

Cardiovascular Disease Risk Assessment see below links or Online Extras for tools

- Many CVD risk assessment tools are available, and there can be variability among them. Despite limitations, these tools are the most reliable way to estimate CVD risk.
- Risk assessment is for **primary prevention** (1°). Individuals with known CVD (i.e. secondary prevention, 2°) are automatically classified as high risk for recurrent events.
- Risk Calculators (see **Online Extras** for others; [QRISK3](#) useful if CKD):

Framingham
qcmd.com/calculate/calculator_252

McGill MyHealthCheckup
<https://cardiometabolicage.com>

Metabolic Syndrome

- Metabolic syndrome ↑ risk of heart disease, stroke & T2DM. Risk factors include:
 - abdominal obesity:** males ≥90cm, or ≥94cm if European, African, Eastern Mediterranean, or Middle Eastern descent; females ≥80cm
 - plus ≥2 of the following:**
 - elevated triglycerides (TG >1.7mmol/L)
 - low HDL-C (males <1.03mmol/L, females <1.3mmol/L)
 - elevated BP (>130/85mmHg) or on an antihypertensive
 - elevated fasting BG (>5.6mmol/L)

Lifestyle modifications are the treatment of choice

The below tables summarize guideline recommendations for starting therapy along with targets; however, **treatment & targets should also be individualized**. Treat the patient, not the target.

BLOOD PRESSURE Hypertension Canada thresholds & targets based on non-automated office BP; see ACEI pg 5, BB pg 6, CCB pg 7, Diuretic pg 8, Summary pg 4 & 9 for info on antihypertensives			
POPULATION	2020 HYPERTENSION CANADA	2017 USA GUIDELINES	HEALTH BEHAVIOUR MANAGEMENT
LOW Risk	No target organ damage or CV risk factors - Consider Tx if: ≥160/100mmHg <small>GRADE A</small> - Target BP: <140/90mmHg <small>GRADE A</small>	2017 ACC/AHA: 1° CVD prevention & 10-yr ASCVD risk <10%: - Consider Tx if: ≥140/90mmHg <small>I,C-LD</small> - Target BP: <130/80mmHg <small>I,B-R & I,C-EO</small>	The following ↓ risk of HTN, & ↓ BP in those with HTN - Increase Physical Activity: ↓ SBP by 2-8mmHg ▪ 30-60 minutes of moderate-intensity exercise (e.g. walking, jogging, cycling, swimming) 4 to 7 times/week <small>GRADE D</small> - Weight Reduction: ↓ SBP 2-5mmHg (↓1kg = ↓1mmHg) ▪ BMI 18.5 – 24.9kg/m ² , & waist ♂ <102cm, ♀ <88cm <small>GRADE C/B</small> - Abstain or Reduce Alcohol Consumption: ↓ SBP by 3-4mmHg ▪ ≤2 drinks/day, & males ≤14 & females ≤9 drinks/week <small>GRADE B/A</small> - DASH Diet: ↓ SBP by 3-11mmHg ▪ fruits, vegetables, low-fat dairy products, whole grain foods rich in dietary fibre, and protein from plant sources that is reduced in saturated fat & cholesterol <small>GRADE B</small> - Mediterranean Diet: to reduce CV risk <small>GRADE B</small> - Reduce Sodium Intake: ↓ SBP by 2-6mmHg ▪ ≤2000mg/day (5g of NaCl or 87mmol of Na ⁺) <small>GRADE A</small> ▪ Watch for hidden sodium sources e.g. effervescent tablets. ²⁹ ▪ Evidence that a potassium-containing salt-substitute (25% potassium chloride, 75% NaCl) reduces CV events ³⁰ (but caution if hyperkalemia risk, e.g. K ⁺ >4.5mmol/L, eGFR <45mL/min, on RAAS inhibitor). - Manage Stress <small>GRADE D</small>
HIGH Risk	- clinical or subclinical CV disease, or - CKD (non-DM nephropathy, proteinuria <1g/day, eGFR 20-59mL/min), or - estimated 10-year CV risk ≥15%, or - age ≥75 years (studies included healthy elderly), and consent to intensive management	2017 ACC/AHA: 2° prevention of recurrent CVD, or 1° prevention of CVD & 10-year ASCVD risk ≥10% - Consider Tx if: ≥130/80mmHg <small>I,A & I,C-EO</small> - Target BP: <130/80mmHg <small>IIB,B-NR & IIB,C-EO</small>	
Older Adults <small>HYVET, JATOS</small> ISH 2020 TARGETS: - <65yrs: 121-130 / 71-80 - ≥65yrs: <140/90	- Consider Tx if: SBP ≥130mmHg <small>GRADE B</small> - Target SBP: <120mmHg <small>GRADE B, SPRINT</small>	2017 ACC/AHA: ≥65 years, non-institutional, ambulatory, community-living - Consider Tx if: SBP ≥130mmHg <small>1,A</small> - Target SBP: <130mmHg <small>1,A</small>	
Diabetes Mellitus	- Consider Tx if: ≥130/80mmHg on ≥3 different days <small>HYPERTENSION CANADA 2020 (GRADE C/A), 2017 ACC/AHA I,B-R</small> - Target BP: <130/80mmHg <small>HYPERTENSION CANADA 2020 (GRADE C/A), DIABETES CANADA 2018 (GRADE C/B), 2017 ACC/AHA I,B-R</small>	2017 ACP: ≥60 years - Consider Tx if: ≥150mmHg - Target SBP: <150mmHg, <small>SR, HQ</small> or <140mmHg if history of stroke / TIA ^{WR, MQ} or high CV risk <small>SR, HQ</small>	
All Others	- Consider Tx if: ≥140/90mmHg <small>GRADE C/A</small> - Target BP: <140/90mmHg <small>GRADE A</small>	2017 ACC/AHA: - Consider Tx if: 2° stroke prevention ≥ 140/90 mmHg, others ≥ 130/80mmHg; Target BP: <130/80mmHg	

