PREDICT
CVD / DIABETES ECDS

NZ CVD / DIABETES PROGRAMME

DEMOGRAPHICS | CVD RISK ASSESSMENT | CVD RISK MANAGEMENT | DIABETES MANAGEMENT

ACTIONS | RECOMMENDATIONS | PATIENT INFORMATION | RISK ASSESSMENT INFO | DEBUG INFO

"WHAT IF" / "DEMO" - Recommendations:

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This page was made specifically for **Jo Bloggs *(___0245)***: 05-Oct-2011 17:39 hrs

CVD Risk

- Patient has diabetes and 5-year CVD risk greater than 30%. CVD risk category: Very High
  [(NZGG CVD) Estimating CVD risk]
- Patient has one or more of the criteria not included in the Framingham equation which may confer additional risk (see Risk Assessment Info tab).
  The patient has been moved up one risk category (+5%).
  [(NZGG CVD) Estimating CVD risk]
- Aim to lower CVD risk to less than 15% via lifestyle advice and simultaneous reduction of several risk factors.

Renal

- ACR is 2mg/mmol. Check ACR 3-6 monthly if have following risk factors: Maori, Pacific, Asian, microalbuminuria, elevated BP or lipids, smoking or poorly controlled blood glucose. Otherwise check at least annually. Seek specialist opinion if note a rapid increase in ACR (eg, doubling over 1 year noted from at least 3 samples).
  [(NZGG Diabetes) Identifying and managing diabetic renal disease]
- Serum creatinine (50 umol/L) is normal but no date given for test. Decision support has been given based on this level. However if clinical history has changed since last test or it was performed more than a year ago, recommend rechecking and rerunning decision support.

Lifestyle

- Assess/re-assess patient's dietary pattern today (recommended every 3-6 months).
  Refer for intensive dietary advice today, ideally by a dietitian or suitably trained health professional. Intensive dietary advice is recommended at least every 5 years.
  [(NZGG CVD) Cardioprotective dietary pattern]
  [(NZGG CVD) Intensive lifestyle interventions]
  [(NZGG CVD) Example of a lifestyle and dietary assessment sheet]
- Encourage patient to aim towards doing a minimum of 30 minutes of moderate-intensity physical activity on most days of the week. This may be accumulated in short periods of 8-10 minutes (Grade B).
  [(NZGG CVD) Physical activity assessment]
- Patient meets the definition of obesity (BMI of 30 or higher if non-Maori or non-Pacific ethnicity; BMI of 32 or higher if Maori or Pacific ethnicity). Priorities are to prevent further weight gain, achieve and sustain 5-10% weight loss and commence graduated lifestyle changes aimed at weight loss (Grade B).
  [(NZGG CVD) Assessment and advice for weight]
- Give brief advice to stop smoking and offer cessation support. NRT is first-line treatment to reduce withdrawal symptoms and increase smoking cessation rate. If NRT is contraindicated, consider bupropion, nortriptyline or varenicline.
  Recommend Quitline 0800 778 778.
  [(NZGG CVD) Smoking cessation recommendations]
  [When a smoker quits]

Glycaemic Control

Glycaemic Control

Target HbA1c	=< 7% or even lower if patient has renal disease
- **Well done!** HbA1c (7%) well controlled. Continue with intensive lifestyle measures.
  [(NZGG Diabetes) Stepwise approach to glycaemic control]
- Diabetes self-management education (over 5yrs ago or date not recorded). Self-management education referral is recommended on diagnosis and then on an ongoing basis according to need.
- Self-monitoring of blood glucose is considered part of diabetes self-care (Grade D).
  [Patient glucose monitoring]

Blood Pressure

Target BP	=< 130/80mmHg
- BP 140/95mmHg sub-optimal. Establish accurate sitting BP. Consider secondary causes.
  [(NZGG CVD) Blood pressure measurement and secondary causes]
  [(NZGG CVD) Recommended investigations prior to treatment of raised BP]
- A cardioprotective dietary pattern is an integral part of BP management (Grade A). Reduce alcohol consumption (Grade A) and reduce total salt (sodium) intake to less than 6g/day (5g = 1 teaspoon) (Grade A). Food groups which contribute a lot of salt (sodium) are breads, processed meats and sausages, potatoes and kumara, sauces, breakfast cereals and meat and poultry (Nutrition and the Burden of Disease New Zealand 1997-2011. MOH 2003).
  [(NZGG CVD) Specific lifestyle interventions]
  [(NZGG CVD) Cardioprotective dietary pattern]
- Intensive individualised lifestyle advice is recommended simultaneously with BP lowering therapy. Consider starting patient on ACE inhibitor or other BP-lowering agents if ACE inhibitor not tolerated (Grade A).
  [(NZGG CVD) Blood pressure lowering]
  [(NZGG CVD) Indications and contra-indications for the use of various drug classes to lower BP]

Antiplatelet/Anticoagulant

- *NB: Antiplatelet/anticoagulant advice as below does **not** apply in patients with a history of haemorrhagic stroke or other contra-indications.*
- Consider starting patient on aspirin 75-150mg daily. If unable to take aspirin, clopidogrel is an alternative (Good Practice Point).
  [(NZGG CVD) Antiplatelet therapy]
  [Pharmac Special Authority - Clopidogrel]

Lipids

- Optimal Lipid levels:

TC/HDL	=<4.5		
Total cholesterol	=<4 mmol/L	HDL	>1 mmol/L
Triglycerides	=<1.7mmol/L	LDL	=<2.5 mmol/L

- Lipid profile (TC/HDL 6, TC 6.5 mmol/L, LDL 5 mmol/L, triglycerides 3 mmol/L) sub-optimal. Ensure fasting sample and rule out secondary causes. Reinforce dietary pattern change and physical activity. Work towards optimising glycaemic control.
  [(NZGG CVD) Specific lifestyle interventions]
  [(NZGG CVD) Lipid measurement and secondary causes]
- Consider starting a statin.
  [(NZGG CVD) Statin monitoring and choice of lipid modifying drugs]

Feet

- A foot assessment is recommended 3-6 monthly for those people who have any features of 'high risk' foot. Otherwise at least annually.
  [(NZGG Diabetes) Preventing active foot problems and lower limb amputation]

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Eyes

- Ensure retinal review at least every 2 years or earlier if at high risk of retinopathy. Everyone with any degree of retinopathy should be under the supervision of an ophthalmologist.
  [(NZGG Diabetes) Identifying and preventing visual impairment and blindness]
  [Risk factors for retinopathy]

Other

- Depression is 2-3 times more common in people with diabetes than the general population. All people with diabetes should be screened for depression (Grade B). SSRIs are recommended in preference to tricyclic antidepressants (Grade B).
- Annual influenza vaccine is recommended for all people with diabetes (unless contraindicated).

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