

# CVD risk identification & reduction in Primary Care


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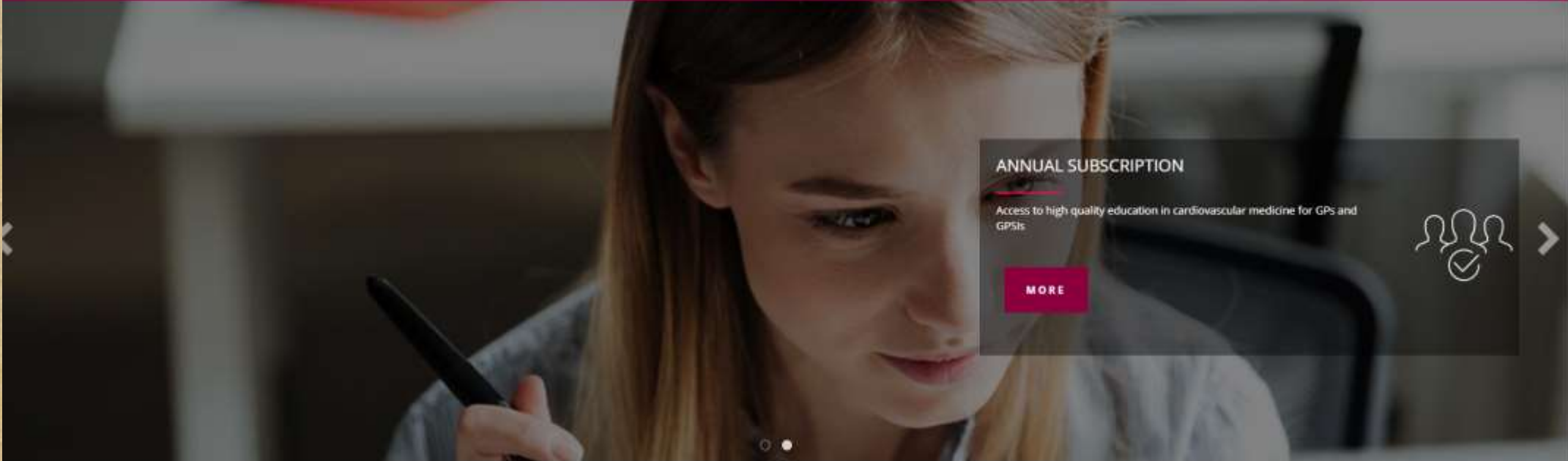
# Primary Care Cardiovascular Society website



Primary Care  
Cardiovascular  
Society

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Driving primary care to deliver the best in cardiovascular health



ANNUAL SUBSCRIPTION

Access to high quality education in cardiovascular medicine for GPs and GPsIs

MORE



ANNUAL SUBSCRIPTION

GPs - £50  
Pharmacists, GP Registrars and Nurses - £25

PCCS OBJECTIVES

- » Represent primary care cardiovascular health needs at policy level
- » Promote best practice in primary care cardiovascular health through education, training and service development
- » Support the development of primary health care professionals in cardiovascular medicine
- » Facilitate and lead primary care cardiovascular research
- » Influence commissioners for the next decade (or longer)

# How to register for Membership

## **Annual Subscription**

GPs £40

Pharmacists, GP Registrars and Nurses £20

## **How to Register**

To register for membership please follow this link

<http://pccs.lcwmed.co.uk>

Or call 01444 414264

Or email [registrations@LCWmed.co.uk](mailto:registrations@LCWmed.co.uk)

# Take aim!

- Aims of the session:
- Recognise why people living with diabetes are at increased risk of vascular complications
- Evaluate a tailored approach to assessing and reducing risk
- Implement lifestyle interventions to reduce risk
- Assess the impact of medication in reducing vascular risk





