HYPERLIPIDAEMIA

**Fasting plasma TC > 5mmol/l**

**YES**

- Manifest coronary heart disease?
  - Other risk factors? e.g. diabetes, smoking, hypertension

  **YES**

  - Characterise hyperlipidaemia
    - Full risk assessment, Fasting TG, TC, HDLC, LDLC
    - Screen for secondary causes e.g. diabetes, hypothyroidism

  **NO**

  - Lifestyle modification
    - Follow-up in 5 years

**NO**

Primary hyperlipidaemia

Secondary hyperlipidaemia

**Does the patient have:**
- Genetic dyslipidaemia with LDLC > 3mmol/l? or
- Established vascular disease?

**YES**

- Treat cause of secondary hyperlipidaemia
  - Modify other risk factors
  - Follow up

**NO**

- Persistent hyperlipidaemia

**YES**

- 10 year MI risk > 20%
- 60 years age risk > 30%
- Utilise Framingham Risk Score

**NO**

- Resolved hyperlipidaemia

- 10 year MI risk > 20%
- 60 years age risk > 30%
- Utilise Framingham Risk Score

**Predominant hypercholesterolaemia**

Consider the use of a statin
Use the lowest dose possible to achieve target response

**Predominant hypertriglyceridaemia** (triglycerides > 5mmol/l)

Consider fibrate therapy

**Target achieved?**
- LDLC < 3mmol/l or a reduction of 45%
- Is target reached in patients with Severe hypercholesterolaemia?

**YES**

Follow up 6-12 monthly

**NO**

Review management

Chronic disease list algorithms

The new Medical Schemes Act requires that chronic diseases be diagnosed and managed according to the prescribed therapeutic algorithms for the condition, published by the Minister of Health.

Algorithms for the 25 conditions on the chronic disease list are available at [http://www.medicalschemes.com](http://www.medicalschemes.com).

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Glossary

- TC – Total cholesterol
- TG – Triglycerides
- HDLC – High density lipoproteins cholesterol
- LDLC – Low density lipoproteins cholesterol
- MI – Myocardial infarct

Applicable ICD 10 Coding:

- E78.0 Pure hypercholesterolaemia
- E78.1 Pure hyperglyceridaemia
- E78.2 Mixed hyperlipidaemia
- E78.3 Hyperchylomicronaemia
- E78.4 Other hyperlipidaemia
- E78.5 Hyperlipidaemia, unspecified

Note:

1. Medical management reasonably necessary for the delivery of treatment described in this algorithm is included within this benefit, subject to the application of managed health care interventions by the relevant medical scheme.

2. To the extent that a medical scheme applies managed health care intervention in respect of this benefit, for example clinical protocols for diagnostic procedures or medical management, such interventions must –
   a. not be inconsistent with this algorithm
   b. be developed on the basis of evidence-based medicine, taking into account considerations of cost-effectiveness and affordability; and
   c. comply with all other applicable regulations made in terms of the Medical Schemes Act, 131 of 1998.

3. This algorithm may not necessarily always be clinically appropriate for the treatment of children. If this is the case, alternative paediatric clinical management is included within this benefit if it is supported by evidence-based medicine, taking into account considerations of cost-effectiveness and affordability.