

Tip 29. (April 2019)

“Old men still making rules to treat themselves”

“Old men making rules to treat themselves” is a phrase I picked up from Dr John Kostis, an academic cardiologist and hypertension specialist from New Jersey, and it refers to cardiovascular risk management guidelines based on short-term, rather than lifetime risk. I have referred to it in previous “tips” and “comments”. The guts of it is that if you are young or middle-aged with mild to moderate hypertension without other risk factors, your short term (5 -10 year) risk of a cardiovascular event is very low, and the guidelines have not mandated initiation of antihypertensive or lipid-lowering therapy in these individuals. These same individuals however have a lifetime cardiovascular risk which is very substantially higher than age and sex-matched individuals with spontaneously optimal blood pressure. In older individuals however, especially > 65 years with the same blood pressure and lipids, 5 – 10 year cardiovascular risk is much higher – in the range where immediate initiation of antihypertensive and lipid-lowering therapy have been recommended. Hence “old men making rules to treat themselves”.

The latest NZ cardiovascular risk management guideline from 2018¹ is a case in point. As previously, (and out of step with other guidelines which have used 10 – 15 year cardiovascular risk), NZ doctors are enjoined to estimate 5-year cardiovascular risk using the new *PREDICT*TM on-line calculator. Based on this estimate, providing office blood pressure is < 160mmHg, antihypertensive and lipid-lowering therapy are not mandated if the 5-year risk is < 7.5%. This means that a 40 year-old man with a systolic BP persistently 150mmHg, average lipids, and no other risk factors, would go untreated. This is plain wrong – his (untreated) lifetime cardiovascular risk is close to 50%, compared with < 10% with optimal blood pressure and lipids.

So my message, as in the past, is:- the younger the patient, the more important lifetime cardiovascular risk (compared to 5 or 10-year risk) in determining when to initiate antihypertensive and lipid-lowering treatment, and aspirin.

I recommend the American Heart Association / American College of Cardiologists Heart Risk Calculator (ASCVD)³, which produces 10-year and lifetime (untreated and treated) cardiovascular risk simultaneously. I recommend initiating treatment immediately in individuals of any age in whom there is a significant difference between untreated and treated lifetime cardiovascular risk.

This topic is explored further in “*Hypertension Update*” which is a presentation I made at the Auckland Cardiovascular Forum on 5.3.19. My Powerpoint presentation and accompanying notes are save on this website in the section entitled “*Powerpoint Presentations and Teaching Materials*”

1. <https://www.health.govt.nz/publication/cardiovascular-disease-risk-assessment-and-management-primary-care>

2. <file:///C:/Users/walte/OneDrive/Desktop/Risk%20Calculator.html>

3. http://tools.acc.org/ldl/ascvd_risk_estimator/index.html#!/calculate/estimator/