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Table I: American College of Cardiology/American Heart Association Guidelines for Assessing Cardiovascular Disease Risk Factors

<table>
<thead>
<tr>
<th>Age</th>
<th>Recommendation</th>
<th>Frequency</th>
<th>Level of Evidence</th>
</tr>
</thead>
<tbody>
<tr>
<td>20-79</td>
<td>Check traditional risk factors*</td>
<td>Every 4-6 years</td>
<td>IB</td>
</tr>
<tr>
<td>40-79</td>
<td>Estimate 10-year risk for Atherosclerotic Cardiovascular Disease** using Pooled Cohort Equations***</td>
<td>Every 4-6 years</td>
<td>IB</td>
</tr>
</tbody>
</table>

*Age, sex, total and high density lipoprotein cholesterol, systolic blood pressure, use of antihypertensive therapy, diabetes, and current smoking.

**Defined as nonfatal myocardial infarction, coronary heart disease death, nonfatal and fatal stroke.

***Pooled cohort equation for estimating risk takes the following variables into account: sex, race, age, treated or untreated systolic blood pressure, total cholesterol, high density lipoprotein cholesterol, current smoking status, and history of diabetes.

Level of evidence definitions: IA, evidence from meta-analysis of randomized controlled trials; IB, evidence from at least one randomized controlled trial; IIA, evidence from at least one controlled study without randomization; IIB, evidence from at least one other type of experimental study; III, evidence from nonexperimental descriptive studies, such as comparative
studies, correlation studies, and case-control studies; IV, evidence from expert committee reports
or opinions or clinical experience of respected authorities, or both.