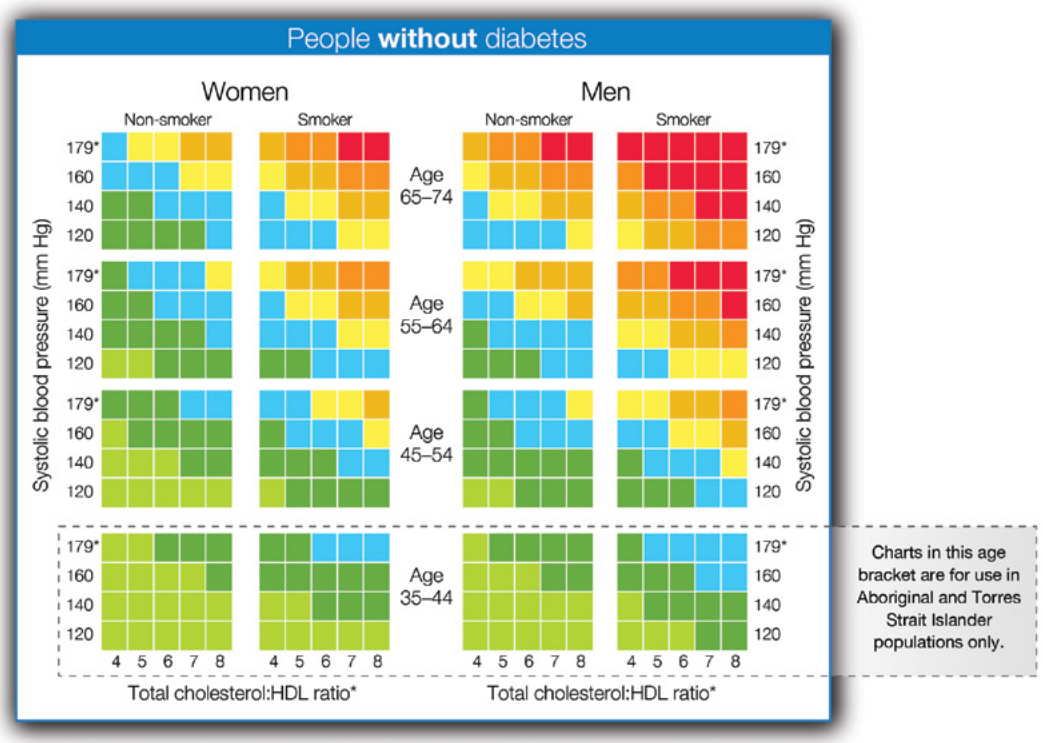
Appendix 8A. Australian cardiovascular disease risk charts



