

SIGN 149 Risk estimation and the prevention of cardiovascular disease

Summary

Individuals with the following risk factors should be considered at high risk of cardiovascular events:

- >20% risk of a first CV event within 10 years (ASSIGN)
- established cardiovascular disease,
- stage 3 or higher chronic kidney disease or micro- or macroalbuminuria,
- familial hypercholesterolaemia,
- who are over the age of 40 and have diabetes,
- who are under the age of 40 and have diabetes, and at least 20 years duration of disease, or target organ damage (eg proteinuria, micro- or macroalbuminuria, proliferative retinopathy or autonomic neuropathy), or significantly elevated cardiovascular risk factors.

Other factors which may affect risk are ethnicity, BMI, AF, psychological wellbeing and physical inactivity.
RA?

Offer CV risk assessment every 5 years to asymptomatic over 40s.

- Offer yearly review to those at high risk to discuss lifestyle change and drug treatment.
- Diet: Low saturated fat, reduce salt, increase fruit / veg, consider Mediterranean diet. Eatwell guide. <https://www.nhs.uk/Livewell/Goodfood/Pages/the-eatwell-guide.aspx>
- Measure weight and encourage weight reduction.
- Encourage moderate exercise.
- Encourage smoking cessation.
- Encourage safe alcohol limits.

If existing vascular disease see yearly:

- Anti-platelet: aspirin 75mg daily.
- CVA or TIA in sinus rhythm: clopidogrel 75mg or aspirin 75mg / dipyridamole 200mg bd.
- Statins: High risk but no CVD - 20mg atorvastatin. Established disease atorva 80mg. protocol for LFTs and chol recheck to see if 40% reduction achieved. Check drugs and LFTs before starting.
- BP: treat BP > 140/90 with or at high risk of CV disease. Target 130/80. Treat if CVA or TIA (irrespective of level). If low risk treat if BP > 160/100. Target 140/90.
- Psychological: assess for depression.

Patient groups		
<p>Lower risk <i>offer check 5 yearly</i></p> <p>Over 40s, ASSIGN <20%</p>	<p>Higher risk <i>RV yearly</i></p> <ul style="list-style-type: none"> • >20% risk of a first CV event within 10 years (ASSIGN) • stage 3 or higher chronic kidney disease or micro- or macroalbuminuria, • hypertension • familial hypercholesterolaemia, • Diabetes and >40yrs • Diabetes and <40 years, and at least 20 years duration of disease, or target organ damage (eg proteinuria, micro- or macroalbuminuria, proliferative retinopathy or autonomic neuropathy), or significantly elevated cardiovascular risk factors. • ?include obesity / smokers / RA 	<p>Existing CV disease <i>RV yearly</i></p> <ul style="list-style-type: none"> • MI • Angina • CVA • TIA • PVD • AF • LVSD
Things to cover at CDM review		
<p>Lifestyle advice (all)</p> <ul style="list-style-type: none"> • Diet: Low saturated fat, reduce salt, increase fruit / veg, consider Mediterranean diet. Eatwell guide. https://www.nhs.uk/Livewell/Goodfood/Pages/the-eatwell-guide.aspx • Measure weight and encourage weight reduction. • Encourage moderate exercise. • Encourage smoking cessation. • Encourage safe alcohol limits. 		
<p>BP: treat if BP > 160/100 Target 140/90.</p>	<ul style="list-style-type: none"> • BP: treat if BP > 140/90 Target 130/80. 	<ul style="list-style-type: none"> • BP: treat if BP > 140/90. Target 130/80. • Treat if CVA or TIA (irrespective of level).
<p>Medications:</p>	<ul style="list-style-type: none"> • Statins: High risk but no CVD - 20mg atorvastatin. 	<ul style="list-style-type: none"> • Anti- platelet: aspirin 75mg daily. • CVA or TIA in sinus rhythm: clopidogrel 75mg or aspirin 75mg / dipyridamole 200mg bd. • Statins: atorva 80mg. LFTs and chol recheck to see if 40% reduction achieved. Check drugs and LFTs before starting.
<p>Other: ASSIGN score</p>	<ul style="list-style-type: none"> • Offer flu vaccination if appropriate • Consider disease areas specifically eg DM, CKD 	<ul style="list-style-type: none"> • Psychological: assess for depression. • Offer flu vaccination • Consider disease areas specifically eg AF, LVSD