# What happens?

## Macrovascular disease

Transient ischaemic attack  
Stroke

Angina  
Myocardial infarction  
Cardiac failure

Peripheral  
vascular  
disease

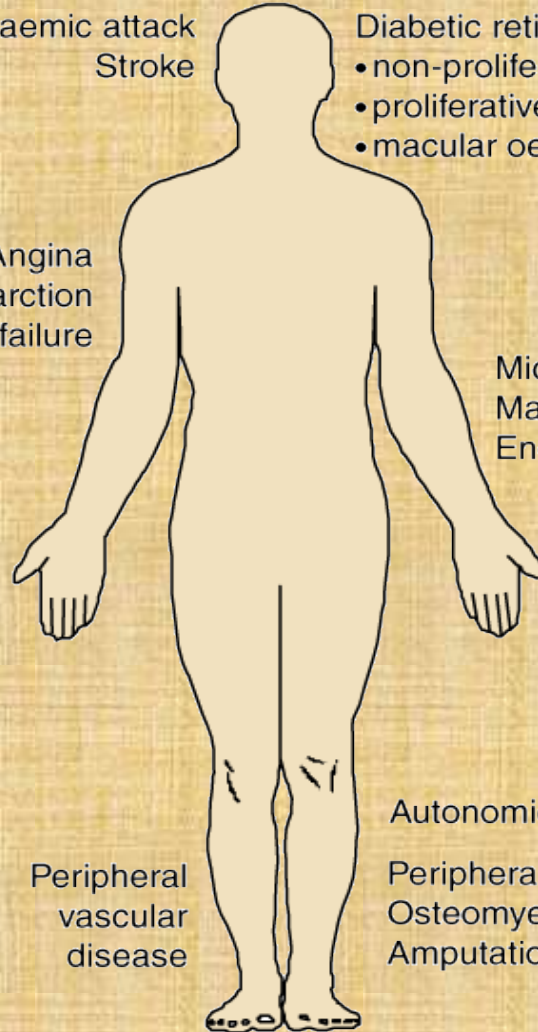
## Microvascular disease

Diabetic retinopathy  
• non-proliferative  
• proliferative  
• macular oedema

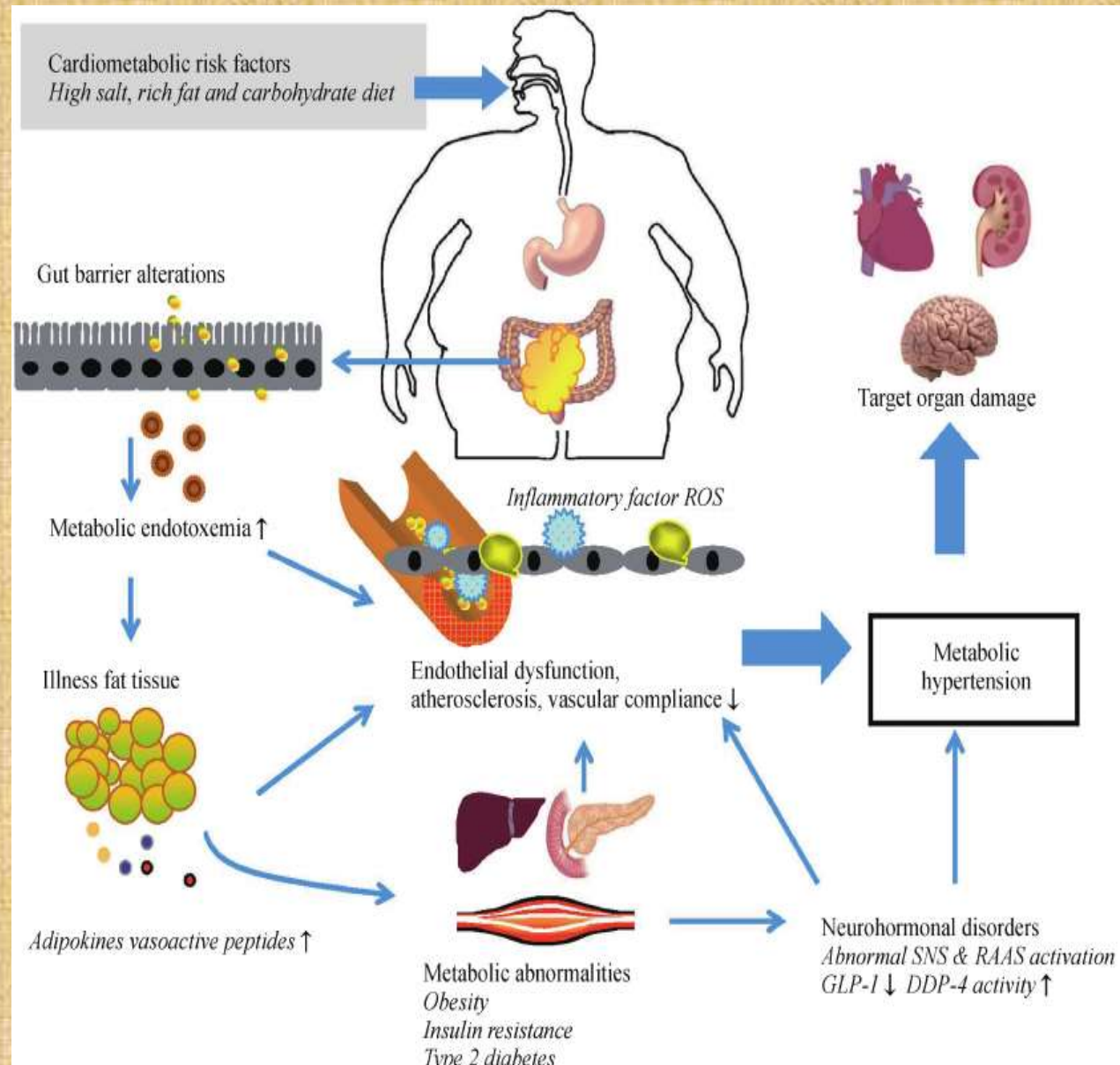
Microalbuminuria  
Macroalbuminuria  
End-stage renal disease

