

# Cardiovascular disease prevention overview

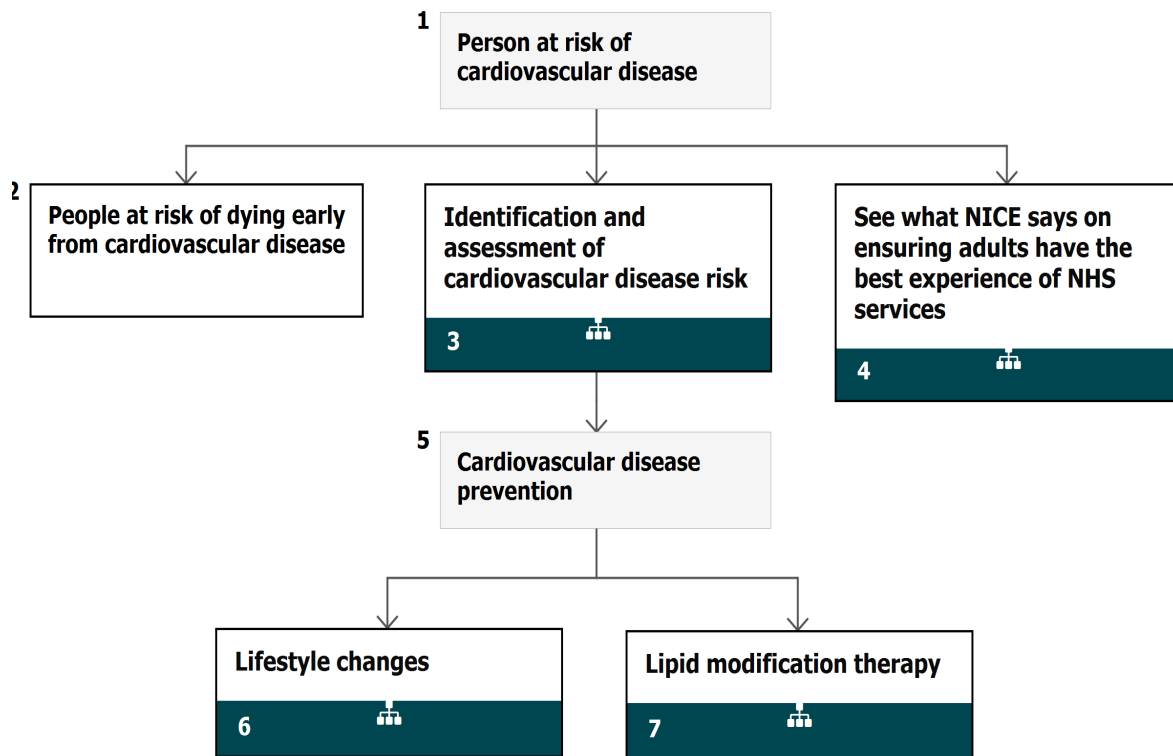
NICE Pathways bring together everything NICE says on a topic in an interactive flowchart. NICE Pathways are interactive and designed to be used online.

They are updated regularly as new NICE guidance is published. To view the latest version of this NICE Pathway see:

<http://pathways.nice.org.uk/pathways/cardiovascular-disease-prevention>

NICE Pathway last updated: 08 August 2018

This document contains a single flowchart and uses numbering to link the boxes to the associated recommendations.



## 1 Person at risk of cardiovascular disease

No additional information

## 2 People at risk of dying early from cardiovascular disease

See what NICE says on [identifying and supporting people most at risk of dying early from cardiovascular disease](#). These recommendations aim to reduce the number of people who are disadvantaged dying prematurely by ensuring people have better access to flexible, well-coordinated treatment and support.

The recommendations cover adults who are disadvantaged:

- who smoke and/or
- who are eligible for statins and/or
- who are at high risk of CVD due to other factors.

