

Statins and abnormal LFTS

Patients with normal LFTs prior to starting statins

- LFT derangement typically occurs within the first three months of therapy and is usually dose dependent.
- LFTs should be checked 6 to 8 weeks after commencing treatment or any dosage increase. A yearly check of LFTs is not required for patients who are stable on long-term treatment.
- **If ALT <150:** continue statin but recheck LFTs within 4 weeks to exclude further increase in ALT. No extra monitoring required if ALT remains stable.
- **If ALT >150:** stop statin and recheck LFTs within 4 weeks to ensure values settle. If they return to normal consider re-introducing a different statin at a later date with repeat LFTs at 2, 6 and 12 weeks. If the LFTs do not improve after stopping statin treatment perform initial liver screen and continue as per abnormal ALT pathway.

Patients with abnormal LFTs prior to starting statins

- Patients with abnormal LFTs should not be routinely excluded from statin treatment. There is evidence that statins are safe and have beneficial effects for patients with NAFLD.
- **If ALT <100** – start statin treatment with repeat LFTs as usual in 6 weeks to check ALT remains stable. If ALT has risen at the 6 weeks a rise of up to 150 is allowable but further repeat LFTs should be arranged every 4 weeks until the ALT level is stable. The patient should also be investigated and managed as per the rise in ALT pathway (if this has not already been done) and, if felt appropriate, this could be done alongside starting statin treatment.
- **If ALT 100 – 150** – ideally the abnormal LFTs should be investigated prior to starting statin treatment. Once investigated statins can be started with repeat LFTs at 2, 6 and 12 weeks.

- **If ALT >150** – patients with an ALT persistently >150 should undergo GI review and statins should only be initiated following specialist advice.

Patients on long term statin treatment with abnormal LFTs

- If you are unsure whether the abnormal LFTs are related to statin treatment then the dose of the statin should be reduced and the LFTs repeated in 6 weeks. If there is no improvement following dose modification perform an initial liver screen, and continue to manage the patient as per the abnormal ALT pathway.