

### What it is

Build up of plaque on artery walls/fatty deposits = blockages occur and oxygen cannot get to the cells = cause of cell death (eg. Heart cells = MI; brain cells = stroke)

*"Absolute CVD risk is the likelihood of a person experiencing a cardiovascular event such as a heart attack, or stroke, within the next 5 years"*

### Guidelines & References

2023 AUS Guidelines for Assessing and Management of CVD

2021 ESC Guidelines on cardiovascular disease prevention in clinical practice

SaxInstitute Evidence check: Dietary patterns and cardiovascular Disease Outcomes

National Vascular Disease Prevention Alliance. Guidelines for the management of absolute cardiovascular disease risk (2012)

### Groups at risk

elderly	smokers
Indigenous australian	low socio-economic
rural	

### Modifiable risk factors

↑ weight	↑ HTN	dyslipidaemia
↓ physical activity	↓ plant foods	↑ smoking

### Intervention

Lipid management - 5 Fs

Reduction of saturated (<10% EEI [NRVs]) and trans fats (<1% EEI [WHO]); swap for healthy fats and oils

Restriction of salt intake to ~2000mg sodium or <5g salt/day [+DASH Diet]

Mediterranean-style diet

Oily fish "Omega-3": 2-3 serves/week (250-500mg marine sourced O-3 [EPA + DHA]/day)

Maintain healthy weight – encourage, support & advice

Reduce alcohol consumption <2 standard/day

Restrict sugar-sweetened beverages

Bariatric surgery

*Presence of dyslipidaemia secondary to other conditions (eg hypothyroidism), must be excluded before beginning treatment, as treatment of underlying condition may improve hyperlipidaemia. Secondary dyslipidaemias can be caused by: alcohol abuse, DM, Cushing's syndrome, diseases of the liver and kidneys, and corticosteroids*

### Refer

reduce their alcohol intake?	Alcohol & Other Drugs support service
stop smoking?	Social support. Quitline
Increase PA	EP

### Example PESS

Undesirable food choices (NB-7.1), due to not ready to make changes/lack of motivation/lack of support, as evidenced by \_\_\_ serves of discretionary foods, \_\_\_g added sugars/fat.

Excessive energy intake (NI-1.3), due to lack of knowledge on healthy food choices/lack of cooking skills/time poor, as evidence by \_\_\_\_\_ energy intake (compared to \_\_\_ requirements), BW, WC, BMI....



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