






THE RECOMMENDED INTERVENTIONS, GOALS AND FOLLOW UP BASED ON CARDIOVASCULAR RISK ASSESSMENT

CARDIOVASCULAR RISK	LIFESTYLE	DRUG THERAPY	TREATMENT GOALS	FOLLOW UP
<p>CVD RISK CLINICALLY DETERMINED $\geq 20\%$*</p> <p>SECONDARY PREVENTION</p>	<p>Intensive lifestyle advice on a cardioprotective dietary pattern with a dietitian, physical activity and smoking cessation interventions.</p> <p>Lifestyle advice should be given simultaneously with drug treatment</p> 	<p>In all patients: aspirin, or other antiplatelet drug if not tolerated/contraindicated intensive statin therapy</p> <p>In all patients with CHD: an ACE inhibitor (see SIGN 96)</p> <p>Following MI: a beta blocker (see SIGN 93)</p> <p>With hypertension ($\geq 140/90$ mm Hg or >130 mm Hg / >80 mm Hg in patients with diabetes with complications or renal disease and target organ damage)</p> <p>antihypertensive drug therapy</p>	<p>Aspirin – lifetime treatment with 75 mg/day</p> <p>Lipids – intensive lipid lowering therapy</p> <p>BP – treat to reduce to <140 mm Hg systolic and/or <90 mm Hg diastolic</p>	<p>Risk factor monitoring every three to six months</p> 
<p>CVD RISK CALCULATED $\geq 20\%$</p> <p>PRIMARY PREVENTION</p>	<p>Intensive lifestyle advice on a cardioprotective dietary pattern with a dietitian, physical activity and smoking cessation interventions.</p> <p>Lifestyle advice should be given simultaneously with drug treatment</p>	<p>Aspirin</p> <p>40 mg simvastatin (or equivalent dose of pravastatin if simvastatin is contraindicated due to concomitant use of medications that influence cytochrome P450 metabolism)</p> <p>antihypertensive drug therapy (in hypertensive individuals)</p>	<p>Aspirin – lifetime treatment with 75 mg/day</p> <p>Lipids – lifetime treatment with 40 mg simvastatin daily</p> <p>BP – treat to reduce to <140 mm Hg systolic and/or <90 mm Hg diastolic</p>	<p>Risk factor monitoring every six to twelve months</p>
<p>10 TO 20%</p> <p>PRIMARY PREVENTION</p>	<p>Specific individualised lifestyle advice on a cardioprotective dietary pattern, physical activity and smoking cessation. This lifestyle advice should be given by the primary health care team for three to six months prior to initiating drug treatment</p>	<p>Drug therapy indicated for people with extreme risk factor levels.**</p>		<p>Cardiovascular risk assessments every one to five years, depending on clinical circumstances.</p>
<p>LESS THAN 10%</p> <p>PRIMARY PREVENTION</p>	<p>General lifestyle advice on a cardioprotective dietary pattern, physical activity and smoking cessation</p>	<p>Non-pharmacological approach to treating multiple risk factors</p>	<p>Lifestyle advice aimed at reducing cardiovascular risk</p>	<p>Further cardiovascular risk assessment in five years.</p>

*People who have had a previous cardiovascular event (angina, MI, angioplasty, coronary artery bypass grafts, TIA, ischaemic stroke or peripheral vascular disease) OR people with certain genetic lipid disorders OR people with diabetes mellitus and who are over 40 years.

**People with isolated high risk-factor levels either TC >8 mmol/l or BP $\geq 160/100$ mm Hg should have these risk factors treated and considered for drug therapy to reduce levels of other modifiable factors and, therefore, global risk.