CHOLESTEROL see Lipid Lowering agents page 29 or Lipid Landmark Trials for information on lipid-lowering therapies; (Link to CCS Guideline - At a Glance)			
WHO TO SCREEN for PRIMARY PREVENTION	POPULATION	2021 CCS LIPID GUIDELINES 2015 SIMPLIFIED LIPID	COMMENTS & CONSIDERATIONS
- Men 40 to 75 years, & women 40 (or post-menopausal) <small>CCS</small> or 50 <small>SIMPLIFIED</small> up to 75 years; repeat q5yrs or when risk status changes <small>CCS</small> Consider earlier if below risk factors present: - abdominal aortic aneurysm, arterial HTN, BMI ≥30kg/m ² , clinical evidence of atherosclerosis, COPD, CKD, current smoker, DM, erectile dysfunction, ethnic groups at ↑ risk e.g. South Asian, Indigineous, HIV, family hx of premature CVD men <55 yrs old & females <65 yrs old in 1 st degree relative or dyslipidemia, inflammatory diseases e.g. IBD, pregnancy complication HTN disorders of pregnancy, gestational DM, pre-term birth, still birth, low birthweight infant, placental abruption , stigmata of dyslipidemia arcus cornea, xanthelasma, or xanthoma	LOW Risk 10-yr CVD Risk <10% INTERMEDIATE Risk 10-yr CVD Risk 10-19.9% NNT=40 when treated with a statin HIGH Risk 10-yr CVD Risk ≥20% or Secondary Prevention or Statin-Indicated Condition NNT=20-35 when treated with a statin {Option for add-on tx, e.g. ezetimibe, PCSK9i; ? IPE}	Lifestyle for all, regardless of risk, <small>CCS SR, HQ; SIMP HQ</small> benefit ≥ statins: smoking cessation, exercise/activity, healthy diet e.g. Mediterranean Statin high intensity or max tolerated if: <small>SR, HQ</small> - LDL-C ≥3.5mmol/L, non-HDL-C ≥4.2mmol/L or ApoB ≥1.05g/L, or - men ≥50yrs & women ≥60 yrs + 1 additional risk factor see below {if TG>1.5, use non-HDL-C or ApoB instead of LDL-C} Statin-Indicated Condition: - clinical atherosclerosis or AAA - DM: age ≥40yrs, age ≥30yrs & DM x 15yr, or microvascular disease - CKD: ≥50yrs & eGFR <60mL/min or ACR >3mg/mmol x ≥3 months - LDL-C ≥5mmol/L (or ApoB ≥ 1.45g/L or non-HDL ≥5.8mmol/L)	- Non-fasting lipid panel can be used, except for individuals with a history of TGs >4.5mmol/L - Risk assessment is skewed when an individual is on lipid lowering medication. Input pre-statin lipid levels, & then ↓ the risk estimate by 25-35%, depending on statin intensity. - CCS LIPID Thresholds (for intensification/add-on): <ul style="list-style-type: none"> • 1° prevention & FRS ≥10%: LDL-C <2mmol/L, ApoB <0.8g/L or non-HDL-C <2.6mmol/L • 2° prevention: LDL-C <1.8mmol/L, ApoB <0.7g/L or non-HDL-C <2.4mmol/L • Statin-Indicated Condition: varies based on indication; e.g. DM or CKD LDL-C <2mmol/L - SIMPLIFIED LIPID TARGETS: None, as limited targets to guide titration of statin therapy

