

Considerations in Cardiovascular disease

All people are at risk of cardiovascular at varying levels, however risk is modifiable through life-style advice and common medical interventions.



The essence of treatment of all cardiovascular conditions has a common theme and the use of preventive medication should be maximized



People should be invited to attend for assessment of their cardiovascular risk, whether this is all over 45yrs in a regular cycle or more directed at those where the QRisk2 calculated through SystmOne is showing a calculated risk of greater than 10% at 10 years



Risk stratification should involve a person, smoking status being weight, height, BMI calculated, Blood pressure assessment, Bloods assessing Cholesterol, Lipids, electrolytes, eGFR and HBA_{1c}.
If the blood pressure assessment reveals a blood pressure of > 140/80 then an ambulatory assessment should be performed to confirm hypertension



All should receive life style advice addressing diet, activity, stopping smoking, maintaining a healthy weight, sensible alcohol intake and the benefits of preventive medication in conjunction with a healthy lifestyle to modify personal cardiovascular risk

Hypertension

ACE-I
Amlodipine
Indapamide
Statin

CKD

ACE-I
BP control
Statin

PVD

Aspirin
BP control
Statin

IHD

Aspirin
BP control
Statin
Beta-blocker

CVA/TIA

Clopidogrel
ACE-I
BP control
Statin

Diabetes

ACE-I
BP control
Statin
Glycaemic control

Pre-Diabetes

Aggressive weight control
regular HBA_{1c}

LVSD

ACE-I
BP control
Beta blocker
MRA

If found to have atrial fibrillation then Anticoagulation should be discussed and recommended, aspirin being discontinued if previously prescribed