Top Ten Things To Know
Inclusion of Stroke in Cardiovascular Risk Prediction Instruments

1. Estimation of absolute risk of coronary heart disease is a critical component in primary and secondary prevention of cardiovascular disease and in the management of co-morbid conditions.


3. Absolute event rates and risk thresholds allow physicians (and other clinicians) to target preventive measures toward those at high risk for cardiovascular disease (CVD) events.

4. Coronary heart disease (CHD) risk equivalents are traditionally based on absolute risk thresholds
   a. Established CHD
   b. Diabetes mellitus
   c. Peripheral arterial disease
   d. Symptomatic carotid artery disease
   e. Framingham risk score >20%

5. This statement discusses the issues with including large vessel atherosclerotic ischemic stroke as a risk equivalent.

6. Large vessel atherosclerotic ischemic stroke should be considered as a CHD risk equivalent similar to other atherosclerotic conditions in risk prediction instruments and guidelines that use CHD equivalents.

7. Inclusion of stroke as a high-risk condition could have a substantial impact on risk estimation used in the planning of future prevention programs.

8. Inclusion of stroke as an outcome could lead to an increase in the absolute risk of vascular events of 5-10% (may be higher in minority populations).

9. Inclusion of stroke as an outcome measure in risk prediction instruments may better capture overall risk of CVD as a whole.

10. Further clinical epidemiological studies are needed to increase the level of evidence to improve precision of the absolute risk estimates for different stroke subtypes in risk prediction instruments.

http://stroke.ahajournals.org/lookup/doi/10.1161/STR.0b013e31825bcdac