



Estimate absolute 5-year CVD risk with the Australian CVD Risk Calculator (cvdcheck.org.au) for adults without known CVD. Some patients are clinically high risk by definition and skip the calculator entirely — check this first.

ABSOLUTE 5-YEAR CVD RISK

Low <5% → lifestyle first. Intermediate 5–<10% → consider treatment. High ≥10% → treat BP & lipids together — benefit is judged to outweigh harm at this level.

HIGH RISK — SKIP THE CALCULATOR

- Known CVD: prior MI, ACS, stroke/TIA or peripheral arterial disease
- Moderate–severe CKD: eGFR <45, or uACR >25 (M) / >35 (F) mg/mmol
- Confirmed familial hypercholesterolaemia
- Diabetes is **not** automatic — its variables feed the calculator instead

RECLASSIFICATION FACTORS

- Ethnicity: Maori, Pacific Islander or South Asian → consider higher; East Asian → consider lower
- Family history of premature CVD: relative <55y (male) or <65y (female)
- Severe mental illness needing specialist care in the last 5 years
- Kidney disease short of the automatic-high-risk threshold above
- Coronary artery calcium score — can reclassify up or down

SAFETY

- Don't run the calculator on a patient already at automatic high risk
- CAC scoring carries radiation — reserve for low/intermediate risk plus another risk factor where it will change management
- Reassess sooner than scheduled if risk factors worsen or a new diagnosis arises

WHO & WHEN TO ASSESS

All adults 45–79y; people with diabetes from 35y. First Nations people: individual risk factors from 18y, calculator from 30y.

FIRST NATIONS PEOPLE

CKD and severe mental illness are more prevalent — risk often needs reclassifying higher. Reassess annually, or at least 2-yearly, and build a trusting relationship before discussing risk.

HOME BP MONITORING — '722' PROTOCOL

2 readings, 2 occasions/day (am & pm), 7 consecutive days. Discard day 1, average the rest. Diagnostic threshold ≥135/85.

PRACTICAL PRESCRIBING NOTE

Black African or Caribbean ancestry: a CCB or thiazide-type diuretic is commonly preferred over ACE inhibitor/ARB monotherapy (lower renin-mediated response) — per ISH 2020 guidance.

MBS HEART HEALTH CHECK

Items 699 (GP) / 177: ≥20 min, once per 12 months, for patients with or at risk of CVD. Confirm current eligibility & rebate at mbsonline.gov.au.

RED FLAGS / REFER

- Suspected familial hypercholesterolaemia: very high LDL or premature family history
- CAC score very high, or discordant with the clinical picture → cardiology
- Young patient, strong family history, uncertain stratification → specialist input