



# HOW WELL DO CARDIOLOGISTS AND PRIMARY CARE PHYSICIANS RECOGNIZE AND TREAT HeFH: A SURVEY FROM THE NATIONAL LIPID ASSOCIATION

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## ABSTRACT

**Background:** Heterozygous Familial Hypercholesterolemia (HeFH) is an inherited disorder that leads to very high LDL-C from birth and premature cardiovascular disease. HeFH is often undiagnosed and undertreated in clinical practice.

**Methods:** We sought to compare awareness and treatment of HeFH between cardiologists (C) and primary care physicians (PCP).

**Results:** When presented a case of HeFH, 57% of C vs 43% of PCP made the correct diagnosis ( $p < 0.0001$ ). While 21% of C vs 29% of PCP have never made a diagnosis of HeFH in a patient with an LDL-C  $> 190$  mg/dL ( $p < 0.004$ ), with 46% of C vs 37% of PCP not diagnosing HeFH without a positive genetic test ( $p = 0.16$ ). As an initial step in HeFH, 85% of C vs 76% PCP ( $p = 0.0019$ ) would prescribe medication (69% of C vs 65% of PCP a high intensity statin;  $p = 0.19$ ), while only 7% of C vs 5% of PCP would refer to a lipid specialist ( $p = 0.05$ ). For additional LDL-C lowering after a statin, 65% of C vs 33% of PCP would prescribe a PCSK9 inhibitor ( $p < 0.0001$ ), while 29% of C vs 33% of PCP would choose ezetimibe ( $p = 0.19$ ). In HeFH, 30% of C vs 53% of PCP have never prescribed a PCSK9 inhibitor ( $p < 0.0001$ ). The most common reasons being cost and lack of experience in prescribing one. Cascade screening was routinely recommended by 58% of C vs 50% of PCP ( $p < 0.045$ ) and 28% of C vs 24% of PCP ( $p = 0.15$ ) would not screen children of an HeFH parent until they are adults. Among C vs PCP (71% of C vs 69%,  $p = 0.48$ ) would erroneously use a risk calculator in an HeFH patient, (55% vs 53%,  $p = 0.53$ ) reported no access to a lipid specialist, (32% vs 33%,  $p = 0.76$ ) reported no familiarity with the DLCN score, and 67% would treat men vs 57% women with a statin between ages 18 to 29 ( $p < 0.0001$ ).

**Conclusion:** C compared to PCP are only somewhat more likely to recognize and treat HeFH patients according to guidelines. Many C and PCP do not refer or have access to a lipid specialist. There is a need for more education for C and PCP in recognizing and treating HeFH, greater access to lipid specialists, and fewer barriers for PCSK9 inhibitor use.

## OBJECTIVES

To compare how well cardiologists and primary care physicians recognize and treat HeFH.

## METHODS

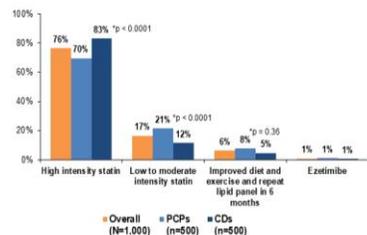
- MedSurvey, an independent research survey vendor, was used to conduct the survey.
- The survey was sent out via e-mail to primary care physicians and cardiologists across the US from a registry of practitioners who agreed to be surveyed and matched the specialty requirements.
- The survey was fielded from August 29, 2019 to September 30, 2019.
- In total 1,561 physicians responded to the survey of which 500 primary care physicians and 500 cardiologists completed the survey.

