Top Ten Things To Know
2010 ACCF/AHA Guideline for Assessment of Cardiovascular Risk in Asymptomatic Adults

1. In 2003, approximately 37% of American adults reported having 2 or more of risk factors for CVD and ninety percent of patients with coronary heart disease (CHD) have at least 1 atherosclerotic risk factor.

2. Half of all coronary deaths are not preceded by cardiac symptoms or diagnoses, so this guideline provides an evidence-based approach to risk assessment in an effort to lower this high burden of coronary deaths in adults showing no evidence of disease.

3. This guideline, jointly developed by the American College of Cardiology and the American Heart Association, is a review of more than 400 scientific studies and applies to individuals age 20 and older, excluding patients who have a diagnosis of CVD or a coronary event, and those with peripheral artery disease (PAD) and cerebral vascular disease.

4. Guidance is presented for tests that should be performed in all adults for CV risk assessment, including global risk scoring and taking into account such factors as cholesterol level, blood pressure, age, sex, diabetes and smoking and family history.

5. The guideline examines patient motivation and acknowledges that low risk patients are unlikely to gain substantial benefits from pharmaceutical interventions and are managed best with lifestyle modifications; conversely high risk patients are more likely to benefit from pharmacologic interventions.

6. Assessments and recommendations are presented for such factors as lipoprotein and apolipoprotein, circulating blood markers including C-reactive protein, hemoglobin A1-C, urinary albumin excretion and lipoprotein-associated-phospholipase A2.

7. Guidance is provided on vascular tests for risk assessment including resting electrocardiogram, resting echocardiogram for LV structure and function, LV hypertrophy, myocardial perfusion imaging, carotid intima-media thickness by ultrasound, brachial/peripheral flow-mediated dilation, pulse wave velocity, ankle-brachial index, exercise electrocardiography, stress echocardiography, calcium scoring, coronary computed tomography angiography, and magnetic resonance imaging.

8. Special circumstances and other considerations are addressed including patients with diabetes, women, and patients with chronic kidney disease, ethnic groups, and older adults.

9. The importance of assessing cardiovascular risk in all women, despite a lack of symptoms, using a global risk score and family history is highlighted.

10. Future research needs are also underscored, including a clearer understanding of optimal timing to initiate risk assessment in adults.

Full Text:
http://circ.ahajournals.org/cgi/reprint/10.1161/CIR.0b013e3182051b4c

Executive Summary:
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