CARDIOVASCULAR RISK ASSESSMENT & TARGETS

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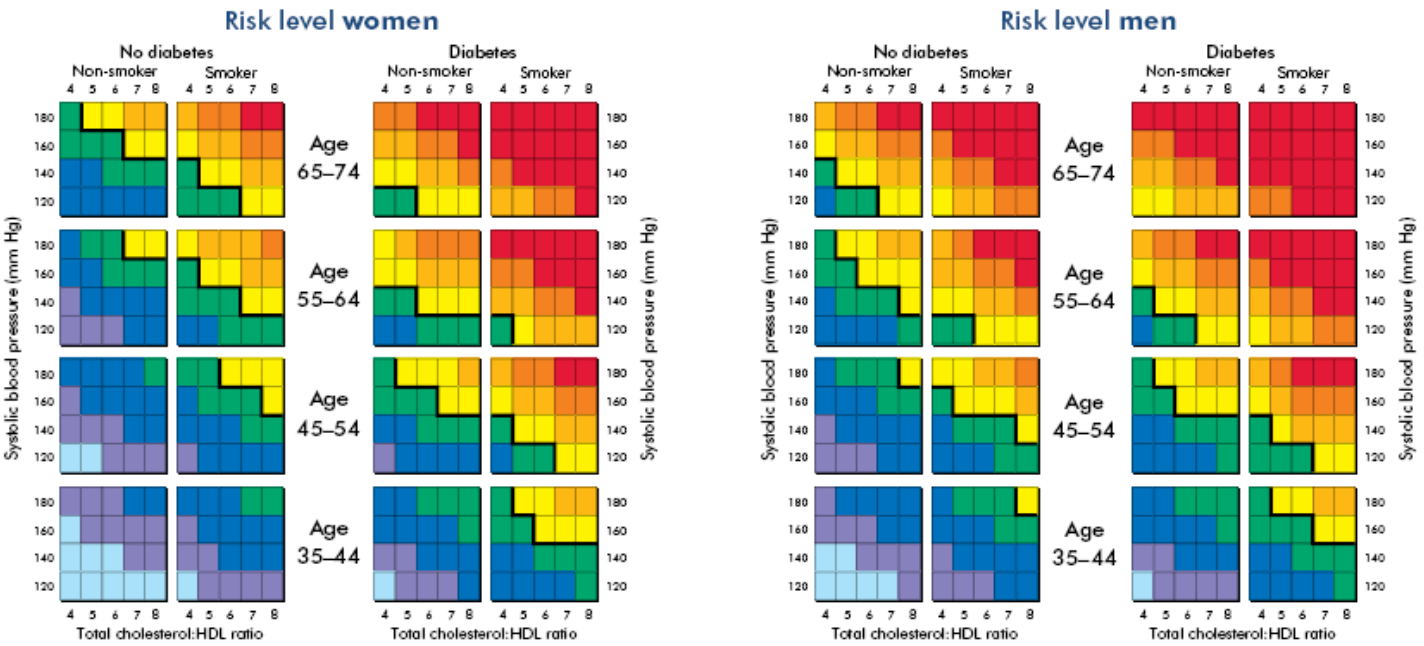
- Example: **New Zealand Guideline 2009 Group 5 Year CVD Risk Assessment Tables** (adapted with permission) [also BMJ(1) & CMAJ(2)] http://www.nzgg.org.nz/library_resources/45_cvd_handbook
  - Quick & easy way to estimate heart & stroke risk. Based on Framingham (note: see www.RxFiles.ca On-Line Extras for Canadian 10-year **Framingham** CVD Risk Tables & links to other risk calculators).
- Multiple cardiovascular disease risk assessment tools available, & there can be wide variability among the risk calculators.[Allan et al] Consider selecting one & using it consistently.
- Antihypertensive benefit greater in those at highest risk!