See pages 41 to 57 for diabetes, eg. [risk reduction, management](#) and [targets](#). **Additional CV risk factors:** low HDL-C, impaired fasting glucose, high waist circumference, smoker, hypertension, or other risk modifiers: hsCRP ≥2mg/L, CAC >0 AU, family history of premature CAD, Lp(a) ≥50mg/dL (100nmol/L). [Note: an [update](#) to Simplified guideline is expected in late 2023.]

1°=primary prevention 2°=secondary prevention AAA=abdominal aortic aneurysm ACR=albumin to creatinine ratio Apo=apolipoprotein BP=blood pressure BMI=body mass index COPD=chronic obstructive pulmonary disease CKD=chronic kidney disease CV=cardiovascular disease CVD= cardiovascular disease DM=diabetes mellitus eGFR=estimated glomerular filtration rate HDL=high density lipoprotein HTN=hypertension IPE=icosapent ethyl Na+=sodium NaCl=sodium chloride NNT=number needed to treat LDL=low density lipoprotein K+=potassium PCSK9i=PCSK9 inhibitor RAAS=renin angiotensin aldosterone system SBP=systolic blood pressure T1DM=Type 1 Diabetes Mellitus T2DM=Type 2 Diabetes Mellitus TG=triglycerides TIA=transient ischemic attack Tx=treatment

AHA/ACC BLOOD CHOLESTEROL Targets: tailor statin-intensity to patient risk profile, use LDL-C to assess therapy / adherence

FRAMINGHAM RISK SCORE (available at the Canadian Cardiovascular Society website: https://www.ccs.ca/images/Guidelines/Tools_and_Calculators/En/FRS_eng_2017_fn1.pdf)

FRAMINGHAM RISK SCORE (FRS)

Estimation of 10-year Cardiovascular Disease (CVD) Risk

Date: _____

Patient's Name: _____

Step 1¹
In the "points" column enter the appropriate value according to the patient's age, HDL-C, total cholesterol, systolic blood pressure, and if they smoke or have diabetes. Calculate the total points.

Risk Factor	Risk Points		Points
	Men	Women	
Age			
30-34	0	0	
35-39	2	2	
40-44	5	4	
45-49	7	5	
50-54	8	7	
55-59	10	8	
60-64	11	9	
65-69	12	10	
70-74	14	11	
75+	15	12	
HDL-C (mmol/L)			
>1.6	-2	-2	
1.3-1.6	-1	-1	
1.2-1.29	0	0	
0.9-1.19	1	1	
<0.9	2	2	
Total Cholesterol			
<4.1	0	0	
4.1-5.19	1	1	
5.2-6.19	2	3	
6.2-7.2	3	4	
>7.2	4	5	
Systolic Blood Pressure (mmHg)	Not Treated	Treated	Not Treated
			Treated
<120	-2	0	-3
120-129	0	2	0
130-139	1	3	1
140-149	2	4	2
150-159	2	4	4
160+	3	5	5
Smoker	Yes	4	3
	No	0	0
Diabetes	Yes	statin-indicated condition	
	No	0	0
Total Points			

Step 2¹
Using the total points from Step 1, determine the 10-year CVD risk (%).*

Total Points	10-Year CVD Risk (%)*	
	Men	Women
-3 or less	<1	<1
-2	1.1	<1
-1	1.4	1.0
0	1.6	1.2
1	1.9	1.5
2	2.3	1.7
3	2.8	2.0
4	3.3	2.4
5	3.9	2.8
6	4.7	3.3
7	5.6	3.9
8	6.7	4.5
9	7.9	5.3
10	9.4	6.3
11	11.2	7.3
12	13.3	8.6
13	15.6	10.0
14	18.4	11.7
15	21.6	13.7
16	25.3	15.9
17	29.4	18.51
18	>30	21.5
19	>30	24.8
20	>30	27.5
21+	>30	>30

* Double cardiovascular disease risk percentage for individuals between the ages of 30 and 59 without diabetes if the presence of a positive history of premature cardiovascular disease is present in a first-degree relative before 55 years of age for men and before 65 years of age for women. This is known as the modified Framingham Risk Score.³

Step 3¹
Using the total points from Step 1, determine heart age (in years).