### Screening Criteria

- US based physician licensed and currently practicing
- Not certified by ABCL or ACCL
- Have seen a patient with an untreated LDL-C  $\geq 190$  mg/dL
- Eligible specialty groups:
  - > Family Medicine
  - > General Practice
  - > Internal Medicine
  - > Cardiology

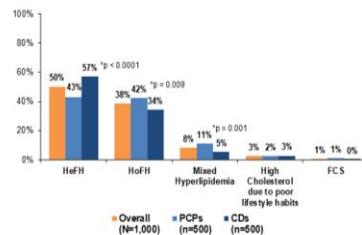
## RESULTS

Recommended Initial Treatment for 30-Year-Old Male with Family History of Premature Coronary Heart Disease and an LDL Cholesterol of 230/mg/dL Despite Lifestyle Changes

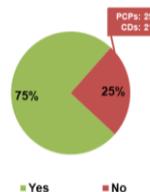


\*comparisons are between C and PCP

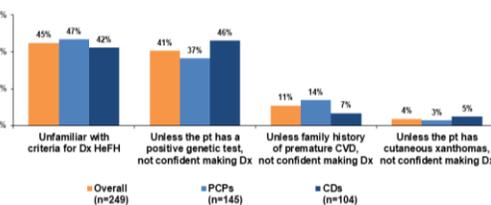
What is Your Most Likely Diagnosis for the Patient Described?



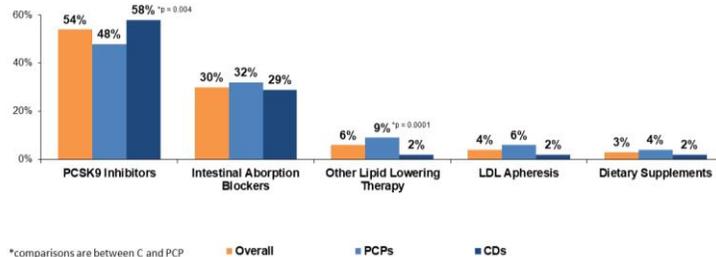
Have You Ever Diagnosed a Pt with an LDL  $\geq 190$  mg/dL as Having HeFH? (N=1,000)



What is the Reason You Have Never Diagnosed a Pt with an LDL  $\geq 190$  mg/dL as Having HeFH?

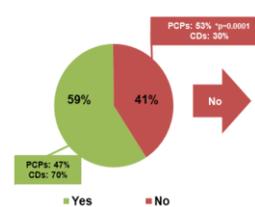


In an Adult Pt with HeFH on a Maximally Tolerated Statin Who Needs Additional LDL Lowering What Would You Use to Lower the Cholesterol Concentration?



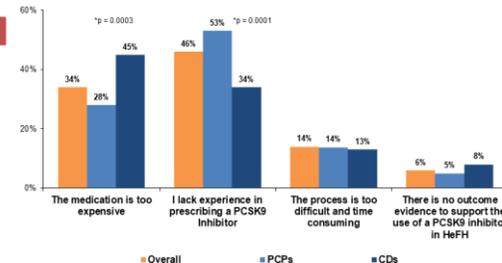
\*comparisons are between C and PCP

Have You Ever Prescribed a PCSK9 Inhibitor to a HeFH Patient? (n=1,000)



\*comparisons are between C and PCP

Reasons You Have Never Prescribed a PCSK9 Inhibitor



## SUMMARY OF RESULTS

- When presented with a case of HeFH, only 57% of cardiologists vs. 43% of primary care physicians made the correct diagnosis.
- In a patient with HeFH, only 69% of cardiologists vs. 65% of primary care physicians would prescribe a high intensity statin as initial therapy.
- For additional LDL-C lowering after a statin, only 58% of cardiologists vs. 48% of primary care physicians would prescribe a PCSK9 inhibitor.
- Most physicians would erroneously use a risk calculator in a patient with HeFH, 46% have no access to a lipid specialist, and women with HeFH were less likely than men to be treated with a statin at a younger age.
- Many physicians do not routinely recommend cascade screening nor would check cholesterol in a child of a patient with HeFH.

## CONCLUSIONS

- Cardiologists compared to primary care physicians are only somewhat more likely to recognize and treat HeFH according to guidelines.
- Both physician specialties do not adequately recognize or treat HeFH.
- There is a need for more education and training in recognizing and treating HeFH, greater access to lipid specialists, and fewer barriers to PCSK9 inhibitor use.

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