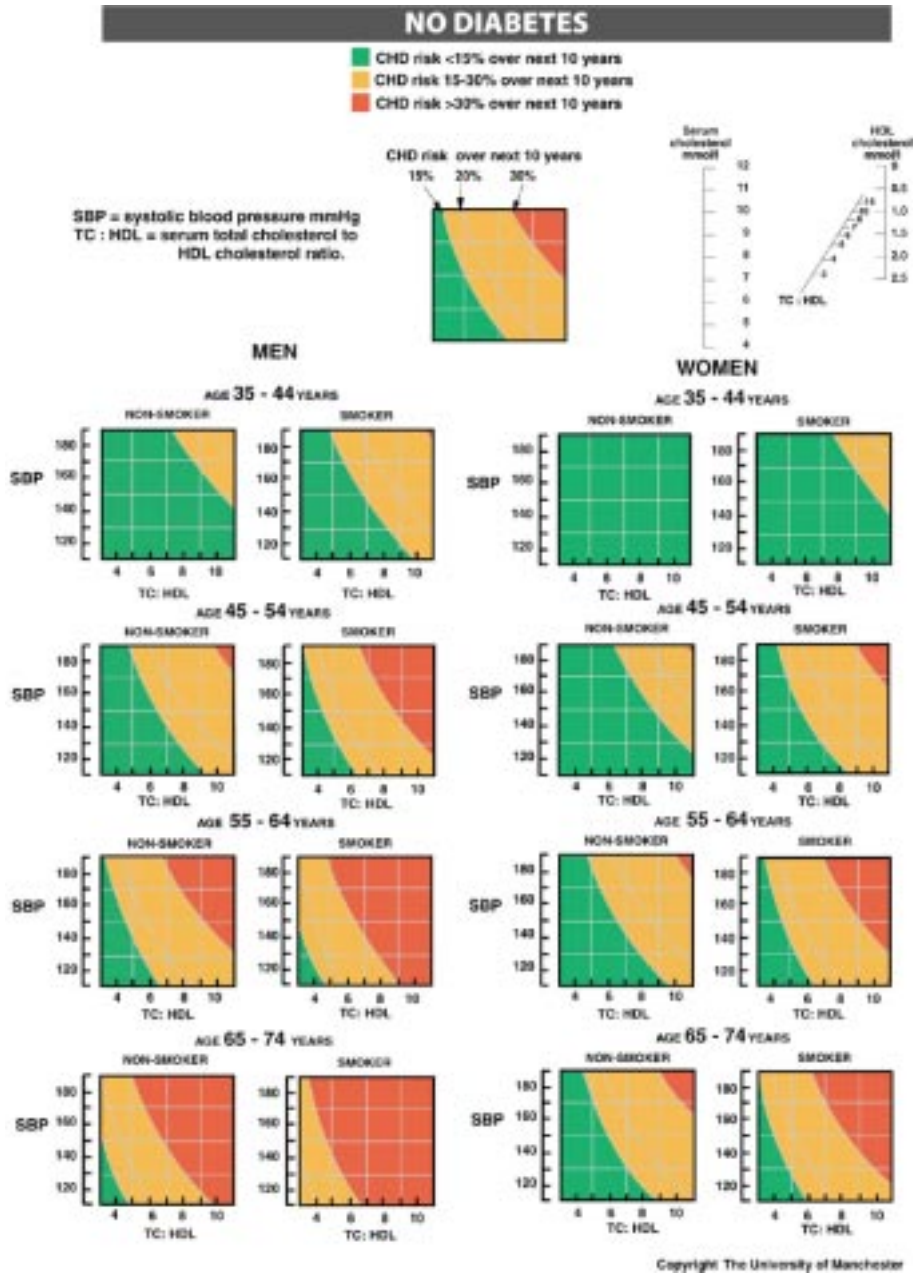


Joint British Societies Coronary Risk Prediction Chart

British Cardiac Society, British Hyperlipidaemia Association, British Hypertension Society, British Diabetic Association.



How to use the Coronary Risk Prediction Chart for Primary Prevention

These charts are for estimating coronary heart disease (CHD) risk (non fatal MI and coronary death) for individuals who have not developed symptomatic CHD or other major atherosclerotic disease.