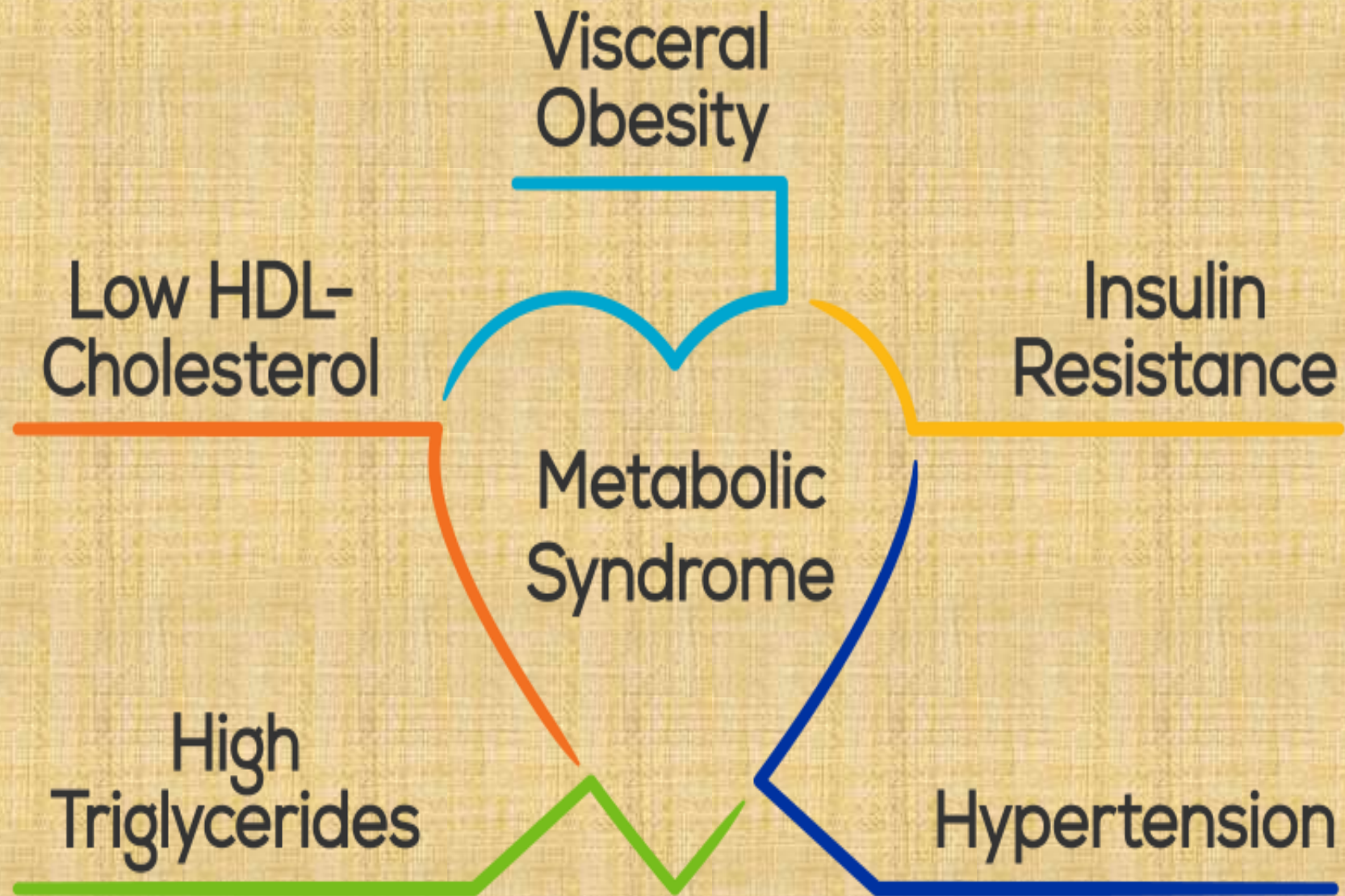
Erectile dysfunction

Autonomic neuropathy  
