Appendix
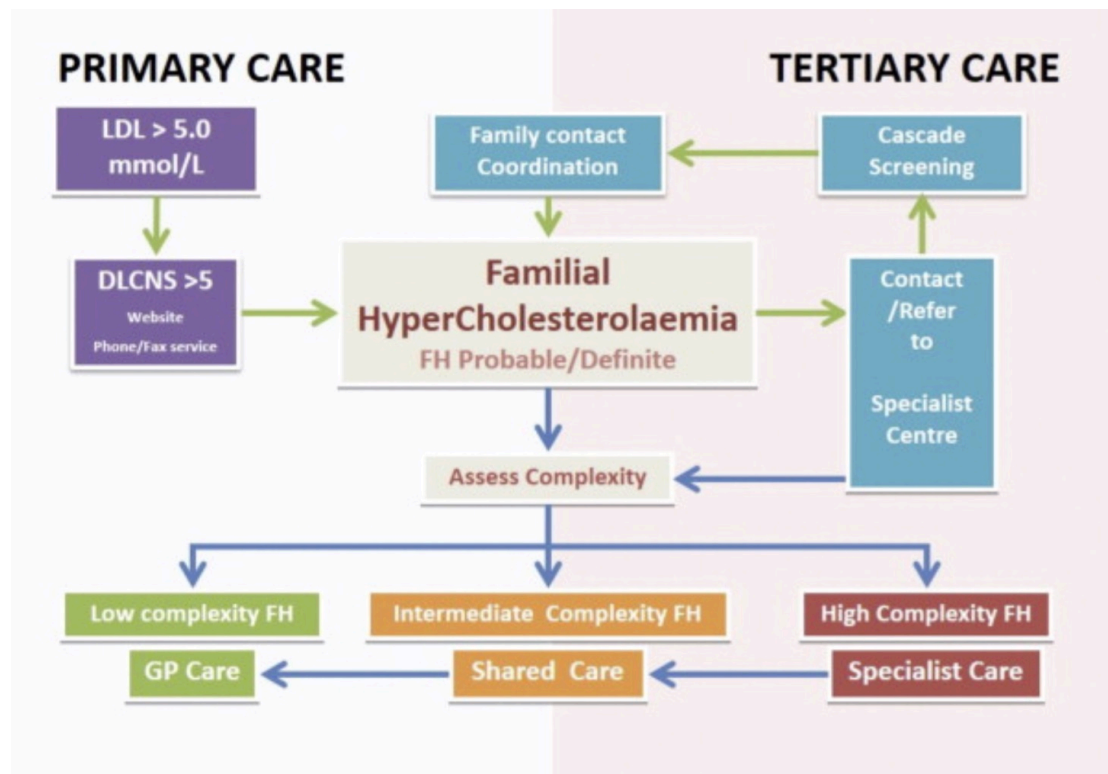
**This appendix was part of the submitted manuscript and has been peer reviewed.
It is posted as supplied by the authors.**

Appendix 1: **Detecting and managing FH in primary care**

Sourced with permission from: Vickery AW, Bell D, Garton-Smith J, Kirke AB, Pang J, Watts GF. Optimising the Detection and Management of Familial Hypercholesterolaemia: Central Role of Primary Care and its Integration with Specialist Services. Heart Lung Circ. 2014; 23(12): 1158-64

Care level and complexity of FH

Complexity	Characteristics	Care Level
Low	• no CVD • no CVD risk factors • attained their LDL-cholesterol target on statin treatment	Primary Care
Medium	• stable CVD • stable CVD risk factors • nearly reached their LDL-cholesterol target on statin treatment • minor statin intolerance • heterozygous FH and are under 18	Shared care
High	• multiple uncontrolled risk factors • symptomatic CVD • recent myocardial infarction or revascularisation • not attained their LDL-cholesterol target despite dual therapy • severe statin intolerance • special situations e.g. pregnancy, LDL-apheresis, issues with cascade screening	Tertiary care