



Module 2

CVD risk assessment – the New Zealand approach

Today, more people than ever are surviving acute cardiovascular events because of the advances in the prevention and treatment of CVD; however, they are still responsible for 40 percent of deaths (often premature and preventable) in New Zealand.¹¹

Following two years of development, a consensus statement Cardiovascular Disease Risk Assessment and Management for Primary Care was released in 2018.¹ The assessment informs people about their risk of cardiovascular events, as well as strategies to improve their heart health.

We now have the ability to estimate risk and predict future cardiovascular events based on contemporary New Zealand (PREDICT cohort) data. The consensus statement introduces new equations for primary prevention, based on these data, and replaces previous advice on CVD risk assessment.

There remains a significant disparity between Māori and Pacific and non-Māori/non-Pacific CVD risks and outcomes, and access to primary care services and risk assessments, which makes an equity focus for assessment coverage and risk management imperative. The consensus statement contains several measures which aim to help address this.

The findings of the landmark PREDICT study, published in 2018, were based on over 400,000 primary care patients in New Zealand¹

Resources

1. Ministry of Health. 2018. Cardiovascular Disease Risk Assessment and Management for Primary Care. Wellington: Ministry of Health. Pay particular attention to the section “What’s new in 2018 CVD risk assessment and management?”
www.health.govt.nz/publication/cardiovascular-disease-risk-assessment-and-management-primary-care
2. Heart Foundation. What’s new in Cardiovascular Disease Risk Assessment and Management for Primary Care Clinicians?
<https://assets.heartfoundation.org.nz/documents/shop/heart-healthcare/cvd-consensus-summary-v2.pdf?1632179402>

References are available with the online article

Module 2 : Activity 1	Learning notes	Reflections on practice
<p>Read the resources listed above to:</p> <ul style="list-style-type: none">• identify some of the reasons five-year risk is used rather than 10-year risk• identify the ages at which to begin regular CVD assessments, noting those which specifically aim to address the CVD risk inequity for Māori and Pacific men and women• identify the outcomes CVD risk assessment is designed to predict so that you can describe them precisely; many patients will not understand what is meant by “cardiovascular event”.	<p>Write your notes here (editable text box)</p>	<p>Write your notes here (editable text box)</p>

Module 2 : Activity 2	Learning notes	Reflections on practice
<p>There are many variables within the current electronic CVD risk assessment equations. Using these, you may be able to alert a Māori or Pacific person aged in their 30s that they may already have a raised level of cardiovascular risk due to factors that are evident without yet having obtained test results.</p> <ul style="list-style-type: none">• Which risk variables within the CVD risk assessment can be identified opportunistically in a patient consultation simply via family and personal history, patient questioning and observation?• How can you communicate these and the known adverse CVD rates for Māori or Pacific peoples in a way that may help motivate a younger adult patient to engage with having risk assessments and testing?	<p>Write your notes here (editable text box)</p>	<p>Write your notes here (editable text box)</p>