Peripheral neuropathy  
Osteomyelitis  
Amputation

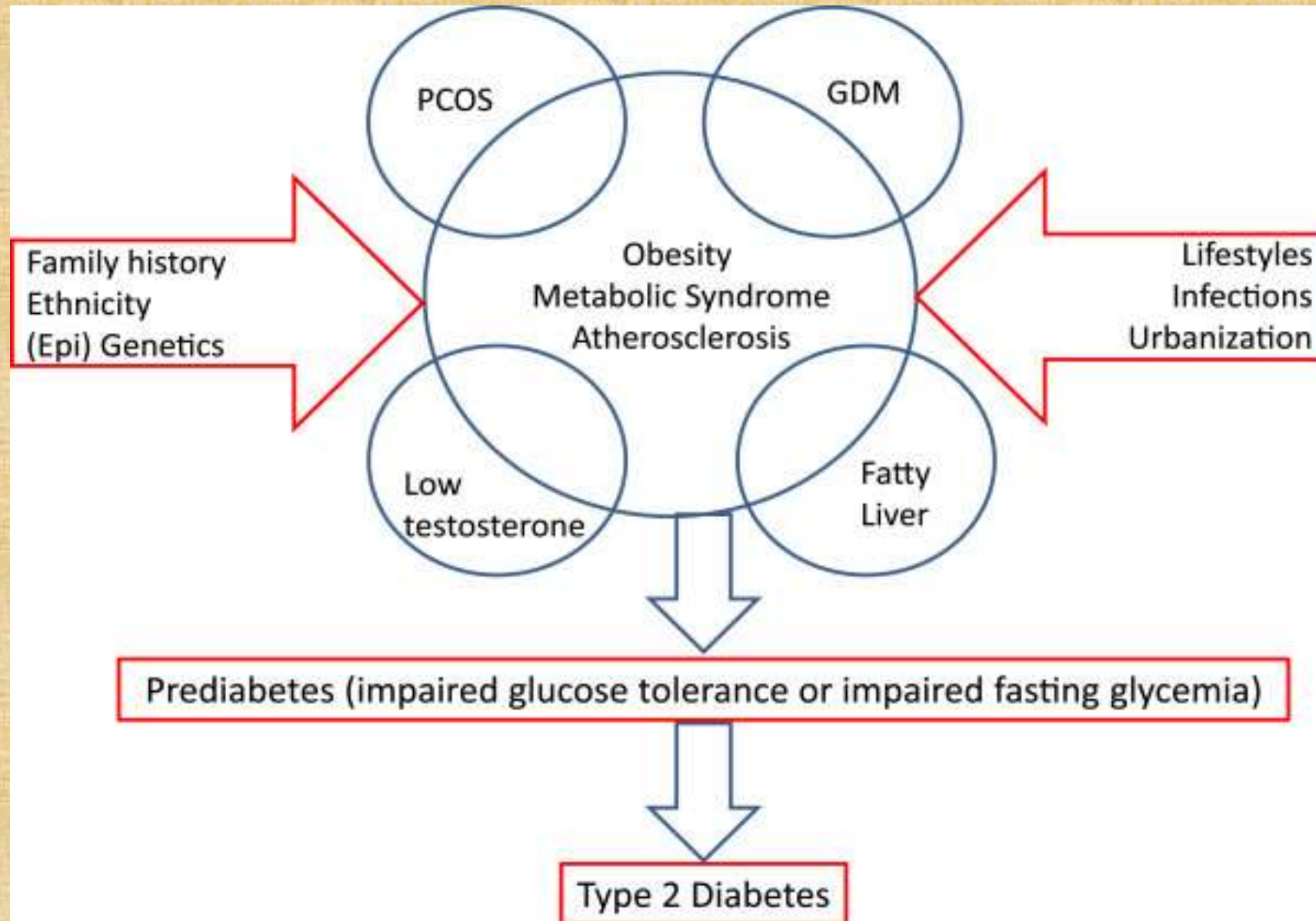