RISK FACTORS [INTERHEART, CDN, JNC8]

MODIFIABLE RISK FACTORS:

- ↑ **ApoB/ApoA1 ratio**
- **Stress & depression**
- Alcohol recommend moderation
- Low HDL ≤1mmol/L
- Left ventricular hypertrophy
- **Obesity:**
  - **waist/hip ratio** (♂ ≥0.95; ♀ ≥0.85)
  - waist (♂ >102cm/40inch, ♀ >88cm/35inch)
  - BMI >25kg/m^2, (Asian > 23kg/m^2) [ADA'15]
- Physical inactivity ***23 & ½ hrs*** **Video:** http://www.youtube.com/watch?v=aUaInS8HIGo&noredirect=1
- **Smoking**
- **Hypertension**
- **Diabetes**
- Microalbuminuria
- Lack of fruits/vegetables

NON-MODIFIABLE RISK FACTORS:

- Family history of premature heart disease (Age: ♂ <55, ♀ <65; doubles 10 year CVD risk)
- Age (♂ >55, ♀ >65)

OTHER POSSIBLE RISK FACTORS:

- Immune diseases
  - e.g. arthritis, psoriasis
- Kidney disease & other markers
  - e.g. CRP, CAC
- ↑ salt intake

Pic from USDA [2011]

Key

5-year cardiovascular disease (CVD) risk (fatal and non-fatal)

- Very high: >30%, 25–30%, 20–25%
- High: 15–20%
- Moderate: 10–15%
- Mild: 5–10%, 2.5–5%, <2.5%

Using the Charts

- Identify the chart relating to the person's sex, diabetic status, smoking history and age.
- Within the chart choose the cell nearest to the person's age, systolic blood pressure (SBP) and total cholesterol (TC) TC:HDL ratio. People who fall exactly on a threshold between cells are placed in the cell indicating higher risk.

Note: The risk charts now include values for SBP alone, as this is the most informative of conventionally measured blood pressure parameters for cardiovascular risk. Diastolic pressures may add some predictive power, especially at younger ages (eg, a diastolic pressure consistently >100 mm Hg in a patient with SBP values between 140 and 170 mm Hg).

Certain groups may have CVD risk underestimated using these charts. See Cardiovascular Guidelines Handbook (2009 Edition) for details.

Note: 15% on this **5 year** CVD heart & stroke risk tool is approximately equal to 20% on the common **10 year** Framingham CAD risk tool.

Risk level 5-year CV risk (fatal and non-fatal)	Benefits: NNT[a] for 5 years to prevent one event[b] (CVD events prevented per 100 people treated for 5 years)		
	1 intervention (25% risk reduction)	2 interventions (45% risk reduction)	3 interventions (55% risk reduction)
30%	13 (7.5 per 100)	7 (14 per 100)	6 (16 per 100)
20%	20 (5 per 100)	11 (9 per 100)	9 (11 per 100)
15%	27 (4 per 100)	15 (7 per 100)	12 (8 per 100)
10%	40 (2.5 per 100)	22 (4.5 per 100)	18 (5.5 per 100)
5%	80 (1.25 per 100)	44 (2.25 per 100)	36 (3 per 100)

a) NNT = Number needed to treat
Based on the conservative estimate that each intervention:
aspirin, **BP treatment** (lowering SBP by 10 mm Hg) or **lipid** modification (↓ LDL by 20%)
reduces cardiovascular risk by about 25% over 5 years.
b) Cardiovascular events are defined as MI, new angina, ischemic stroke, TIA, PVD, HF & CV death.

Heart Healthy Diets: http://www.**mayoclinic**.com/health/**mediterranean**-diet/CL00011, http://www.**cfp**.ca/content/57/8/894.full#ref-20, http://www.choosemyplate.gov/

TARGETS: Canadian (Adult)

BLOOD PRESSURE CHEP 2015 [3] Diagnosis based on out-of-office BP (24hr-ambulatory, home BP)		Consider Tx if:	Target BP
Optimal: <120/80 Normal: <130/85 High Normal: <140/90 ~½ will develop HTN in 2 yrs ↓ salt intake. Accurate BP measurement important e.g. rest x 5 minutes (electronic device ideal)	**NO RISK Factors;** no target organ damage (TOD)	≥160/100 JNC8 ≥140/90 if <60yrs	<140/90
	ISOLATED SYSTOLIC HTN (ISH) • **Very Elderly (≥80yr & no TOD/DM)** Orthostatic hypotension concern if DBP <60-65. [AHA'11, HYVET, JATOS]	SBP > 160 SBP ≥ 160 JNC8 ≥150/90 if ≥60yrs	<140 <150 if ≥80yr
	MODERATE-HIGH RISK Patient/CKD • If **HOME BP** Measurement	≥140/90 ≥135/85	<140/90 <135/85
	TYPE 2 DIABETES individualize treatment No benefit but ↑ harm if SBP<120 vs <140 [ACCORD-BP] 1°=NS; NNT ↓ stroke=92, NNH ↑ SAE =50; over ~4.7 yr	≥130/80	<130/80 JNC8 <140/90 ADA'15<140/90

