



# Managing cardiovascular risk in people with cardio-renal-metabolic conditions

Life forward

## Modifiable and non-modifiable risk factors are key in determining assessment and management



### Non-modifiable risk factors<sup>1,2</sup>

- Ethnicity
- Age
- Sex
- Family history/genetics
- Environment/social factors



### Modifiable risk factors<sup>1</sup>

- Smoking
- High cholesterol
- Physical activity
- Diet
- Alcohol consumption
- Weight

## Lipid targets for primary and secondary prevention of cardiovascular disease for people taking statins

### Primary prevention

- **NICE:** Non-HDL cholesterol reduction of 40% or more<sup>4</sup>
- Consider adjusting cholesterol targets for older people and individuals who are frail<sup>4</sup>

### Secondary prevention

- **NICE:** LDL cholesterol  $\leq 2.0$  mmol/L or non-HDL cholesterol  $\leq 2.6$  mmol/L<sup>4</sup>
- The European Society of Cardiology suggests lower targets based on risk of cardiovascular disease: LDL cholesterol  $< 1.4$  mmol/L (if very high risk of CVD)<sup>7</sup> or  $< 1.8$  mmol/L (if high risk of CVD)<sup>7</sup>

## Cardiovascular risk assessment tools are a crucial aspect of evaluating future health



### QRISK\*3

QRISK\*3 is a valuable tool to assess 10-year cardiovascular disease risk to help navigate management options<sup>3</sup>



### Assessing cardiovascular disease risk<sup>4</sup>

- Non-HDL = total cholesterol – HDL cholesterol<sup>5</sup>
- Triglycerides
- Liver function
- Body mass index
- Blood pressure
- Renal function<sup>6</sup>

## What are the HbA1c levels that should be targeted in T2D?<sup>8</sup>



For adults on a drug associated with hypoglycaemia, support them to aim for an HbA1c level of 53 mmol/mol (7.0%)



For adults with T2D managed by lifestyle and diet, or lifestyle and diet combined with a single drug not associated with hypoglycaemia, support the person to aim for an HbA1c level of 48 mmol/mol (6.5%).



In adults with T2D, if HbA1c levels are not adequately controlled by a single drug and increase to 58 mmol/mol (7.5%) or higher:

- Reinforce advice about diet, lifestyle and adherence to treatment
- Support the person to aim for an HbA1c level of 53 mmol/mol (7.0%)
- Intensify drug treatment



If adults with T2D reach an HbA1c level that is lower than their target and they are not experiencing hypoglycaemia, encourage them to maintain it. Be aware that a low HbA1c level can also result from factors like deteriorating renal function or sudden weight loss.

## Important factors to consider when managing cardio-renal-metabolic conditions



Informed decision making



Patient education



Available technology



Lifestyle choices:

- Smoking status,
- Alcohol intake
- Physical activity levels
- Diet



## Regularly assess your patients with cardio-renal-metabolic conditions for heightened cardiovascular disease risk

Ensure each person is managed holistically to reduce cardiovascular risk

Choose HbA1c and lipid management targets based on the patient's individual goals and level of risk

Provide patients access to education and the resources available to promote self care



### Abbreviations:

CVD, cardiovascular disease; HbA1c, glycated haemoglobin; HDL, high-density lipoprotein; LDL, low-density lipoprotein; NICE, National Institute of Health and Care Excellence; T2D, type 2 diabetes