

Knowing true age of your heart key to curbing lifetime heart disease risk

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Understanding the true age of your heart is key to curbing the lifetime risk of developing—and dying from—heart disease, say new consensus recommendations on how best to stave off the worldwide epidemic of cardiovascular disease, published in the journal *Heart*.

The Joint British Societies' consensus recommendations for the prevention of [cardiovascular disease](#) (JBS3), which have been drawn up by *11 UK professional societies and charitable organisations, are based on the latest available scientific evidence.

They emphasise the importance of putting patients in the driving seat and starting preventive action early on, using a new method of risk assessment - the JBS3 risk calculator.

Heart disease deaths have almost halved over the past 40-50 years, particularly in high income countries, thanks largely to the identification of the common risk factors involved and national public health initiatives, say the authors.

But "despite impressive progress, there is much still to be achieved in the prevention and management of [cardiovascular care](#), with no room for complacency," they point out.

CVD "is by far and away the leading cause of deaths worldwide," and is "rampant" in low and middle income countries, while the surge in obesity and diabetes threatens to overturn the steady decline made in

CVD prevalence, they emphasise.

And rates of [heart disease](#) continue to vary substantially depending on where a person lives and how well off s/he is.

The new recommendations extend the current focus of preventive treatment from targeting only those at high short term (within the next 10 years) risk of a [heart](#) attack/stroke to those whose familial and lifestyle factors at a younger age indicate a low short term risk, but a high lifetime risk of developing CVD.

The approach is based on the growing body of evidence showing that there is a long build-up (pre-clinical phase) to CVD, and that most heart attacks and strokes occur in people who are in the 'intermediate' risk category.

Nevertheless, "most surveys suggest that the majority of the public underestimate their lifetime risk of developing and dying of CVD, considering cancer to be a greater threat despite robust evidence to the contrary," say the authors.

To try and stop CVD in its tracks and stave off the associated ill health and disability, the recommendations therefore include the [JBS3 risk calculator](#), which aims to help healthcare professionals and patients better understand cumulative [lifetime risk](#), and what can be done to lower it.

A key component of the calculator is a better understanding of the true age of the heart. This is worked out using current familial and lifestyle risk factors, and used to predict how many more years that individual can expect to live before s/he has a heart attack/stroke compared with someone without these particular factors - if no corrective action is taken.

So, for example, a 35 year old woman smoker, with a systolic blood pressure of 160 mm Hg and a total cholesterol of 7 mmol/l, plus a family history of premature CVD, would have a true heart age of 47 and expect to survive to the age of 71 without having a heart attack/stroke. Her 10 year risk would be less than 2%.

But if this woman quit smoking, cut her total cholesterol to 4 mmol/l and her systolic blood pressure to 130 mm Hg, her heart age would fall to 30. She could expect to live to the age of 85 before having a heart attack/stroke and more than halve her 10 year risk to less than 0.25%.

The JBS3 risk calculator will be a pivotal component of the NHS Health Check programme in England aimed at 40-74 year olds, but is not intended to prompt blanket prescribing of statins and other heart health drugs, say the authors.

"It is important to emphasise that, for the majority, the strong message will be the potential gains from an early and sustained change to a healthier lifestyle rather than prescription of drugs," they emphasise.

Lifestyle changes include quitting smoking, adopting a healthy diet, and boosting the amount of regular exercise while curbing sedentary activity.

"Acute cardiovascular care is expensive and with life expectancy continuing to rise, the prevalence of CVD continues to increase," write the authors. "The lifesaving gains made through national investment in acute cardiovascular care over more than a decade now need to be complemented by a modern and integrated approach to cardiovascular prevention," they conclude.

More information: [heart.bmj.com/lookup/doi/10.11...
heartjnl-2014-305693](http://heart.bmj.com/lookup/doi/10.11...heartjnl-2014-305693)

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