

Chest pain patients might take better care of themselves if they're given 'absolute risk scores'

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Discussing absolute risk scores with patients can promote engagement with preventive measures for improving cardiovascular health, according to a study published by the *Medical Journal of Australia*.

"Patients without coronary ischaemia attending chest pain clinics have a substantial burden of modifiable cardiovascular risk factors that is rarely explicitly discussed during the consultation," wrote the researchers, led by Dr. Andrew Black, a cardiologist and Staff Specialist at Royal Hobart Hospital, in collaboration with the Menzies Institute for Medical Research and the Baker Heart and Diabetes Institute.

"Absolute risk scores may be useful for educating patients and encouraging engagement with strategies for improving [cardiovascular health](#).

"The absolute risk-based approach recognizes the synergism of risk factors and the greater overall benefit of directing [preventive measures](#) to patients at greater risk.

"Risk score calculation is designed to assist clinical decision making, but providing risk scores to patients may also help improve risk perception and promote engagement with strategies for reducing risk."

Black and colleagues randomized patients at the rapid access chest pain clinic at Royal Hobart Hospital into two groups. The control group received best practice chest pain clinical assessment (usual care) and the intervention group received usual care together with an absolute risk-guided cardiovascular risk factor management strategy. Participants were followed for a mean of 37.4 months.

The mean change in risk was +0.4 percentage points for the [control group](#) and ?2.4 percentage points for the intervention group; the between-group difference in change was 2.7 percentage points.

Statistically significant improvements in smoking status, total cholesterol, LDL cholesterol, and [systolic blood pressure](#) were measured in both groups. The changes in the control and intervention groups did not differ statistically significantly.

"Our principal finding was that an absolute cardiovascular risk-based discussion with patients attending a chest pain clinic and implementation of an individualized risk factor management strategy significantly improved 5-year cardiovascular risk scores over a period of at least 12 months," wrote Black and colleagues.

"Our study provides further evidence that informing [patients](#) of their risk scores, and educating them about preventive measures, can significantly improve their cardiovascular risk profiles."

More information: J Andrew Black et al. Absolute risk assessment for guiding cardiovascular risk management in a chest pain clinic, *Medical Journal of Australia* (2021). [DOI: 10.5694/mja2.50960](https://doi.org/10.5694/mja2.50960)

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