key points

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Cardiovascular disease (CVD) affects seven million people in the UK alone. CVD is a term that encompasses coronary heart disease, atrial fibrillation, aortic disease, peripheral artery disease and stroke. Modifiable risk factors for CVD include smoking, abnormal lipid profile, hypertension, diabetes, abdominal obesity, psychosocial factors, diet, alcohol consumption, and lack of physical activity. The INTERHEART study concluded that these factors account for more than 90% of the risk of MI worldwide.

Current NICE guidance recommends the use of the QRISK2 tool to assess CVD risk in patients aged 25-84 years. Well validated studies have suggested that QRISK2 is a better predictor of a patient's ten-year risk of CVD compared with the traditionally used Framingham equation. However, it should be noted that NICE does not recommend the use of QRISK2 for patients with established CVD, chronic kidney disease and type 1 diabetes mellitus.

The European Society of Cardiology guideline recommends reducing saturated fat intake, to less than 10% of total energy intake, by substituting saturated fats with polyunsaturated fatty acids. It also recommends a high fibre Mediterranean diet with five portions of fruit and vegetables a day, and two portions of fish per week.

The Department of Health recommends that over a week, physical activity should add up to at least 150 minutes (2.5 hours) of moderate intensity activity in bouts of 10 minutes or more, or 75 minutes of vigorous intensity activity. All those who smoke should be advised to stop and offered varenicline (a nicotine partial agonist) or combination NRT. Men and women are advised not to consume more than 14 units of alcohol per week.

The clinical findings, lipid profile and family history should be used to judge the likelihood of a familial lipid disorder rather than the use of strict lipid cut-off values alone. It is also important to exclude possible common secondary causes of dyslipidaemia (uncontrolled diabetes, hypothyroidism and nephrotic syndrome) before referring for specialist review.

Before commencing statin therapy it is important to discuss the benefits of risk factor modification. If lifestyle modification is ineffective or inappropriate, statins should be offered to people who are at high risk of developing CVD.