# Why?



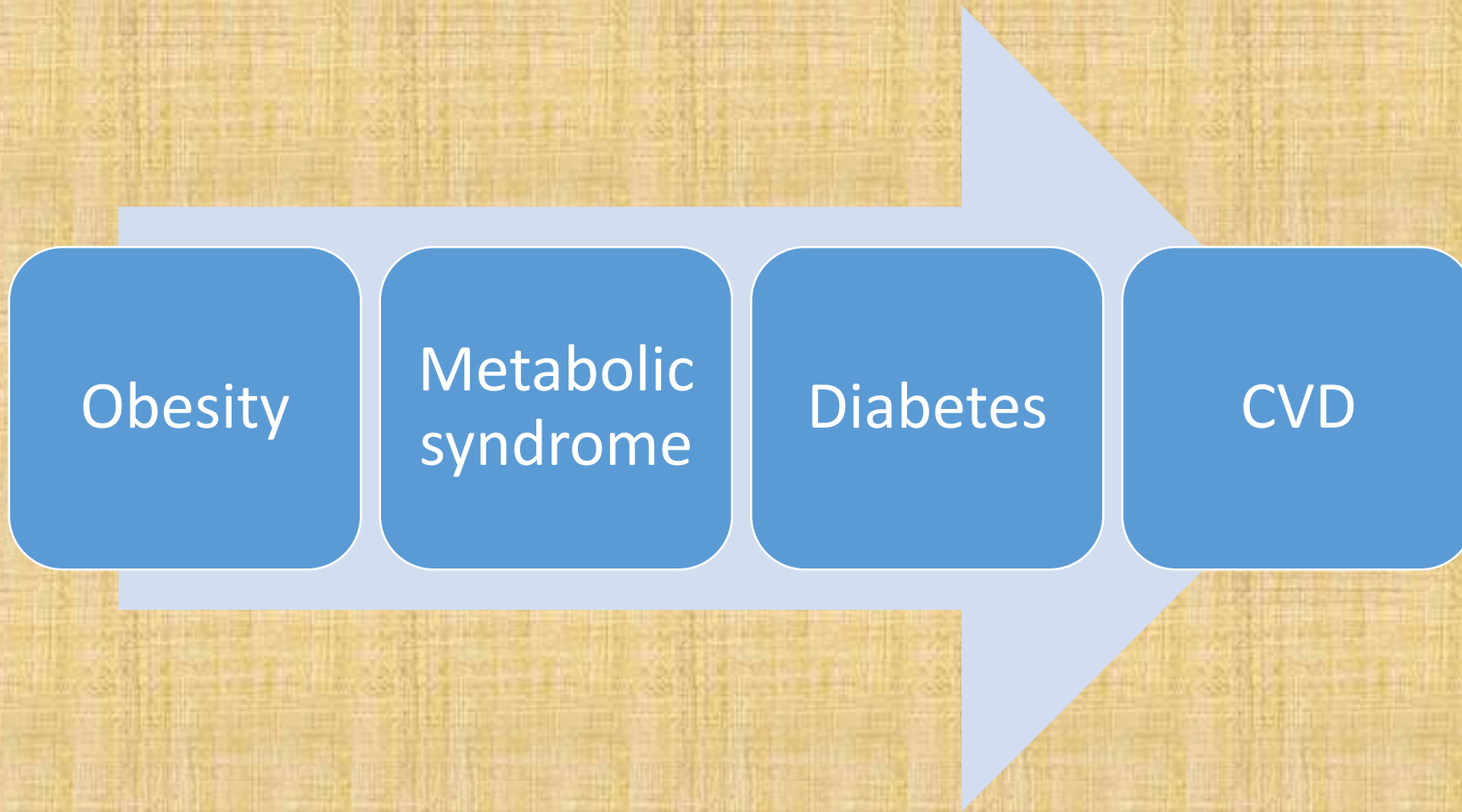








So in effect...



