

How do I manage cardiovascular risk?

Behavioural strategies

- **Smoking:** all smoking including exposure to passive smoking has to be avoided. Smoker to quit and offered assistance, if needed with pharmacotherapy.
- **Nutrition:** advise on a healthy diet (ex. fruits and vegetables 500 gr daily), being the cornerstone of CVD prevention. Weight reduction in overweight and obese people is recommended.
- **Physical activity:** healthy adults of all ages should spend 2.5-5 hours a week on physical activity of at least moderate intensity (optimally 30 minutes or more daily, but any physical activity is better than none).

Treatment of risk factors

- **Hypertension:** behavioural strategies recommended in all patients with hypertension or individuals with high normal blood pressure. Target blood pressure levels: <140 mmHg (systolic) and <90 mmHg (diastolic) in all hypertensive patients. All major antihypertensive drugs equally effective.
- **Diabetes:** target HbA1c for the prevention of CVD in diabetes: < 7.0% (<53 mmol/mol). Statins to all diabetic patients in order to reduce cardiovascular risk. Blood pressure targets in diabetes: <140/80 mmHg.
- **Lipids:** in patients at very high CVD risk, the recommended LDL cholesterol target is <1.8 mmol/L (<~70 mg/dL) or a
• ≥50% LDL-cholesterol reduction when the target level cannot be reached. In patients at high CVD risk, a LDL-cholesterol goal <2.5 mmol/L (<~100 mg/dL) is recommended.

Read the 2012 Joint Guidelines in: European Heart Journal (2012) 33, 1635–1701 doi:10.1093/eurheartj/ehs092 and European Journal of Preventive Cardiology 2012;19: 4:585-667. or visit www.escardio.org/guidelines



For more information

www.escardio.org/guidelines

CVD PREVENTION SUMMARY IN GENERAL PRACTICE

What is CVD prevention?

A coordinated set of actions, at population and individual level, aimed at eradicating, eliminating or minimizing the impact of cardiovascular diseases and their related disability.

Why is CVD prevention relevant in general practice?

Atherosclerotic cardiovascular disease remains the leading cause of premature death worldwide. CVD affects both men and women; of all deaths before the age of 75 years in Europe, 42% are due to CVD in women and 38% in men. Most patients are followed up in primary care and screening the population for CVD risk factors is preferably done there.

When do I assess CVD risk in the general practice population?

- The person asks for it.
- In men ≥40 years, and in women ≥50 years, or if postmenopausal.
- One or more risk factors are present: smoking, poor food habits or overweight, physical inactivity, hyperlipidaemia, hypertension or diabetes mellitus.
- There is a family history of premature CVD or of major risk factors such as hyperlipidaemia or diabetes.
- There are symptoms suggestive of CVD.

Three actions to be taken:

- History taking and clinical judgment.
- Assess CVD risk (use SCORE chart backside, unless the person has documented CVD, diabetes, chronic kidney disease or markedly raised single risk factors).
- Decide upon level of risk management.

Very high risk

- Documented CVD of any type.
- Diabetes with one or more risk factors or end organ damage.
- Severe chronic kidney disease.
- A calculated SCORE ≥10%.

High risk

- Markedly elevated single risk factors (dyslipidaemias, severe hypertension).
- Diabetes without risk factors or end organ damage.
- Moderate chronic kidney disease.
- A calculated SCORE of 5-10%.

Moderate risk

- A calculated SCORE of 1-5%.
- Many middle-aged subjects belong to this category.

Low risk

SCORE <1% and free of any qualifiers that would put them at moderate risk.

Estimation of TOTAL RISK remains a core part of the 2012 guidelines. Consider using the relative risk chart and the risk-age model. HDL-adjusted charts available at www.heartscore.org

