Dyslipidaemia is a well-established risk factor for CVD and statins have proven benefits in CVD risk reduction. However, they are not without side effects and lipid-lowering drugs cost the PBS over $1 billion in 2014-15, more than any other class of medication. One of the major challenges for GP registrars moving from the hospital environment into general practice is the management of chronic disease, including risk factor modification. Management of dyslipidaemia as part of absolute CVD risk is a new area of practice for many registrars.
MCQ

1. Shane is a 54 year old accountant with a high absolute CV risk and you wish to start him on a statin for hypercholesterolaemia. Which of the following is MOST CORRECT?
   • Atorvastatin 40mg/day is an appropriate starting regime
   • Rosuvastatin is the most effective statin in reducing CV events
   • The maximum effect of a statin on lipid profile occurs within 3 weeks of commencement
   • Statin-related myopathy is uncommon, occurring in about 1% of patients
   • LFTs should be checked every six months for 2 years

2. Craig Frost, aged 57, is a cattle farmer and presents to you for a check-up. Two years ago he had blood tests done which showed normal renal function, fasting BSL of 5.4 and lipids - TC 6.4, TG 2.3, HDL 1.3, LDL 3.3. He is normotensive, is not obese, doesn’t smoke and has no family history of heart disease. His CV risk at the time was calculated as 7% (low). What is the MOST APPROPRIATE management strategy at this point?
   • Commence simvastatin 20 mg/d as primary prevention
   • Repeat his lipid profile and re-assess his CV risk
   • Provide lifestyle advice and recommend repeating lipids in 3 years
   • Commence a fibrate for hypertriglyceridaemia
   • Advise him that further screening for lipids is unnecessary as his CV risk is low

3. Denise Ruthers, aged 69, has a past history of poorly-controlled hypertension and asthma. She returns to see you after recent blood tests. These show eGFR of 76, fasting BSL of 5.7 and lipids - TC 6.7, TG 2.2, HDL 0.9, LDL 4.3. She doesn’t smoke and has no family history of heart disease. Today her BP is 154/92, BMI 27, and her CV risk is calculated as 16% (high). You wish to start her on lipid-lowering medication. Which of the following is MOST CORRECT?
   • She does not qualify for lipid-lowering medication according to the PBS criteria because she does not have diabetes
   • She should be advised that statin therapy is associated with an increased risk of diabetes
   • She does not qualify for lipid-lowering medication according to the PBS criteria because her total cholesterol is not above 7.5
   • She should be started on high dose statins due to her high risk
   • She will need annual lipid monitoring for the rest of her life
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   - Provide lifestyle advice and recommend repeating lipids in 3 years

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