Risk assessment: all for one?



### Welcome to the QRISK®3-2017 risk calculator

This calculator is only valid if you do not already have a diagnosis

Reset

Copyright

Algorithm

#### About you

Age (25-84):

Sex: ☒ Male ☐ Female

Ethnicity:

UK postcode: leave blank if unknown

Postcode:

#### Clinical information

Smoking status:

Diabetes status:

Angina or heart attack in a 1st degree relative <60? ☐

Chronic kidney disease (stage 3, 4, or 5)? ☐

Atrial fibrillation? ☒

On blood pressure treatment? ☐

Do you have migraines? ☒

Rheumatoid arthritis? ☐

Systemic lupus erythematosus (SLE)? ☐

Severe mental illness? ☐

On atypical antipsychotic medication? ☐

Are you on regular steroid tablets? ☒

A diagnosis of or treatment for erectile dysfunction? ☒

Leave blank if unknown

Total cholesterol: HDL cholesterol ratio:

Systolic blood pressure (mm Hg):

Standard deviation of at least two most recent systolic blood pressure readings (mm Hg):

Body mass Index

Height (cm):

Weight (kg):

Calculate risk

#### Your results

Your risk of having a heart attack or stroke within the next 10 years is:

In other words, in a crowd of 100 people with the same risk factors as you, 23 are likely to have a heart attack or stroke within the next 10 years.



Risk of a heart attack or stroke

Your score has been calculated using estimated data, as some information was left blank.

Your body mass index was calculated as 31.22 kg/m<sup>2</sup>.



# Lifestyle



# Medication

- Triple whammy:
- Glycaemic control
- BP
- Lipids





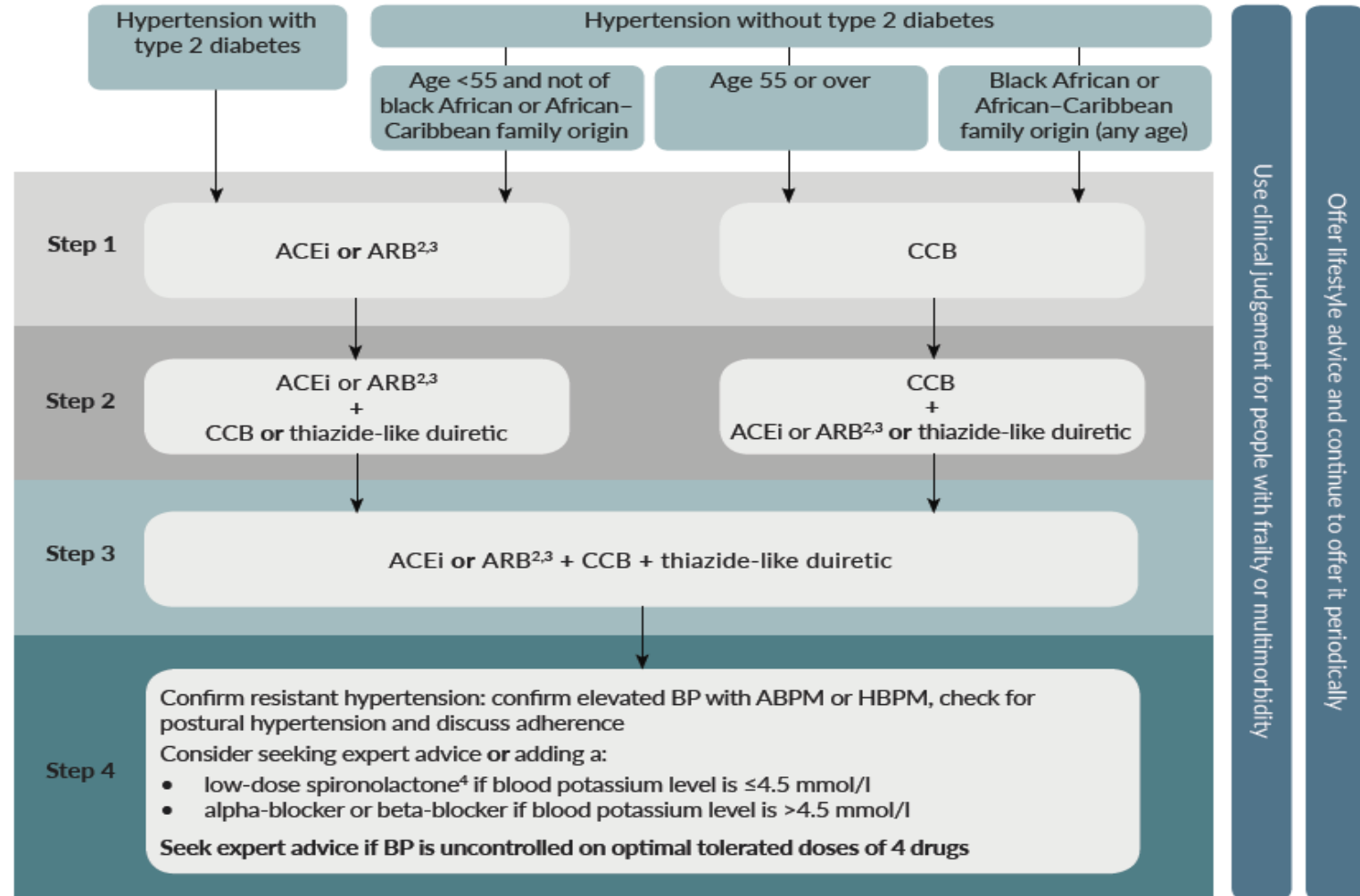
# Newer glycaemic agents – the great HOPE?

