)

1. On fibrate / ezetimibe 1 (1%)
2. Previous statin intolerance 5 (6%)
3. Declined by patient 3 (4%)
4. Low cholesterol / QRisk Score 5 (6%)
5. Other 1 (1%)
6. Unknown 3 (4%)

Of the 61 remaining a statin was recommended for 52 patients (85%).

For the first 30 people in whom a statin was recommended, 21 patients (70%) had a statin initiated by their GP, within 6 months at their follow up (Atorvastatin 20mg for 16 (53%), 10mg for 3, 40mg for 1, and simvastatin 10mg for 1).

Discussion

This approach, led by a renal pharmacist, has resulted in the majority of untreated patients initiating statin therapy. However, a substantial minority who might benefit have not yet started treatment. Patient choice and previous statin intolerance were factors for not initiating statin therapy so the decision to provide patient-centred therapy was appropriate. Further work to investigate why GPs did not always prescribe statin therapy may be beneficial to identify barriers to implementing the NICE recommendations. This work focused on our general nephrology patients but could be replicated in renal outpatient clinics such as pre-dialysis and transplant.