

**CVD MODIFIABLE RISK FACTOR
ASSESSMENT AND TRACKING SHEET - MEN**

Patient ID

Estimated 10 year risk of CAD %
(see reverse)

FACTOR	TARGETS ¹⁻⁶	DATE	DATE	DATE	DATE	DATE	DATE
BLOOD PRESSURE	<input type="checkbox"/> < 140/90						
	<input type="checkbox"/> < 135/ 85 (home BP)						
	<input type="checkbox"/> < 130/80 (diabetes)	.....	.....	.....	.....	.....	.....
	<input type="checkbox"/> < 125/75 (proteinuria > 1g/d)	Y N	Y N	Y N	Y N	Y N	Y N
BLOOD SUGAR (FBG/A1c)	FBG < 6.2 & 7.0 mmol/L						
	A1c < 0.07	.....	.....	.....	.....	.....	.....
		Y N	Y N	Y N	Y N	Y N	Y N
LDL-C (see reverse)							
	mmol/L	.....	.....	.....	.....	.....	.....
		Y N	Y N	Y N	Y N	Y N	Y N
TC/HDL -C (see reverse)							
	
		Y N	Y N	Y N	Y N	Y N	Y N
SMOKING	None						
	
		Y N	Y N	Y N	Y N	Y N	Y N
WEIGHT OR BMI							
	kg BMI < 25	.....	.....	.....	.....	.....	.....
		Y N	Y N	Y N	Y N	Y N	Y N
WAIST CIRCUMFERENCE	< 102 cm or _____ cm						
	European, Eastern Mediterranean and Middle East (< 94 cm); South Asian, Chinese, South and Central Americans (< 90 cm); Japanese (< 85 cm)	.....	.....	.....	.....	.....	.....
		Y N	Y N	Y N	Y N	Y N	Y N
DIET/NUTRITION	Limited intake of fat and cholesterol; eats food containing fibre; balanced diet						
	
		Y N	Y N	Y N	Y N	Y N	Y N
PHYSICAL ACTIVITY	Exercise 30 minutes ≥ 3-5x/week						
	
		Y N	Y N	Y N	Y N	Y N	Y N
SIGNATURE INITIALS							

Circle: Y - Yes/ Meeting Targets N - No/ Not meeting Targets

References

1. Canadian Cardiovascular Society position statement – Recommendations for the diagnosis and treatment of dyslipidemia and prevention of cardiovascular disease. Can J Cardiol 2006; 22(11): 913-27.
2. 2004 Canadian Recommendations for the Management of Hypertension – Canadian Hypertension Education Program (CHEP)
3. Canadian Diabetes Association 2003 Clinical Practice Guidelines for the prevention and Management of Diabetes in Canada, Can J Diabetes 2003;27(supp 2):s7-s58
4. Pearson et al. AHA Guidelines for primary prevention of cardiovascular disease and stroke:2002 update. Circulation 2002; 106:388-91.
5. Canadian Task Force on Preventive Health Care: <http://www.ctfphc.org/>
6. Aiming for a Healthy Weight, National Institute of Health/ National Heart Lung and Blood Institute, www.nhlbi.nih.gov/health/public/heart/obesity/lose_wt/risk.htm

CVD RISK ASSESSMENT MEN

DATE: _____

10-YEAR RISK OF CAD ESTIMATE¹

(Based on Framingham data)

The 10-year risk of CAD estimates the risk of hard cardiac endpoints such as death from CAD and nonfatal myocardial infarction. **Note:** Patients with a history of any **atherosclerotic disease** (CAD, cerebrovascular disease or peripheral vascular disease) and most patients with **diabetes** or **chronic kidney disease** automatically considered high risk (CAD 10 year risk > 20%).



RISK FACTOR	RISK POINTS				
A. Age					
20-34	-9				
35-39	-4				
40-44	0				
45-49	3				
50-54	6				
55-59	8				
60-64	10				
65-69	11				
70-74	12				
75-79	13				
B. Total Cholesterol (mmol/L)		Age Group			
	20-39	40-49	50-59	60-69	70-79
< 4.14	0	0	0	0	0
4.15-5.19	4	3	2	1	0
5.20-6.19	7	5	3	1	0
6.20-7.20	9	6	4	2	1
≥ 7.21	11	8	5	3	1
C. Smoker					
No	0	0	0	0	0
Yes	8	5	3	1	1
D. HDL-C (mmol/L)					
≥ 1.55	-1				
1.30-1.54	0				
1.04-1.29	1				
< 1.04	2				
E. Systolic Blood Pressure (mmHg)		Untreated	Treated		
< 120		0	0		
120-129		0	1		
130-139		1	2		
140-159		1	2		
≥ 160		2	3		



Total Risk Points A + B + C + D + E	
Risk Points	Risk (%)
< 0	< 1 %
0-4	1 %
5-6	2 %
7	3 %
8	4 %
9	5 %
10	6 %
11	8 %
12	10 %
13	12 %
14	16 %
15	20 %
16	25 %
≥ 17	≥ 30 %



Family History? (CAD before 55 y in men and 65 y in women) If yes, may multiply risk estimate by 2.0



Estimated 10 year risk of CAD _____ %

CHOLESTEROL TARGETS¹

Note: Cholesterol targets are based on the estimated 10-year CAD risk (above) using pretreatment (i.e. before medication) total cholesterol and HDL-C.

10-year Risk of CAD	Risk Category	Cholesterol Targets*	
		LDL-C (mmol/L)	TC/HDL-C Ratio
20 % or history noted above	<input type="checkbox"/> HIGH	<i>Treatment target:</i> < 2.0 < 4.0	
10% to 19 %	<input type="checkbox"/> MODERATE	<i>Treat when:</i> ≥ 3.5 ≥ 5.0	
< 10 %	<input type="checkbox"/> Low	<i>Treat when:</i> ≥ 5.0 ≥ 6.0	

* For low or moderate risk patients who are candidates for statin therapy, treatment to lower LDL-C by 40% is generally appropriate.

* Acute-phase CRP measurement may be useful in the further definition of CAD risk for patients with a 10-year risk between 10% and 19%

CLINICAL IDENTIFICATION OF METABOLIC SYNDROME

- Abdominal obesity (waist circumference >102 cm for M)
- Triglyceride (level ≥ 1.7 mmol/L)
- HDL-C (level < 1.0 mmol/L for M)
- Blood Pressure (≥ 130 / 85 mmHg)
- Fasting glucose (level 6.2 – 7.0 mmol/L)

*Criteria: 3 or more of the above risk factors Total #: _____

Individuals who meet the definition of metabolic syndrome are often at higher risk than estimated based on the calculations above.