LIPIDS CCS 2012 [4] Treat If:	LDL mmol/L or %	ApoB	Non-HDL-C
RISK (10yr CVD risk) CND Framingham			
HIGH (≥20%) ALL with CAD, CVD & PAD. Most DM (age >40 or >30 with 15yr hx DM) & CKD (CrCl < 45mL/min)	**Treat all** with medication & lifestyle changes concomitantly		
MODERATE (10-19%)	≥3.5 +	≥1.2	≥4.3
LOW (<10%) May try lifestyle changes for 3-6 months before drug therapy if targets not met. Caution: high-dose statins.	≥5	-	-
TARGET	≤2 or ↓LDL ≥50%	≤0.8 or ↓LDL ≥50%	≤2.6 or ↓LDL ≥50%

+ Target **LDL <2** or **↓ ≥50%.** [**2012: CRP removed from main tx table.** If **LDL is <3.5**, but ♂>50yr or ♀>60yr may check **hsCRP** twice 2 weeks apart (not during acute illness). **If hsCRP > 2mg/L** → statin (rosuvastatin 20mg as per JUPITER).]

- **Low/Moderate Risk:** guidelines suggest **↓LDL by ≥50% but** also remember simvastatin 40mg, atorvastatin 10mg & pravastatin 40mg have strong outcome evidence (e.g. ↓ MI, stroke & death) from landmark trials but only ↓LDL by 18-35%.
- **AHA'13:**[7] if↑ risk of **atherosclerotic CVD** tx with statins. LDL for adherence, not a target. **If** high risk (10yr CV risk ≥7.5%): consider **moderate** dose statin (if ≥75yr **or** DM 40-75yr & LDL <4.9 & no CVD **or** DIs) **or high** intensity statin atorvastatiin 40-80mg, rosuvastatin 20-40mg (if <75yr or if LDL≥4.9). Not recommend statins if HF/HD-CKD; or if by patient preference.

BLOOD GLUCOSE CDA 2013 [5]	Normal	Target (for most)	Frail Elderly (less stringent targets)
A1C (%) q3-6months	≤6%	≤7% (≤6.5% for some)	≤8.5% (~ 8-9% VADT)
FBG (mmol/L)	4-6	4-7	5-12 preprandial avoiding hypo takes precedent over targets
PPBG (mmol/L) 2hr post	5-8	5-10 (5-8 if A1C not met)	

"Individualize" Let the target serve the patient, not the patient the target! Consider age,[6] life expectancy, co-morbidity & risk of anti-hyperglycemic AE. Pursue targets if can be done safely without hypoglycemia. Calibrate meter every year.

RxFiles On-Line Extras:

Chart Abbreviations:

A1C =glycosolated hemoglobin A_{1C} **Apo**=apolipoprotein **BP**=blood pressure **BMI**=body mass index **CAC**=coronary artery calcification score **CAD**=coronary artery disease **CKD**=chronic kidney disease **CrCl**=creatinine clearance **CRP**=C-reactive protein **CVD**=cardiovascular disease **DBP**=diastolic blood pressure **DM**=diabetes mellitus **Dx**=disease **FBG**=fasting blood glucose **HD-CKD**=hemodialysis **HDL**=high density lipoprotein **hsCRP**=high sensitivity C-reactive protein **HTN**=hypertension **HF**=heart failure **hx**=history **ISH**=isolated systolic hypertension **LDL**=low density lipoprotein **MI**=myocardial infarction **NNH**=number needed to harm **NNT**=number needed to treat **NS**=non-significant **PAD**=peripheral arterial disease **PVD**=peripheral vascular disease **PPBG**=postprandial (2hr) blood glucose **pt**=patient **SAE**=serious adverse events **SBP**=systolic blood pressure **TG**=triglycerides **TIA**=transient ischemic attack **TOD**=target organ damage **tx**=treatment **yr**=year ♂=male ♀=female

