

Lipid Clinic Referral Guideline

Austin Health Lipid Unit holds weekly clinics encompassing the diagnosis and management of problems due lipid metabolism.

Department of Health clinical urgency categories for specialist clinics					
For all emergency cases that require immediate review, or pose an immediate risk to life or limb, please dial 000 or send the patient to the Emergency Department.					
Urgent: Referrals should be categorised as urgent if the patient has a condition that has the potential to deteriorate quickly, with significant consequences for health and quality of life, if not managed promptly. These patients should be seen within 30 days of referral receipt.					
Routine: Referrals should be categorised as routine if the patient's condition is unlikely to deteriorate quickly or have significant consequences for the person's health and quality of life if specialist assessment is delayed beyond one month.					
Referral Process					
GP Referral Guide: Please see below conditions accepted into this clinic and provide the relevant investigations as requested below to aid in the appropriate triaging of your patient.					
Patient instructions: Please instruct your patient to bring ALL their diagnostic results to their Specialist Clinic appointment.					
Exclusions: Nil					
Condition / Symptom	GP Management	Investigations and information required prior to referral	Expected Triage Outcome	Expected Specialist Intervention Outcome	Expected number of Specialist Appointments
1. Familial hypercholesterolaemia - suspected or diagnosed		Current and past lipid profiles: Total cholesterol, HDL-c, LDL-c, Triglycerides Dutch Lipid Clinic Network Score Family history of cardiovascular or cerebrovascular disease Any available genetic testing	All patients will be reviewed within 6 months	Cardiovascular risk stratification Commencement of lipid lowering medication where appropriate – statins, ezetimibe and PCSK9 based therapies (evolocumab or inclisiran)	Patients will be discharged with a management plan where appropriate.
2. High Lipoprotein (a) levels >100nmol/L		Current and past lipid profiles: total cholesterol, HDL-c, LDL-c, triglycerides Lp(a) level		As a clinical trials centre, your patient may be referred for assessment of eligibility into clinical	

Lipid Clinic Referral Guideline

		Family history of cardiovascular or cerebrovascular disease		trials	
3. Severe Hypertriglyceridaemia (Tg >5 mmol/L) or prior triglyceride-associated pancreatitis		<p>Current and past fasting lipid profiles: total cholesterol, HDL-c, LDL-c, triglycerides</p> <p>Thyroid function tests, HbA1c, glucose, UEC and LFTs</p> <p>Medication history</p> <p>Discharge summary of pancreatitis event if available</p>			
4. Statin intolerance	Trial of at least two statins and ezetimibe	<p>Current and past lipid profiles: total cholesterol, HDL-c, LDL-c, triglycerides</p> <p>Details of trialled agents and reasons for discontinuation</p> <p>Cardiovascular history if applicable</p> <p>Family history of cardiovascular or cerebrovascular events where applicable</p>			
5. Prior cardiovascular event with LDL-c>1.8 mmol/L despite maximally tolerated statin + ezetimibe		<p>Current and past lipid profiles: total cholesterol, HDL-c, LDL-c, triglycerides</p> <p>Details of cardiovascular event</p>			
6. Familial sitosterolaemia – Suspected or confirmed		Current and past lipid profiles: Total cholesterol, HDL-c, LDL-c, Triglycerides			

Lipid Clinic Referral Guideline



		Family history of affected family members.			
		Any available genetic testing			