

# Clinical approach to absolute CVD risk assessment

## PEOPLE AGED 45 – 74 YEARS WITHOUT EXISTING CVD

(from 30 years in Aboriginal and Torres Strait Islander peoples) <sup>(1)</sup>

### ASSESS CVD RISK FACTORS

Comprehensively assess risk factors.

Consider at least: age, gender, smoking status, BP, TC/HDL, diabetes, ECG LVH (if available), family history & ethnicity.

### CALCULATE ABSOLUTE CVD RISK

Use the Australian CVD risk calculator to estimate risk of heart attack or stroke in the next 5 years.

[cvdcheck.org.au](http://cvdcheck.org.au)

### Patients clinically determined at high risk of CVD<sup>a</sup>

- Diabetes and age > 60 years
- Diabetes with microalbuminuria
- Moderate or severe chronic kidney disease
- Previous diagnosis of familial hypercholesterolaemia
- Systolic blood pressure  $\geq$  180 mmHg or diastolic blood pressure  $\geq$  110 mmHg
- Serum total cholesterol > 7.5 mmol/L

### MANAGE RISK

Provide counselling on lifestyle factors to all patients and prescribe blood pressure and/or lipid lowering medicines for those at higher risk. Provide ongoing monitoring of CVD risk factors and reassessment of risk.

No need for absolute CVD risk calculation

**FIGURE 1:** The recommended approach to CVD risk assessment and management according to Absolute CVD risk guidelines by the National Vascular Disease Prevention Alliance <sup>(2)</sup>.

1. Med J Aust. 2020 doi: 10.5694/mja2.50529

2. National Vascular Disease Prevention Alliance. Guidelines for the management of absolute cardiovascular disease risk 2012. NVDPA.

a. Adults with any of these conditions do not require absolute CVD risk assessment using the risk equation because they are already known to be at clinically determined high risk of CVD and should be managed accordingly.

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