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HYPERTENSION, LIPIDS AND PREVENTION

THE IMPACT OF REPLACING HARD CARDIAC RISK WITH GLOBAL CARDIOVASCULAR RISK SCORES IN THE OLDER UNITED STATES ADULTS

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Background: Global Cardiovascular Disease (CVD) risk assessment is a proposed alternative to hard coronary heart disease (CHD). Beyond heart attack and death, CVD risk adds the endpoints of angina, stroke, heart failure and claudication. We sought to estimate the population impact of a shift from CHD to CVD risk prediction on older U.S. adults.

Methods: We analyzed CHD and CVD risk in men age 45-74 and women age 55-74 without baseline CVD or diabetes, using the National Health and Nutrition Examination Survey 2005-2006. We stratified the population by Adult Treatment Panel III risk categories and compared the risk distribution in each group.

Results: Of 48 Million (M) older men and women, 31M (63%) increase at least one risk category after shifting to CVD with no difference between sexes. The lower risk group drops from 50% to 14% after the shift. Moderate High risk increases from 17% to 36%, while High risk increases from 3% to 19%.

Discussion: Shifting to all CVD endpoints is attractively comprehensive, yet the population implications of such a shift are profound. Screening tests like coronary calcium scoring or C-reactive protein would more than double their appropriate Moderate-High risk populations. Benefits of aspirin or statins may have less than expected improvement for some endpoints, changing the risk-benefit decisions. As nearly two-thirds of older US adults increase risk levels, the potentially large cost and disease management implications will require careful consideration before a shift is embraced.

