



Using the Charts

- Identify the chart relating to the person's sex, diabetic status, smoking history and age.
- Within the chart choose the cell nearest to the person's age, systolic blood pressure (SBP) and total cholesterol (TC) TC:HDL ratio. People who fall exactly on a threshold between cells are placed in the cell indicating higher risk.

Note: The risk charts now include values for SBP alone, as this is the most informative of conventionally measured blood pressure parameters for cardiovascular risk. Diastolic pressures may add some predictive power, especially at younger ages (eg, a diastolic pressure consistently >100 mm Hg in a patient with SBP values between 140 and 170 mm Hg).

Certain groups may have CVD risk underestimated using these charts. See Cardiovascular Guidelines Handbook (2009 Edition) for details.

| Risk level: 5-year CVD risk (fatal and non-fatal) | Benefits: NNT for 5 years to prevent one event (CVD events prevented per 100 people treated for 5 years) | | |
|---|--|---|---|
| | 1 intervention (25% risk reduction) | 2 interventions (45% risk reduction) | 3 interventions (55% risk reduction) |
| 30% | 13 (7.5 per 100) | 7 (14 per 100) | 6 (16 per 100) |
| 20% | 20 (5 per 100) | 11 (9 per 100) | 9 (11 per 100) |
| 15% | 27 (4 per 100) | 15 (7 per 100) | 12 (8 per 100) |
| 10% | 40 (2.5 per 100) | 22 (4.5 per 100) | 18 (5.5 per 100) |
| 5% | 80 (1.25 per 100) | 44 (2.25 per 100) | 36 (3 per 100) |

NNT = Number needed to treat

Based on the conservative estimate that each intervention: aspirin, BP treatment (lowering SBP by 10 mm Hg) or lipid modification (lowering LDL-C by 20%) reduces cardiovascular risk by about 25% over 5 years.

Note: Cardiovascular events are defined as myocardial infarction, new angina, ischaemic stroke, transient ischaemic attack (TIA), peripheral vascular disease, congestive heart failure and cardiovascular-related death.