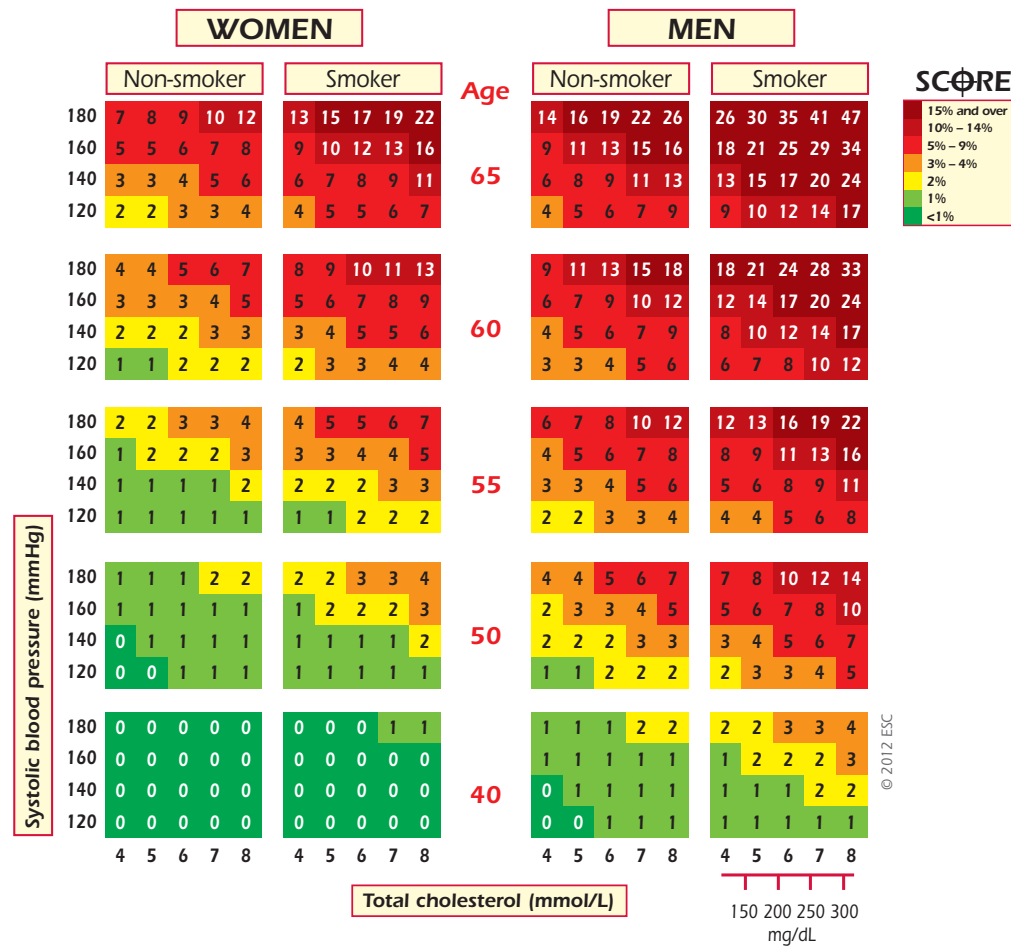
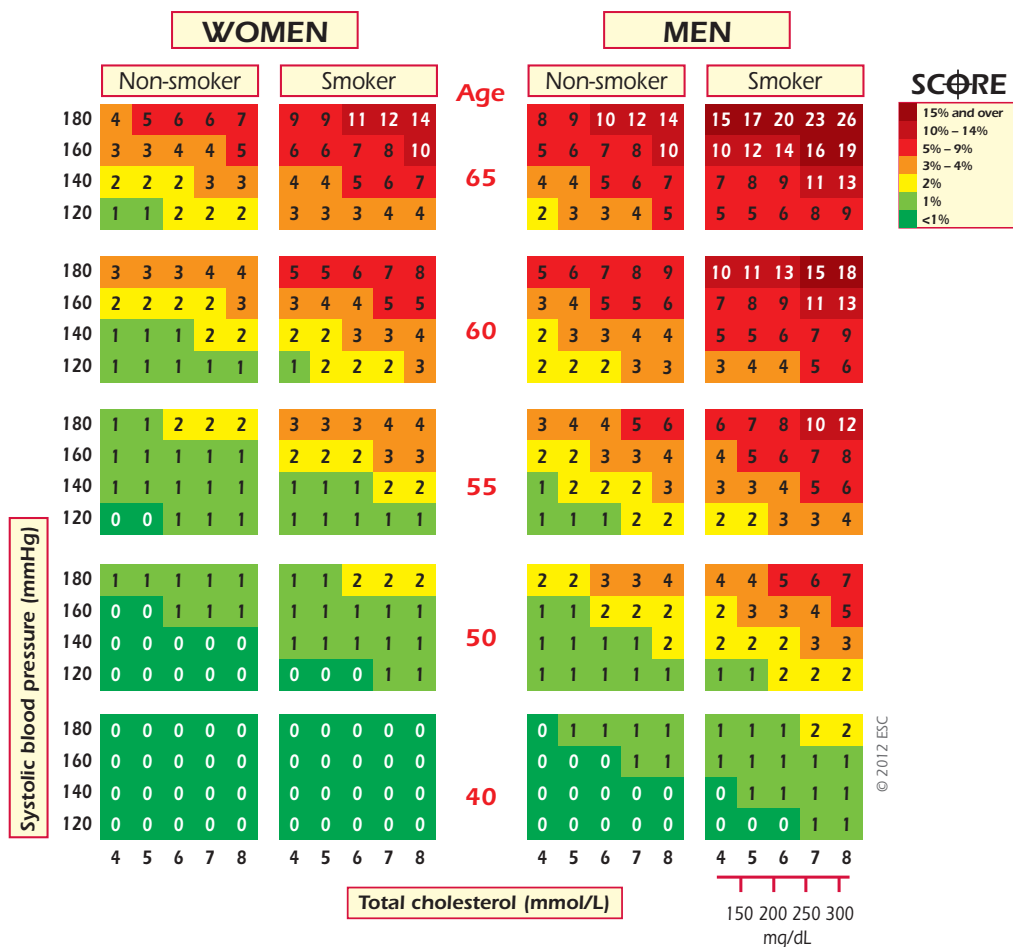


Chart for low-risk countries

Andorra, Austria, Belgium, Cyprus, Denmark, Finland, France, Germany, Greece, Iceland, Ireland, Israel, Italy, Luxembourg, Malta, Monaco, The Netherlands, Norway, Portugal, San Marino, Slovenia, Spain, Sweden, Switzerland, United Kingdom.

Chart for high-risk countries

Albania, Algeria, Armenia, Azerbaijan, Belarus, Bosnia and Herzegovina, Bulgaria, Croatia, Czech Republic, Egypt, Estonia, Georgia, Hungary, Kosovo, Latvia, Lebanon, Libya, Lithuania, Macedonia, F.Y.R., Moldova, Montenegro, Morocco, Poland, Romania, Russia, Serbia, Slovakia, Syria, Tunisia, Turkey, Ukraine
(Some of these countries are at very high risk)



10-year risk of fatal CVD based on age, sex, smoking, systolic blood pressure, total cholesterol. Note that the risk of total (fatal + non-fatal) CVD events will be approximately three times higher than the figures given.