2009 Canadian -10yr risk of Cardiovascular (CVD) disease (based on Framingham Heart Study).

RISK*	MEN									
AGE	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75+
Age points	0	2	5	7	8	10	11	12 or 13	14	15
TOTAL CHOL										
<4.1 mmol/l						0				
4.1-5.2						1				
5.2-6.2						2				
6.2-7.2						3				
≥ 7.2						4				
HDL mmol/l	<0.9		0.9-1.2		1.2-1.3	1.3-1.6		≥1.6		
	+2		+1		0	-1		-2		
SYSTOLIC BP mmHg	Not Treated					Treated				
<120	-2					<120	0			
120-129	0					120-129	2			
130-139	1					130-139	3			
140-159	2					140-159	4			
≥160	3					≥160	5			
SMOKER										
No						0				
Yes						4				
Diabetic										
No						0				
Yes						3				
TOTAL POINTS										

Guidelines use "13" but this appears to be an error; should be "12" .based on reference.

POINTS	MEN: actual 10yr CVD risk %												
<3	-2-1	2-3	4-5	6	7	8	9	10	11	12	13-14	15-16	>17
<1% (10yr % Risk→)	1	2	3	4	5	6	7	9	11	13	15-18	21-25	>29

WOMEN										
30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75+
0	2	4	5	7	8	9	10	11	12
				0					
				1					
				3					
				4					
				5					
<0.9		0.9-1.2		1.2-1.3		1.3-1.6		≥1.6	
+2		+1		0		-1		-2	
Not Treated						Treated			
<120	-3					<120	-1		
120-129	0					120-129	2		
130-139	1					130-139	3		
140-149	2					140-149	5		
150-159	4					150-159	6		
>160	5					>160	7		
	0								
	3								
	0								
	4								

POINTS	WOMEN actual 10yr CVD risk %												
<-2	-1-2	3-5	6-7	8-9	10	11	12	13	14-15	16-17	18-20	≥21
<1% (10yr % Risk→)	1	2	3	4-5	6	7	8	10	11-13	15-18	21-27	≥30

Key: Low risk <10% Moderate risk 10-19% High risk ≥ 20%

*Risk assessments based on Framingham data; other risk factors such as **family history** of CAD (2x CAD 10yr risk %=actual risk %), physical inactivity, obesity & left ventricular hypertrophy should also be considered.

Patients with **High risk→ ALL pts with CAD,CVD,PAD; most with DIABETES** age >40 or >30 with 15yr hx DM **& chronic renal dx** GFR <30ml/min regardless of risk score.

Cardiac Risk Tools: 1) www.statcoder.com 2) www.nhlbi.nih.gov/guidelines **3) http://www.framinghamheartstudy.org/**

4) Reynold Risk Score (also incorporates family cardiac history & CRP results, but is based on non-diabetic individuals) **http://www.reynoldsriskscore.org/**

5) Cardiovascular Life Expectancy Model Risk Score (also incorporates family cardiac history) **http://www.chiprehab.com/**

6) Cardiovascular Disease Risk Calculator: **http://bestsciencemedicine.com/chd/calc2.html**

7) AHA'13 CV Risk Calculator http://my.americanheart.org/professional/StatementsGuidelines/PreventionGuidelines/Prevention-Guidelines_UCM_457698_SubHomePage.jsp

8) Risk Calculator: Joint British Societies' Consensus Recommendations for the Prevention of Cardiovascular Disease (JBS3). http://www.jbs3risk.com/

9) Systemic Cerebrovascular and Coronary Risk Evaluation (SCORE) risk calculator: http://www.score-canada.ca/

10) Patient friendly risk calculator: http://www.myhealthcheckup.com

For suggested lipid targets, see bottom of page 26 on the RxFiles Lipid chart.

Comparative 10yr CAD % risks by AGE		30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74yr
Males	Low risk % →	2%	3	4	4	6	7	9	11	14
	Average risk % →	3%	5	7	11	14	16	21	25	30
Females	Low risk % →	<1%	<1	2	3	5	7	8	8	8
	Average risk % →	<1%	<1	2	5	8	12	12	13	14

Risk	TC /HDL
High	<4
Mod	>5
Low	>6

Previous TC/HDL ratio thresholds used in previous risk assessments.

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Additional Links:

AHA: Beneficial & Harmful Fats 1 pager – Jan 2009: http://americanheart.mediaroom.com/file.php/290/Fats+--+beneficial+vs+harmful%282%29.pdf