National Vascular Disease Prevention Alliance

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10 Things to know about the Guidelines for the Management of Absolute Cardiovascular Disease Risk (2012)

- 1. Cardiovascular disease (CVD) remains the leading cause of death in Australia accounting for over one-third of deaths in 2008. The National Vascular Disease Prevention Alliance (NVDPA) is an alliance between the major not-for-profit organisations leading action to tackle the burden of vascular disease in Australia.
- 2. The new *Guidelines for the Management of Absolute Cardiovascular Disease Risk* (2012), developed by the NVDPA, makes recommendations regarding the management of CVD risk in Australian adults aged 45 years and older (35 years and older for Aboriginal and Torres Strait Islander peoples) who have no previous history of CVD.
- 3. The *Guidelines* are intended for use by general practitioners, Aboriginal health workers, other primary care health professionals and physicians. They also provide health policy maker's evidence based recommendations as a basis for population health policy.
- 4. The *Guidelines* advocate for a change to the way CVD risk is treated in Australia. Treatment decisions will move from single risk factors such as blood pressure or cholesterol alone, to treatment based on multiple risk factors (absolute risk). Management based on absolute risk has been shown to have better outcomes for people than management of single risk factors.
- 5. The *Guidelines* incorporates and builds on the previous NVDPA *Guidelines* for the Assessment of Absolute Cardiovascular Disease Risk (2009) and consolidates a number of other evidence-based guidelines to provide clear guidance to prevent first-ever CVD events.
- 6. Recommendations on lifestyle interventions, blood pressure lowering and lipid lowering are included in the *Guidelines*. The guidelines also update the advice on using aspirin, which is no longer routinely recommended for use in primary prevention of CVD.
- 7. Treatment recommendations are based on a person's level of absolute risk and the goal is to reduce the person's level of risk.
- 8. Regardless of their absolute risk level, treatment should begin with lifestyle interventions such as smoking cessation, reduction of dietary salt or fat intake and increasing exercise.
- 9. People at high risk (those with >15% risk of a cardiovascular event within 5 years) are recommended to be treated simultaneously with lifestyle interventions and for both blood pressure and cholesterol lowering therapy, regardless of the level of these risk factors. Whereas most people at moderate risk (those with 10-15% risk of a cardiovascular event within 5 years) will be given the opportunity to reduce their risk by following lifestyle advice, with drug therapy only considered if their risk has not reduced in 3-6 months or if they have specific additional factors.
- 10. While treatment decisions are based on absolute risk, people who have a blood pressure of ≥160/100 mmHg will be treated for their blood pressure regardless of their risk level. Blood pressure targets have also been updated and are now slightly less aggressive than in the past. The new target for people with chronic kidney disease has been increased to ≤140/90 mm Hg (previously 130/80 mm Hg) and the target for people with micro or macroalbuminuria has been increased to ≤130/80 mm Hg (previously 125/75 mm Hg). The level for people with diabetes remains ≤130/80 mm Hg.

The Guidelines and related resources for health professionals is available from: www.cvdcheck.org.au

www.diabetesaustralia.com.au www.heartfoundation.org.au

www.kidney.org.au www.strokefoundation.com.au