## 3 Identification and assessment of cardiovascular disease risk

See [Cardiovascular disease prevention / Identification and assessment of cardiovascular disease risk](#)

## 4 See what NICE says on ensuring adults have the best experience of NHS services

See [Patient experience in adult NHS services](#)

## 5 Cardiovascular disease prevention

No additional information

## 6 Lifestyle changes

See [Cardiovascular disease prevention / Lifestyle changes for preventing cardiovascular disease](#)

## 7 Lipid modification therapy

[See Cardiovascular disease prevention / Lipid modification therapy for preventing cardiovascular disease](#)

## Glossary

### CVD

cardiovascular disease

### disadvantaged

adults who are disadvantaged include (but are not limited to) those on a low income (or who are members of a low-income family), those on benefits, those living in public or social housing, some members of black and minority ethnic groups, those with a mental health problem, those with a learning disability, those who are institutionalised (including those serving a custodial sentence) and those who are homeless

### HbA1c

glycated haemoglobin

### HDL

high-density lipoprotein

### high-intensity

the following doses for statins are high intensity, based on the percentage reduction in low density lipoprotein (LDL) cholesterol they can produce: atorvastatin 20–80 mg; rosuvastatin 10–40 mg; simvastatin 80 mg

### high risk

if someone has a 20% or higher risk of a first cardiovascular event in the next 10 years they are deemed at high risk of cardiovascular disease

### Intensity

for the purpose of this interactive flowchart, statins are grouped into 3 different intensity categories according to the percentage reduction in low-density lipoprotein cholesterol: low intensity if the reduction is from 20% to 30%; medium intensity if the reduction is from 31% to 40%; and high intensity if the reduction is above 40%

**LDL**

low-density lipoprotein

**LDL-C**

low-density lipoprotein cholesterol

**Your responsibility****Guidelines**

The recommendations in this guideline represent the view of NICE, arrived at after careful consideration of the evidence available. When exercising their judgement, professionals and practitioners are expected to take this guideline fully into account, alongside the individual needs, preferences and values of their patients or the people using their service. It is not mandatory to apply the recommendations, and the guideline does not override the responsibility to make decisions appropriate to the circumstances of the individual, in consultation with them and their families and carers or guardian.

Local commissioners and providers of healthcare have a responsibility to enable the guideline to be applied when individual professionals and people using services wish to use it. They should do so in the context of local and national priorities for funding and developing services, and in light of their duties to have due regard to the need to eliminate unlawful discrimination, to advance equality of opportunity and to reduce health inequalities. Nothing in this guideline should be interpreted in a way that would be inconsistent with complying with those duties.

Commissioners and providers have a responsibility to promote an environmentally sustainable health and care system and should assess and reduce the environmental impact of implementing NICE recommendations wherever possible.

**Technology appraisals**

The recommendations in this interactive flowchart represent the view of NICE, arrived at after careful consideration of the evidence available. When exercising their judgement, health

professionals are expected to take these recommendations fully into account, alongside the individual needs, preferences and values of their patients. The application of the recommendations in this interactive flowchart is at the discretion of health professionals and their individual patients and do not override the responsibility of healthcare professionals to make decisions appropriate to the circumstances of the individual patient, in consultation with the patient and/or their carer or guardian.

Commissioners and/or providers have a responsibility to provide the funding required to enable the recommendations to be applied when individual health professionals and their patients wish to use it, in accordance with the NHS Constitution. They should do so in light of their duties to have due regard to the need to eliminate unlawful discrimination, to advance equality of opportunity and to reduce health inequalities.

Commissioners and providers have a responsibility to promote an environmentally sustainable health and care system and should assess and reduce the environmental impact of implementing NICE recommendations wherever possible.

### **Medical technologies guidance, diagnostics guidance and interventional procedures guidance**

The recommendations in this interactive flowchart represent the view of NICE, arrived at after careful consideration of the evidence available. When exercising their judgement, healthcare professionals are expected to take these recommendations fully into account. However, the interactive flowchart does not override the individual responsibility of healthcare professionals to make decisions appropriate to the circumstances of the individual patient, in consultation with the patient and/or guardian or carer.

Commissioners and/or providers have a responsibility to implement the recommendations, in their local context, in light of their duties to have due regard to the need to eliminate unlawful discrimination, advance equality of opportunity, and foster good relations. Nothing in this interactive flowchart should be interpreted in a way that would be inconsistent with compliance with those duties.

Commissioners and providers have a responsibility to promote an environmentally sustainable health and care system and should assess and reduce the environmental impact of implementing NICE recommendations wherever possible.