Heart Age, y	Men	Women
<30	<0	<1
30	0	
31		1
32	1	
34	2	2
36	3	3
38	4	
39		4
40	5	
42	6	5
45	7	6
48	8	7
51	9	8
54	10	
55		9
57	11	
59		10
60	12	
64	13	11
68	14	12
72	15	
73		13
76	16	
79		14
>80	≥17	15+

Step 4^{2,3}
Using 10-year CVD risk from Step 2, determine if patient is Low, Moderate or High risk.⁴ Indicate Lipid and/or Apo B targets

Risk Level ⁴	Initiate Treatment If:	Primary Target (LDL-C)	Alternate Target
High FRS ≥20%	• Consider treatment in all (Strong, High)	• ≤2 mmol/L or ≥50% decrease in LDL-C (Strong, Moderate)	• Apo B ≤0.8 g/L or • Non-HDL-C ≤2.6 mmol/L (Strong, High)
Intermediate FRS 10-19%	• LDL-C ≥3.5 mmol/L (Strong, Moderate) • For LDL-C <3.5 mmol/L consider it: • Apo B ≥1.2 g/L • OR Non-HDL-C ≥4.3 mmol/L (Strong, Moderate) • Men ≥50 and women ≥60 with 1 risk factor: low HDL-C, impaired fasting glucose, high waist circumference, smoker, hypertension	• ≤2 mmol/L or ≥50% decrease in LDL-C (Strong, Moderate)	• Apo B ≤0.8 g/L or • Non-HDL-C ≤2.6 mmol/L (Strong, Moderate)
Low FRS <10%	• statins generally not indicated	• statins generally not indicated	• statins generally not indicated
Statin-indicated conditions**	• Clinical atherosclerosis* • Abdominal aortic aneurysm • Diabetes mellitus Age ≥ 40 years 15-Year duration for age ≥ 30 years (DM1) Microvascular disease • Chronic kidney disease (age ≥ 50 years) eGFR <60 mL/min/1.73 m ² or ACR > 3 mg/mmol		

Lipid targets LDL-C: _____ or Apo B: _____

¹ Adapted from: D'Agostino RB et al. (1). General cardiovascular risk profile for use in primary care: The Framingham Heart Study. Circ 2008;117:743-53.
² Adapted from: Genest J et al. (2). 2009 Canadian Cardiovascular Society/Canadian guidelines for the diagnosis and treatment of dyslipidemia and prevention of cardiovascular disease in the adult. Can J Cardiol. 2009;25(10):567-579.
³ Adapted from: Anderson T et al. (3). 2012 Update of the Canadian Cardiovascular Society guidelines for the diagnosis and treatment of dyslipidemia for the prevention of cardiovascular disease in the adult. Can J Cardiol. 2013;29(2):151-167.
⁴ apoB: apolipoprotein B stat. CVD: cardiovascular disease, FRS: Framingham Risk Score, HDL-C: high-density lipoprotein cholesterol, LDL-C: low-density lipoprotein cholesterol.
^{*} Statins indicated as initial therapy
^{**} Consider LDL-C < 1.8 mmol/L for subjects with acute coronary syndrome (ACS) within past 3 months

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NEW ZEALAND PRIMARY CARE HANDBOOK 2012 – 5 Year CVD Risk Assessment Tables

Available at: https://www.health.govt.nz/system/files/documents/publications/nz-primary-care_handbook_2012.pdf

