CẬP NHẬT 2019 VỀ PHÒNG NGỪA TIÊN PHÁT BỆNH TIM MẠCH DO XƠ VỮA

PGS TS Trương Quang Bình
ĐHYD TP Hồ Chí Minh

Diễn tiến bệnh tim mạch

Phòng ngừa tiên phát

Phòng ngừa thứ phát

Xơ vữa động mạch

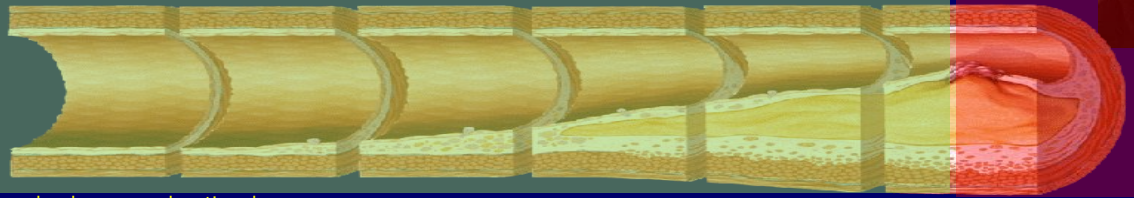
Đau thắt ngực/ hội chứng vành cấp

Nhồi máu cơ tim

Suy tim

Suy tim giai đoạn cuối

Tử vong



Adapted from: Dzau V, et al. Am Heart J 1991;121:1244–1263

"...THƯỢNG Y trị bệnh chưa tới,

TRUNG Y trị bệnh sắp phát &

HẠ Y trị bệnh đã rồi..."

Danh Y Tôn Tư Mạc – Dược vương Tôn Thiên Y

CVRM
Hành động NGAY
Bảo vệ SỚM

European Guidelines on cardiovascular disease prevention in clinical practice (version 2012)

The Fifth Joint Task Force of the European Society of Cardiology and Other So

Practice (cor

and by invite

ACC/AHA CLINICAL PRACTICE GUIDELINE

2019 ACC/AHA Guideline on the Primary Prevention of Cardiovascular Disease

A Report of the American College of Cardiology/American Heart Association Task Force on Clinical Practice Guidelines

Table I Classes of recommendations

Classes of recommendations	Definition	Suggested wording to use
Class I	**Evidence and/or general agreement that a given treatment or procedure is beneficial, useful, effective.**	**Is recommended/is indicated**
Class II	**Conflicting evidence and/or a divergence of opinion about the usefulness/efficacy of the given treatment or procedure.**	
Class IIa	***Weight of evidence/opinion is in favour of usefulness/efficacy.***	**Should be considered**
Class IIb	***Usefulness/efficacy is less well established by evidence/opinion.***	**May be considered**
Class III	**Evidence or general agreement that the given treatment or procedure is not useful/effective, and in some cases may be harmful.**	**Is not recommended**

Mức độ khuyến cáo

Table 2 Levels of evidence

Level of Evidence A	Data derived from multiple randomized clinical trials or meta-analyses.
Level of Evidence B	Data derived from a single randomized clinical trial or large non-randomized studies.
Level of Evidence C	Consensus of opinion of the experts and/ or small studies, retrospective studies, registries.

Mức độ bằng chứng

Top 9 Take-Home Messages

2019 Primary Prevention Guidelines

AMERICAN COLLEGE of CARDIOLOGY

American Heart Association.