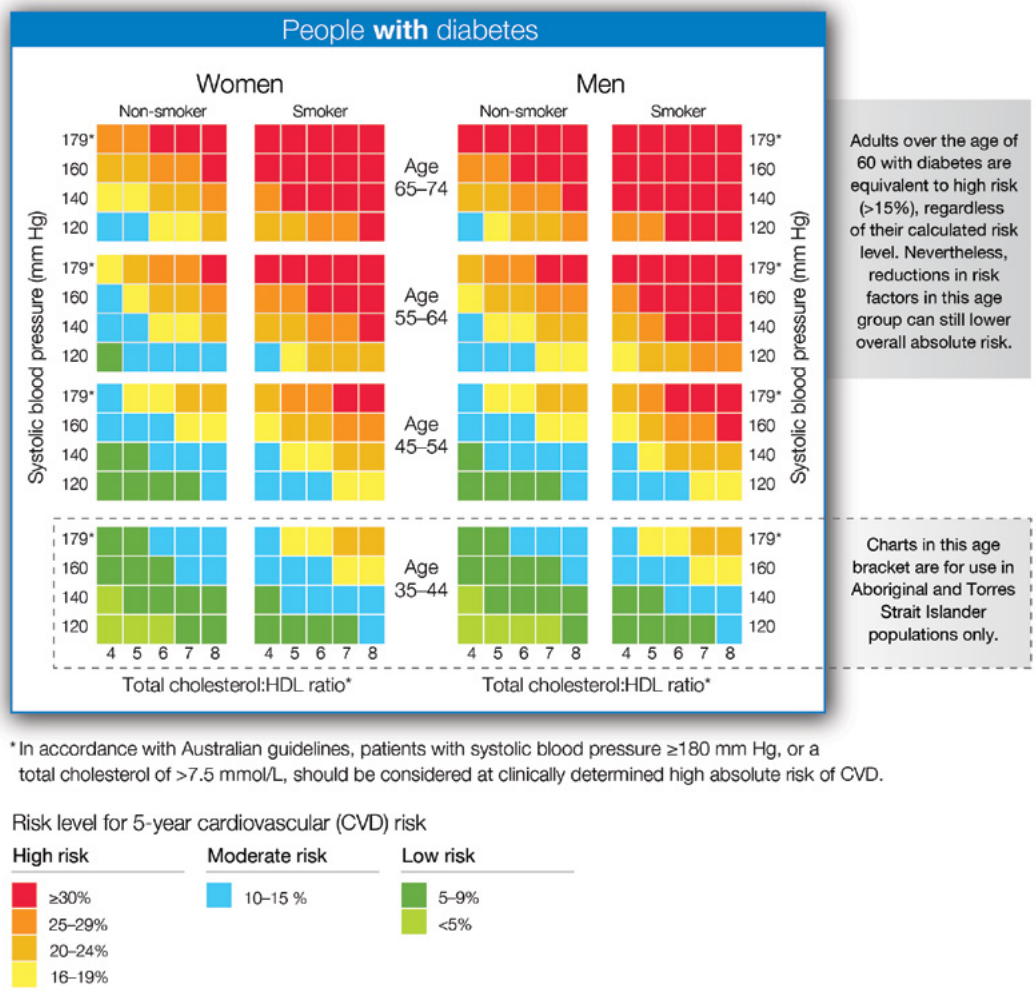
*In accordance with Australian guidelines, patients with systolic blood pressure ≥180 mm Hg, or a total cholesterol of >7.5 mmol/L, should be considered at clinically determined high absolute risk of CVD.

Risk level for 5-year cardiovascular (CVD) risk

High risk	Moderate risk	Low risk
≥30%	10–15%	5–9%
25–29%		< 5%
20–24%		
16–19%		

How to use the risk charts

1. Identify the chart relating to the person's sex, diabetes status, smoking history and age. The charts should be used for all adults aged 45 years or over (and all Aboriginal and Torres Strait Islander adults aged 35–74 years) without known history of CVD and not already known to be at clinically determined high risk.
2. Within the chart, choose the cell nearest to the person's age, systolic blood pressure (SBP) and total cholesterol (TC):HDL ratio. For example, the lower left cell contains all non-smokers without diabetes who are 34–44 years and have a TC:HDL ratio of less than 4.5 and a SBP of less than 130 mmHg.
3. The colour of the cell that the person falls into provides their 5-year absolute cardiovascular risk level (see legend for risk category). People who fall exactly on a threshold between cells are placed in the cell indicating higher risk.



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20–24%		
16–19%		

Notes: The risk charts include values for SBP alone as this is the most informative of conventionally measured blood pressure parameters for cardiovascular risk.

For specific groups, additional guidance includes:
The Framingham Risk Equation has not been validated for all population groups, the assessment score should be interpreted with caution in the following groups:

- The Framingham Risk Equation may **underestimate CVD risk** in Aboriginal and Torres Strait Islander peoples (EBR Grade D); adults with diabetes aged between 45 and 60 years (EBR Grade C); adults aged over 74 years (CBR), however, available evidence suggests that this approach will provide an estimate of minimum cardiovascular risk.
- The Framingham Risk Equation is likely to **underestimate CVD risk** in adults with socioeconomic deprivation (an independent risk factor for cardiovascular disease) (PP) or depression (PP).
- The predictive value of the Framingham Risk Equation **has not been specifically assessed** in adults who are overweight or obese (EBR Grade D).
- The **increased risk of cardiovascular events and all-cause mortality**, in addition to thromboembolic disease including stroke, should be taken into account for adults with atrial fibrillation (particularly those aged over 65 years) (PP).

Charts are based on the NVDPA's Guidelines for the assessment of absolute cardiovascular disease risk and adapted with permission from New Zealand Guidelines Group. *New Zealand Cardiovascular Guidelines Handbook: A Summary Resource for Primary Care Practitioners*. Second edition. Wellington, NZ: 2009. www.nzgg.org.nz.

Reproduced with permission from the National Heart Foundation of Australia from National Vascular Disease Prevention Alliance. Absolute cardiovascular disease risk management. Quick reference guide for health professionals. Melbourne: NVDPA, 2012.