- Quick & easy way to estimate heart & stroke risk. Based on Framingham

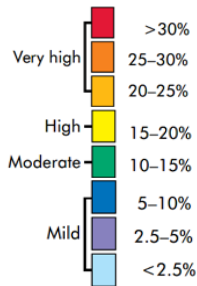
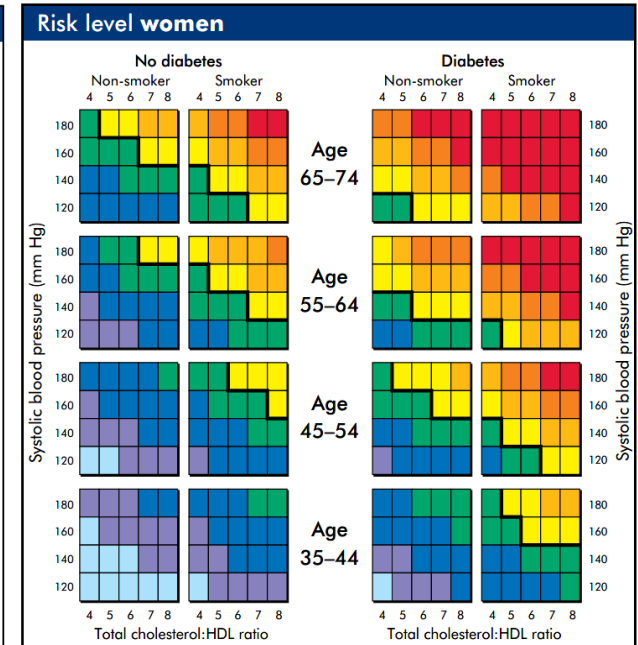
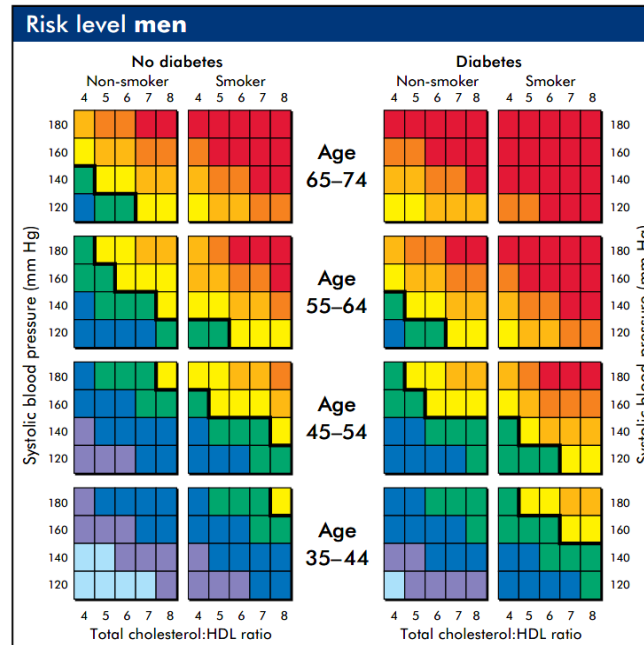
How to use the Charts

- 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):HDL ratio. For example, the lower left cell contains all non-smokers without diabetes who are 35-44 years and have a TC:HDL ratio of less than 4.5 and a SBP of less than 130 mm Hg. People who fall exactly on a threshold between cells are placed in the cell indicating higher risk
- 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)

a) NNT = Number needed to treat
Based on the conservative estimate that each intervention:
ASA ASPIRIN, BP treatment (lowering SBP by 10 mmHg) 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.

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 CVD risk (fatal and non-fatal)	Benefits: NNT for 5 years to prevent one event (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)

Cardiovascular Disease (CVD) Risk Assessment Tools:

- <http://www.cvriskcalculator.com/> [AHA/ACC, 2013] Considers: age, gender, race, total cholesterol, HDL cholesterol, SBP, DBP, treatment of hypertension, diabetes, smoking status
- <http://tools.acc.org/ASCVD-Risk-Estimator-Plus/#/calculate/estimate/> [ACC, 2018] Considers: age, sex, race, SBP, DBP, total cholesterol, HDL, LDL, diabetes, smoking status, treatment of hypertension, use of statin, use of aspirin
- <http://www.myhealthcheckup.com> [Canada] Considers: age, gender, height, weight, waist measurement, total cholesterol, LDL, HDL, SBP, DBP, blood glucose; treatment of: hypertension, high cholesterol or diabetes; existence of: heart disease, stroke/TIA, PVD, family hx (CVD or diabetes), exercise, smoking status
- <https://www.projectbiglife.ca/cardiovascular-disease> [Canada] Considers: age, sex, smoking (amount), alcohol consumption (amount), nutrition, physical activity, education level, weight, height, diabetes, hypertension
- <https://www.framinghamheartstudy.org/> [USA: 10year and 30year risk assessment available; interactive and excel spreadsheet] Considers: age, sex, diabetes, smoking status, SBP, total cholesterol, HDL, BMI
- <https://cvdcalculator.com> [4 different calculators; data from USA, UK, New Zealand]
- <http://www.reynoldsriskscore.org/> [UK] Considers: age, gender, BP, cholesterol, smoking status, hsCRP, family hx (MI)
- <http://www.jbs3risk.com/> [UK] Considers: age, gender, ethnicity, BMI, townsend, total cholesterol, HDL, SBP
- <https://qrisk.org/three/> [UK] Useful in patients with chronic kidney disease

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