

Department of Family and Community Medicine  
**CVD MODIFIABLE RISK FACTOR ASSESSMENT  
 AND TRACKING SHEET - WOMEN**

<b>Estimated 10 year risk of CAD</b> (see reverse)	<b>%</b>
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FACTOR	TARGETS <sup>1-6</sup>	DATE	DATE	DATE	DATE	DATE	DATE
<b>BLOOD PRESSURE</b>	<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
<b>BLOOD SUGAR (FBG/A1c)</b>	FBG < 6.2 & 7.0 mmol/L A1c < 0.07	..... Y N	..... Y N	..... Y N	..... Y N	..... Y N	..... Y N
<b>LDL-C</b> (see reverse)	mmol/L	..... Y N	..... Y N	..... Y N	..... Y N	..... Y N	..... Y N
<b>TC/HDL -C</b> (see reverse)		..... Y N	..... Y N	..... Y N	..... Y N	..... Y N	..... Y N
<b>SMOKING</b>	None	..... Y N	..... Y N	..... Y N	..... Y N	..... Y N	..... Y N
<b>WEIGHT OR BMI</b>	kg BMI < 25	..... Y N	..... Y N	..... Y N	..... Y N	..... Y N	..... Y N
<b>WAIST CIRCUMFERENCE</b>	< 88 cm or ____ cm European, Eastern Mediterranean and Middle East , South Asian, Chinese, South and Central Americans (< 80 cm); Japanese (< 90 cm)	..... Y N	..... Y N	..... Y N	..... Y N	..... Y N	..... Y N
<b>DIET/NUTRITION</b>	Limited intake of fat and cholesterol; eats food containing fibre; balanced diet	..... Y N	..... Y N	..... Y N	..... Y N	..... Y N	..... Y N
<b>PHYSICAL ACTIVITY</b>	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**

- 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.
- 2004 Canadian Recommendations for the Management of Hypertension – Canadian Hypertension Education Program (CHEP)
- 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
- Pearson et al. AHA Guidelines for primary prevention of cardiovascular disease and stroke:2002 update. Circulation 2002; 106:388-91.
- Canadian Task Force on Preventive Health Care: <http://www.ctfphc.org/>
- 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](http://www.nhlbi.nih.gov/health/public/heart/obesity/lose_wt/risk.htm)

# CVD RISK ASSESSMENT WOMEN

DATE: \_\_\_\_\_

## 10-YEAR RISK OF CAD ESTIMATE<sup>1</sup>

(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** and **chronic kidney disease** are automatically considered high risk (CAD 10 year risk > 20%).



RISK FACTOR	RISK POINTS				
<b>A. Age</b>					
20-34	-7				
35-39	-3				
40-44	0				
45-49	3				
50-54	6				
55-59	8				
60-64	10				
65-69	12				
70-74	14				
75-79	16				
<b>B. Total Cholesterol (mmol/L)</b>		<b>Age Group</b>			
	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	1
5.20-6.19	8	6	4	2	1
6.20-7.20	11	8	5	3	2
≥ 7.21	13	10	7	4	2
<b>C. Smoker</b>					
No	0	0	0	0	0
Yes	9	7	4	2	1
<b>D. HDL-C (mmol/L)</b>					
≥ 1.55	-1				
1.30-1.54	0				
1.04-1.29	1				
< 1.04	2				
<b>E. Systolic Blood Pressure (mmHg)</b>		Untreated	Treated		
< 120		0	0		
120-129		1	3		
130-139		2	4		
140-159		3	5		
≥ 160		4	6		

Total Risk Points A + B + C + D + E	
Risk Points	Risk (%)
< 9	< 1 %
9-12	1 %
13-14	2 %
15	3 %
16	4 %
17	5 %
18	6 %
19	8 %
20	11 %
21	14 %
22	17 %
23	22 %
24	27 %
≥ 25	≥ 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 TARGETS<sup>1</sup>

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>	
		<b>&lt; 2.0</b>	<b>&lt; 4.0</b>
10% to 19 %	<input type="checkbox"/> MODERATE	<i>Treat when:</i>	
		<b>≥ 3.5</b>	<b>≥ 5.0</b>
< 10 %	<input type="checkbox"/> Low	<i>Treat when:</i>	
		<b>≥ 5.0</b>	<b>≥ 6.0</b>

\* 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 >88 cm for F)
- Triglyceride (level ≥ 1.7 mmol/L)
- HDL-C (level < 1.3 mmol/L for F)
- 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.