- SGLT2 inhibitors:
  - Lower plasma glucose & HBA1c
  - Induce moderate natriuresis
  - Reduce blood pressure and
  - Reduce weight and
  - Exert cardio-protective properties on the heart
- GLP1- RAs & CVD





## Choice of antihypertensive drug<sup>1</sup>, monitoring treatment and BP targets



### Monitoring treatment

Use clinic BP to monitor treatment.

Measure standing and sitting BP in people with:

- type 2 diabetes or
- symptoms of postural hypotension or
- aged 80 and over.

Advise people who want to self-monitor to use HBPM. Provide training and advice.

Consider ABPM or HBPM, in addition to clinic BP, for people with white-coat effect or masked hypertension.

### BP targets

Reduce and maintain BP to the following targets:

**Age <80 years:**

- Clinic BP  $< 140/90$  mmHg
- ABPM/HBPM  $< 135/85$  mmHg

**Age  $\geq 80$  years:**

- Clinic BP  $< 150/90$  mmHg
- ABPM/HBPM  $< 145/85$  mmHg

**Postural hypotension:**

- Base target on standing BP

**Frailty or multimorbidity:**

- Use clinical judgement

<sup>1</sup> For women considering pregnancy or who are pregnant or breastfeeding, see NICE's guideline on [hypertension in pregnancy](#). For people with chronic kidney disease, see NICE's guideline on [chronic kidney disease](#). For people with heart failure, see NICE's guideline on [chronic heart failure](#).

<sup>2</sup> See MHRA drug safety updates on [ACE inhibitors and angiotensin-II receptor antagonists: not for use in pregnancy](#), which states 'Use in women who are planning pregnancy should be avoided unless absolutely necessary, in which case the potential risks and benefits should be discussed', [ACE inhibitors and angiotensin II receptor antagonists: use during breastfeeding](#) and [clarification: ACE inhibitors and angiotensin II receptor antagonists](#). See also NICE's guideline on [hypertension in pregnancy](#).

<sup>3</sup> Consider an ARB, in preference to an ACE inhibitor in adults of African and Caribbean family origin.

<sup>4</sup> At the time of publication (August 2019), not all preparations of spironolactone have a UK marketing authorisation for this indication.

# Lipids

LDL  
Cholesterol



HDL  
Cholesterol

# In summary

- CVD risk is increased in populations of people living with diabetes
- Individual risk assessment remains important
- Treat multiple risk factors to reduce risk
- Treat to (individualised) targets
- Respect autonomy and balance beneficence and non-maleficence
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