

Now Available to Staff of Subscribing Hospitals
To view, visit www.ncmetv.com

NCMETV™

Video #877

Available December 30, 2008

Certified for *AMA PRA Category 1 Credit™*
through December 30, 2011

(60 minutes)

Primary Prevention of Cardiovascular Disease

William Boden, MD

Clinical Chief, Division of Cardiovascular Medicine
Professor of Medicine and Preventive Medicine
SUNY at Buffalo Schools of Medicine and Public Health
Chief of Cardiology
Buffalo General and Millard Fillmore Hospitals
Buffalo, New York



UP TO 1 AMA PRA CATEGORY 1 CREDIT™

This activity is designed for primary care physicians, cardiologists, and other healthcare professionals interested in primary prevention of cardiovascular disease.

Clinical risk assessment tools such as the Framingham risk score are used to identify patients at low, intermediate, or high risk of developing cardiovascular disease. New approaches to risk stratification go beyond the standard risk factor assessment (eg, age, sex, blood pressure, smoking, lipids) to include measurement of high-sensitivity C-reactive protein to detect subclinical atherosclerosis, evaluation for metabolic syndrome, and imaging for preclinical vascular disease. Noninvasive detection of atherosclerosis provides a direct and individualized patient-specific approach to assessing the presence of low-, intermediate-, or high-risk subsets. Although atherosclerosis develops over decades, it is typically asymptomatic in many individuals until it is quite advanced. The goal is to identify the at-risk patient and intervene before the patient develops an event. Emerging modalities for detecting preclinical vascular disease, such as computed tomographic evaluation of coronary artery calcium and carotid ultrasonography, help to further define a group of patients who warrant more aggressive intervention with either medication or, potentially, revascularization interventions. Management of global cardiovascular risk requires extensive and comprehensive risk evaluation using traditional and newer assessment tools and aggressive treatment of multiple risk factors.

LEARNING OBJECTIVES

After taking part in this CME activity, participants should be better able to:

- Summarize the traditional approach to primary prevention of cardiovascular disease
- Outline newer approaches to risk stratification that provide additional prognostic information
- Assess noninvasive atherosclerosis screening tests
- Apply an approach to managing global cardiovascular risk that includes evaluation and treatment of multiple risk factors

CME CREDIT DESIGNATIONS

ACCME The Network for Continuing Medical Education (NCME) is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians.

AMA NCME designates this educational activity for a maximum of 1 *AMA PRA Category 1 Credit™*. Physicians should only claim credit commensurate with the extent of their participation in the activity.

AAFP Application for CME credit has been filed with the American Academy of Family Physicians. Determination of credit is pending.

AOA This activity is eligible for up to 1 hour of credit in Category 2-A of the American Osteopathic Association.

SUGGESTED RESOURCES

- Budoff MJ, Shaw LJ, Liu ST, et al. Long-term prognosis associated with coronary calcification: observations from a registry of 25,253 patients. *J Am Coll Cardiol.* 2007;49(18):1860-1870.
- Detrano R, Guerci AD, Carr JJ, et al. Coronary calcium as a predictor of coronary events in four racial or ethnic groups. *N Engl J Med.* 2008;358(13):1336-1345.
- Junyent M, Zambón D, Gilabert R, Núñez I, Cofán M, Ros E. Carotid atherosclerosis and vascular age in the assessment of coronary heart disease risk beyond the Framingham Risk Score. *Atherosclerosis.* 2008;196(2):803-809.
- Kalia NK, Miller LG, Nasir K, Blumenthal RS, Agrawal N, Budoff MJ. Visualizing coronary calcium is associated with improvements in adherence to statin therapy. *Atherosclerosis.* 2006;185(2):394-399.
- Lakoski SG, Greenland P, Wong ND, et al. Coronary artery calcium scores and risk for cardiovascular events in women classified as "low risk" based on Framingham risk score: the multi-ethnic study of atherosclerosis (MESA). *Arch Intern Med.* 2007;167(22):2437-2442.
- Naghavi M, Falk E, Hecht HS, et al. From vulnerable plaque to vulnerable patient—part III: executive summary of the Screening for Heart Attack Prevention and Education (SHAPE) Task Force report. *Am J Cardiol.* 2006;98(2A):2H-15H.
- Resnick HE, Lindsay RS, McDermott MM, et al. Relationship of high and low ankle brachial index to all-cause and cardiovascular disease mortality: the Strong Heart Study. *Circulation.* 2004;109(6):733-739.
- Sanz J, Moreno PR, Fuster V. The year in atherothrombosis. *J Am Coll Cardiol.* 2007;49(16):1740-1749.
- SHAPE Web Site. <http://www.shapesociety.org>.
- Taylor AJ, Bindeman J, Feuerstein I, et al. Community-based provision of statin and aspirin after the detection of coronary artery calcium within a community-based screening cohort. *J Am Coll Cardiol.* 2008;51(14):1337-1341.
- Zethelius B, Berglund L, Sundström J, et al. Use of multiple biomarkers to improve the prediction of death from cardiovascular causes. *N Engl J Med.* 2008;358(20):2107-2116.

© 2008 NETWORK FOR CONTINUING MEDICAL EDUCATION
ONE HARMON PLAZA • SECAUCUS, NJ 07094 • ALL RIGHTS RESERVED.

The Network for Continuing Medical Education is a service linking medical schools and hospitals with the best in medical communications.