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## **Impact of a pharmacist-led clinic in optimising lipid therapy for secondary prevention in vascular and diabetic foot patients**

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**Introduction/Aims:** Approximately 25-28 % of UK CVD deaths are due to raised cholesterol; every 1.0 mmol/L in LDL-C is associated with a 23% relative risk reduction in major atherosclerotic CVD events. Patients attending vascular or diabetic foot clinics often have atherosclerotic disease and are at increased risk for the recurrence of vascular events. These patients merit high-intensity lipid-modifying therapy to maintain secondary prevention targets to reduce their risk of further disease. In this study we aimed to evaluate the impact of a pharmacist led lipid optimisation clinic for secondary prevention in such patients

**Method:** A baseline audit of 100 consecutive vascular patients was performed to assess lipid management and identify potential areas for pharmacist-led intervention. This resulted in a pharmacist led secondary prevention service covering vascular outpatient clinics (V-OPD) and the weekly regional diabetic foot multidisciplinary team meetings (DFMDT). Two virtual clinics were conducted weekly delivered by a trained clinical pharmacist. Management was according to current national guidelines and patients prioritised according to CVD risk. Patients were offered review in the virtual clinics, optimisation of medication including high intensity statins and new injectable lipid-lowering therapy and post-intervention monitoring.

**Results:** The baseline audit (M:F 61:39, mean age 67.4 (14.3) years) identified 62% were eligible for lipid optimisation and confirmed the potential plan would have a significant impact.

Of 216 patients (M:F 144:72 mean age 69.3 (10.7) years, 166 (77%) on statins), 175 (81%) were above target of non-HDL of 2.5 mmol/l (mean 3.51 (2.44) mmol/l) and required optimisation which led to a significant reduction in total cholesterol, triglycerides and non -HDL to a mean of 2.44 (0.91) mmol/l. Post optimisation 92 out of 133 (69%) were at target O.R. 2.95 (1.92 e 4,55], p<.001 of being at target equivalent to an NNT%2. Calculated LDL levels (Friedewald) show a mean reduction of 0.83 [0.68 e 0.98] mmol/l for vascular patients and 1.39 [0.78 e 2.01] mmol/l for diabetic foot patients due to the intervention.

**Conclusion:** A pharmacist-led service optimising lipid lowering therapy of secondary prevention for vascular and diabetic foot patients achieved significant reductions in LDL and non-HDL cholesterol which will decrease the risk of developing further cardiovascular disease and prevent further life and limb threatening events. <https://doi.org/10.1016/j.athplu.2023.07.021>