Table 2. Summary of CVD risk assessment guidelines by country and year [MED ED: Can this table go online only?]

Year	Country	CVD scoring method	Age	Risk factors	Timeframe years	Thresholds risk	End points
2012	Australia[6,7]	National Heart Foundation Framingham National Vascular Disease Prevention Alliance www.cvdcheck.org.au	40–75 years	Age, sex, smoking, TC, HDL ratio, SBP, diabetes mellitus	Five years	Low <10% absolute cardiovascular risk Intermedia risk 10–15% High risk >15 %	Non-fatal or fatal CVD events
2015	Canada[26]	Clinical Practice Guidelines Framingham Lipid Pathway Committee	Men age ≥40 Women age ≥50 Upper limit 75 years	Age, sex, smoking, cholesterol, diabetes, CKD, coronary artery calcium	10 years	Low risk <10% Intermediate risk 10–19% High risk ≥20%	Non-fatal or fatal CVD events
2014	Joint British Society[31,32]	QRisk Lifetime Population UK	Nil specified	Age, sex, smoking, family history, TC, HDL-C, type 2 diabetes, SBP, rheumatoid arthritis, atrial fibrillation, heart failure, ethnicity, height, weight	10 years/ lifetime	High >20% absolute cardiovascular risk	Coronary heart disease deaths, acute myocardial infarction, coronary artery bypass graft, angina, CVA, transient ischaemic attack, intermittent claudication [AUTHOR: Is this correct?]
2015	UK NICE[31,32]	UK specific algorithm QRisk2, prim prevention, T2D	25–84 years	Age, sex, smoking, family history, TC, HDL-C, type 2 diabetes, SBP, rheumatoid arthritis, atrial fibrillation, heart failure, ethnicity, social deprivation (postcode), body mass index, CKD, family history coronary heart disease, routine data-based	10 years	High >10% Primary prevention 20 mg atorvastatin, secondary prevention 80 mg atorvastatin (CKD 20 mg)	Non-fatal or fatal CVD events
2018	New Zealand[27]	NZ Primary prevention equations	Men age ≥45 Women age ≥55 apart from Maori, Pacific, South Asian men age ≥30 and women age ≥40 Severe psychiatric illness from 25 years	Age, sex, family history, cholesterol, diabetes, CKD, atrial fibrillation, heart failure, ethnicity	Five years	Low to intermediate risk 5–15%: discuss merits lipid treatment target 40% LDL-C reduction High ≥15% = estimated CVD use enhancers: symptomatic and carotid plaque disease, coronary artery calcium score >400 or plaque on computed tomography angiography LDL-C target of below 1.8 mmol/L	Hospitalisations and deaths, Follow-up two-yearly if 10–15%, otherwise annually if >15%
2019	ESC/EAS[15]	SCORE	40–65 years	Age, sex, SBP, TC, smoking	10 years	Low to moderate score <5% High risk >5% to <10% [AUTHOR: 9%?] Very high risk ≥10%	Fatal CVD events (mortality)
2018	ACC/AHA[9,16]	Pooled cohort equations ASCVD risk calculator Most useful in non-Hispanic people	40–79 years	Age, sex, race, smoking, SBP, TC, HDL-C, diabetes mellitus, blood pressure medication, statin, aspirin	10 years/ lifetime	Low <5%; borderline 5–7.5% Intermediate 7.5% to <20% High ≥20% Selective use risk enhancers (eg coronary artery calcium score)	Non-fatal or fatal CVD event

ACC, American College of Cardiology; AHA, American Heart Association; ASCVD, atherosclerotic cardiovascular disease; CHD, coronary heart disease; CKD, chronic kidney disease; CVA, cerebrovascular accident; EAS, European Atherosclerosis Society; ESC, European Society of Cardiology; HDL-C, high-density lipoprotein cholesterol; HDL, high-density lipoprotein; LDL-C, low-density lipoprotein cholesterol, NICE, National Institute for Health and Care Excellence; SBP, systolic blood pressure; T2D, type 2 diabetes; TC, total cholesterol [AUTHOR: Please check that these are correct]