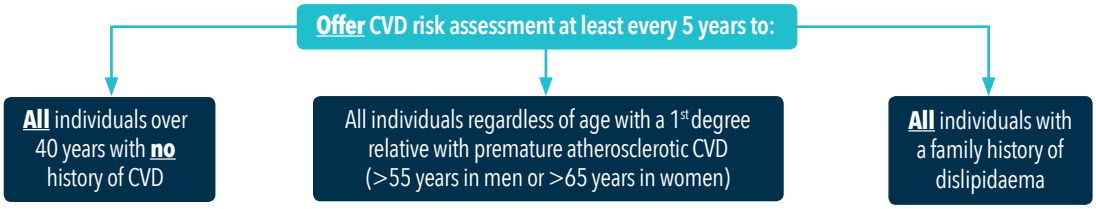
CONSULTATION GUIDE

DIABETES AND CARDIOVASCULAR RISK ASSESSMENT

BACKGROUND

- People with diabetes have a two- to four-fold increased risk of developing coronary artery disease (CAD) and stroke compared with the general population.[1]
- CAD causes approximately two-thirds of deaths among people with type 2 diabetes, which is associated with a decreased life expectancy of 6-7 years.[2,3]
- Appropriate management of modifiable risk factors (eg hypertension, dyslipidaemia and hyperglycaemia) prevents much of the morbidity and mortality associated with cardiovascular disease (CVD) in people with diabetes. So, regularly assessing CVD risk is an important element of high-quality care.

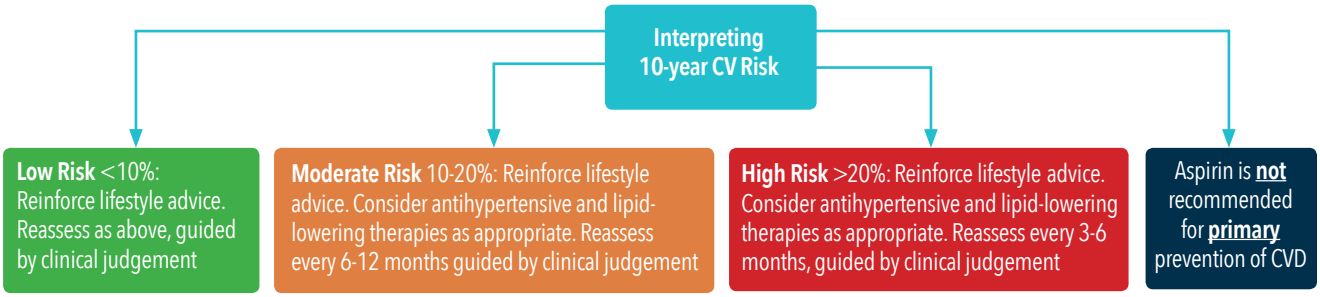
FREQUENCY OF CVD RISK ASSESSMENTS



ASSESSING CVD RISK IN PEOPLE WITH DIABETES

- Healthcare professionals (HCPs) can use calculators (see resources) to estimate CVD risk in people with diabetes.
- Risk-assessment calculators may not be appropriate in people with increased CVD risk due to other conditions or treatments.
- HCPs should assume that the following people with diabetes are at increased CVD risk (assessing risk with a calculator is not required):
  - ≥85 years of age.
  - Chronic kidney disease, albuminuria or both
  - Pre-existing CVD
  - Familial hypercholesterolaemia suspected or confirmed
  - Type 1 diabetes

INTERPRETING CVD RISK IN PEOPLE WITH DIABETES



RESOURCES

- For full details of hypertension diagnosis and management see NICE guideline 36: www.nice.org.uk/guidance/ng36
- CVD risk calculators
  - QRISK3-2018 (qrisk.org/three): Calculates 10-year CV risk (UK)
  - ASSIGN (www.assign-score.com/): Calculates 10-year CV risk (Scotland)
  - JBS3 Risk Calculator (www.jbs3risk.com): Calculates lifetime CV risk
  - QRISK-Lifetime (qrisk.org/lifetime/): Calculates lifetime CV risk

REFERENCES

1 Martín-Timón I, Sevillano-Collantes C, Segura-Galindo A et al *World Journal of Diabetes* 2014; 5: 444-470

2 Wang WCC et al *Circulation* 2016;133:2459-2502

3 Fitch K, et al *Current Medical Research and Opinion* 2017;33:1795-1801

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