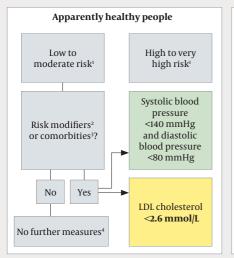
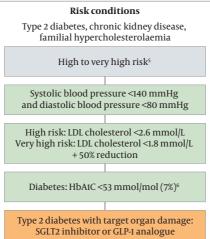
Figure 1 to Elise Sverre, Sigrun Halvorsen, Maja-Lisa Løchen and John Munkhaugen. Personalised cardiovascular disease prevention in the new guidelines. Tidsskr Nor Legeforen 2022; 142. doi:10.4045/tidsskr.22.0508

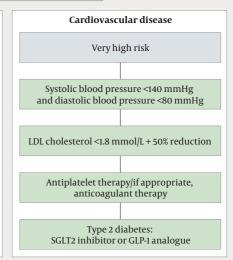
Step 1: Recommendations for all patients

Lifestyle measures: smoking cessation, physical activity, healthy diet and normal weight.

Drug treatment of systolic blood pressure > 160 mmHg

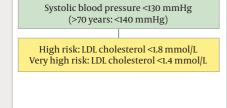




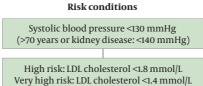


Step 2: Individual and intensified drug treatment goals

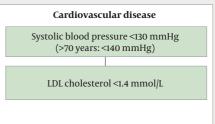
Intensification to treatment goals in Step 2 is assessed based on achieved goals for lifestyle factors, blood pressure and LDL cholesterol in Step 1, risk modifiers², comorbidities⁵, residual risk, lifetime risk, expected effect of treatment, frailty, polypharmacy and patient preferences



Apparently healthy people







- ¹ Risk calculated using risk calculators, such as NORRISK. Low to moderate ten-year risk: <50 years <2.5%, 50-69 years: <5%, >70 years <7.5%. High ten-year risk: <50 years: 2.5-7.5%, 50-69 years: 510%, >70 years: 7.5-15%. Very high ten-year risk: <50 years: >7.5%, 50-69 years: >10%, >70 years >15%.
- ² Risk modifiers: psychological stress, ethnicity, detection of vascular changes on diagnostic imaging, family history.
- ³ Comorbidities: inflammatory conditions, cancer, COPD, migraine, sex-specific conditions (erectile dysfunction, pre-eclampsia, pregnancy diabetes and hypertension, polycystic ovary syndrome), psychiatric disease, sleep apnoea.
- It is recommended that lifetime risk and expected benefit of treatment be assessed, and younger people with persistent hypertension should also be assessed for drug treatment.
- ⁵ Moderate risk with duration of diabetes <10 years, no target organ damage and no risk factors.
- 6 HbA1c ≤64 mmol/mol (8%) in older people or long duration of diabetes. HbA1c ≤48 mmol/mol (6.5%) in young people or short duration of diabetes.