

**Clinical Summary: Risk Assessment for Cardiovascular Disease With Nontraditional Risk Factors**

<b>Population</b>	<b>Adults</b>
<b>Recommendation</b>	<b>No recommendation.</b> <b>Grade: I (insufficient evidence)</b>

<b>Risk Assessment</b>	Several traditional risk factors are associated with higher risk for CVD events, including older age, male sex, high blood pressure, current smoking, abnormal cholesterol levels, diabetes, obesity, and physical inactivity. Risk factors can be combined in many ways to classify a person's risk for a CVD event. CVD risk assessment in the United States has been generally based on the Framingham Risk Score and the Pooled Cohort Equations.
<b>Screening Tests</b>	ABI is the ratio of the systolic blood pressure at the ankle (measuring the pressure proximal to the dorsalis pedis or posterior tibial artery) to the systolic blood pressure at the brachial artery. A value <0.9 indicates peripheral artery disease. hsCRP is a serum protein involved in inflammatory and immune responses; the test involves a single blood sample and is widely available. A threshold of >2 or 3 mg/L indicates increased cardiovascular risk. CAC score is obtained by electron-beam or multidetector CT, which measure the calcium content in the coronary arteries. Scoring systems and thresholds for an elevated CAC score vary, but the baseline comparison is often a score of 0.
<b>Treatments and Interventions</b>	Asymptomatic adults at increased risk for CVD are usually treated with a combination of diet and exercise modifications, statins, aspirin, blood pressure management, and smoking cessation interventions.
<b>Other Relevant USPSTF Recommendations</b>	The USPSTF has made recommendations on many factors related to CVD prevention, including screening for high blood pressure, statin use, counseling on smoking cessation, counseling on healthful diet and physical activity, screening for peripheral artery disease and CVD risk assessment with the ABI, and low-dose aspirin use in certain persons at increased risk for CVD.

For a summary of the evidence systematically reviewed in making this recommendation, the full recommendation statement, and supporting documents, please go to <https://www.uspreventiveservicestaskforce.org>.