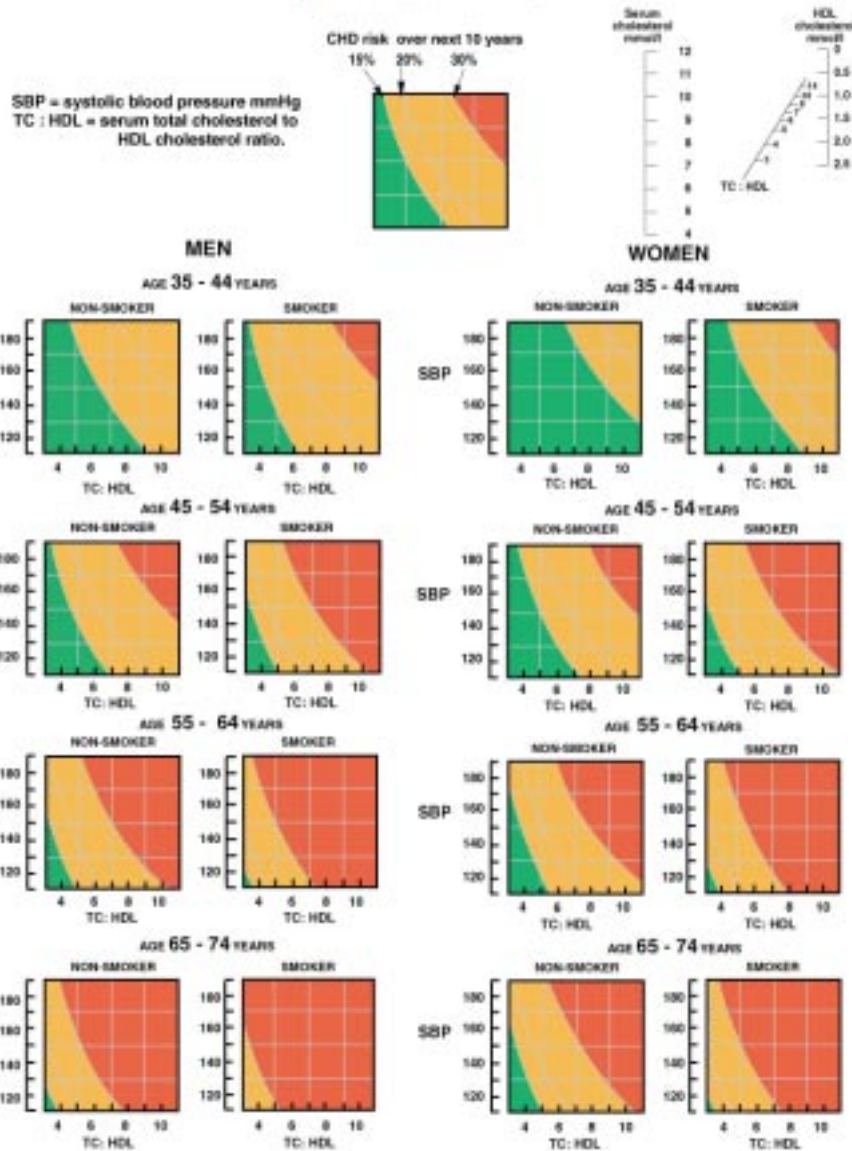
The use of these charts is not appropriate for patients who have existing disease which already puts them at high risk. Such diseases are:

- CHD or other major atherosclerotic disease
- Familial hypercholesterolaemia or other inherited dyslipidaemia
- Established hypertension (systolic BP > 160 mmHg and/or diastolic BP > 100 mmHg) or associated target organ damage
- Diabetes mellitus with associated target organ damage
- Renal dysfunction.

- To estimate an individual's absolute 10 year risk of developing CHD find the table for their gender, diabetes (yes/no), smoking status (smoker/non smoker) and age. Within this square define the level of risk according to systolic blood pressure and the ratio of total cholesterol to high density lipoprotein (HDL) cholesterol. If there is no HDL cholesterol result then assume this is 1.0mmol/l and then the lipid scale can be used for total cholesterol alone.
- High risk individuals are defined as those whose 10 year CHD risk exceeds 15% (equivalent to a cardiovascular risk of 20% over the same period). As a minimum those at highest risk ($\geq 30\%$ red) should be targeted and treated now, and as resources allow others with a risk of $> 15\%$ (orange) should be progressively targeted.
- Smoking status should reflect lifetime exposure to tobacco and not simply tobacco use at the time of risk assessment.

DIABETES

- CHD risk <15% over next 10 years
- CHD risk 15-30% over next 10 years
- CHD risk >30% over next 10 years



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- The initial blood pressure and the first random (non fasting) total cholesterol and HDL cholesterol can be used to estimate an individual's risk. However, the decision on using drug therapy should be based on repeat risk factor measurements over a period of time. The chart should not be used to estimate risk after treatment of hyperlipidaemia or blood pressure has been initiated.
- CHD risk is higher than indicated in the charts for
 - Those with a family history of premature CHD (men <55 years and women <65 years) which increases the risk by a factor of approximately 1.5
 - Those with raised triglyceride levels
 - Those who are not diabetic but have impaired glucose tolerance
 - Women with premature menopause
 - As the person approaches the next age category. As risk increases exponentially with age the risk will be closer to the higher decennium for the last four years of each decade.
- In ethnic minorities the risk chart should be used with caution as it has not been validated in these populations.
- The estimates of CHD risk from the chart are based on groups of people and in managing an *individual* the physician also has to use clinical judgement in deciding how intensively to intervene on lifestyle and whether or not to use drug therapies.
- An individual can be shown on the chart the direction in which the risk of CHD can be reduced by changing smoking status, blood pressure or cholesterol.

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