

critique of a cardiovascular risk

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Critique of a Cardiovascular risk assessment

Risk assessment tools to estimate the patient's 10-year risk of developing cardiovascular disease (CVD) should be used to identify high-risk patients for primary prevention. The latest National Institute for Health and Clinical Excellence (NICE) guidance (2010) does not recommend any particular risk calculator. According to patient those calculators which are based on the Framingham risk equation may overestimate risk in UK populations. This may be as much as 5% for UK men. Within this assignment I intend to explore QRISK2 as an assessment tool, considering its strengths and limitations as well as its benefits and the challenges of using it in practice. I will also examine how the tool might inform decisions in practice and/or discussions with the patients.

Qrisk2 an assesment tool.

Qrisk2 is more accurate in identifying a high risk population for cardiovascular disease in the United Kingdom than the NICE version of the Framingham equation according to BMJ. The superior performance of the QRISK risk scores is not surprising as both QRISK risk scores were developed (and internally and externally validated) on large cohorts of general practice patients in the United Kingdom, the population for which the risk predictions were targeted and designed. This includes accounting for social deprivation, family history of coronary heart disease, and ethnicity, all known to increase the risk of developing cardiovascular disease. According to BMJ the most important finding about QRISK2 is that it reclassifies between 43.0% of women and 45.4% of men previously deemed high risk (= 20% at 10 years) by NICE Framingham into a low risk category.

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