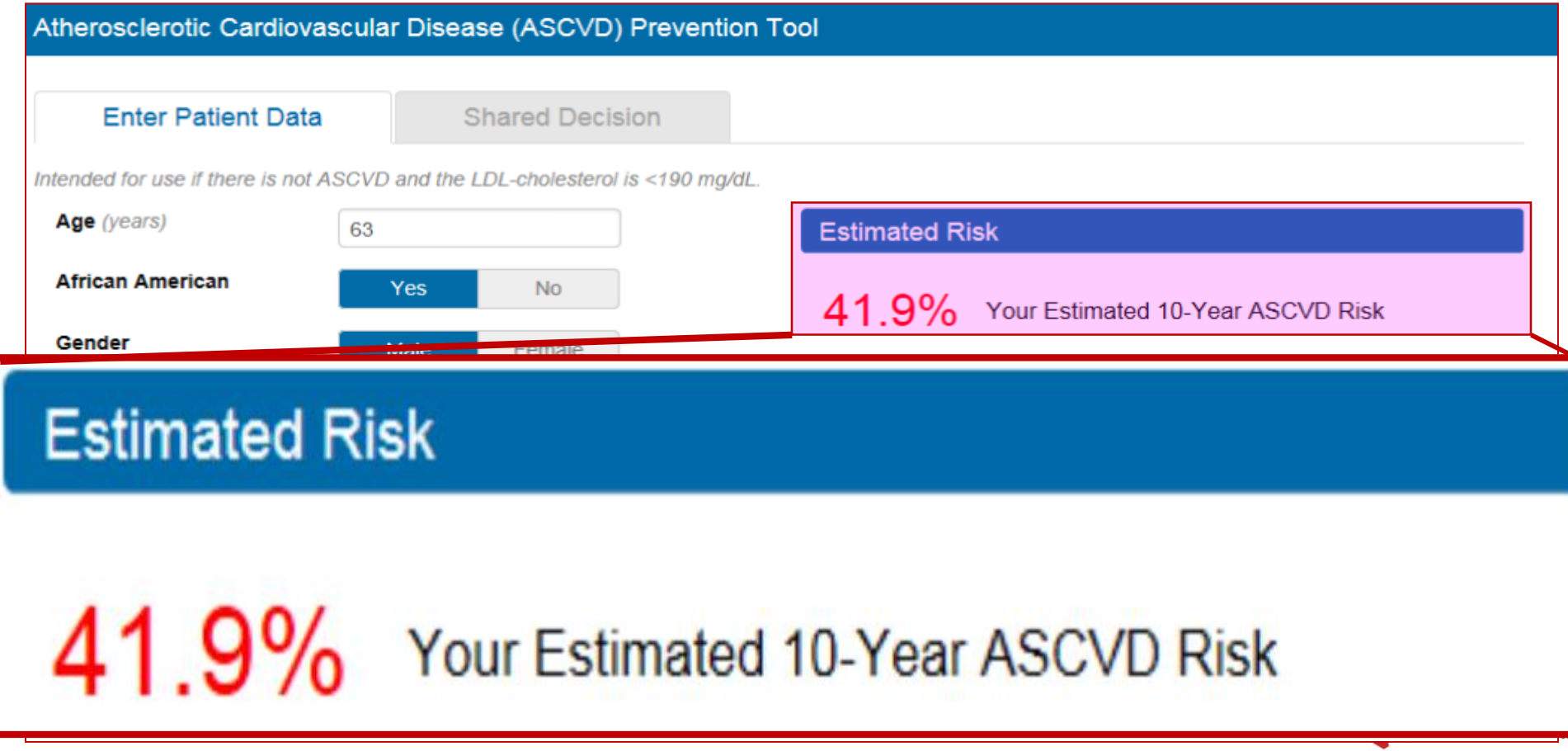
1. A team-based care approach is an effective strategy for the prevention of cardiovascular disease.

Thuộc về vấn đề tổ chức thực hiện, nhiều thành phần tham gia

AMERICAN COLLEGE of CARDIOLOGY

American Heart Association.

2. Adults who are 40 to 75 years of age should undergo 10-year atherosclerotic cardiovascular disease (ASCVD) **risk estimation.**



3. All adults should consume a healthy diet

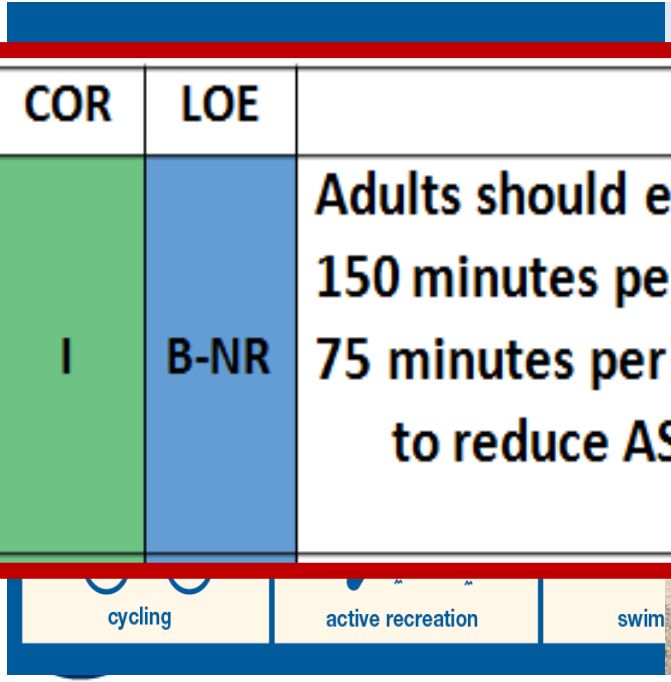
I	B-R	A diet emphasizing intake of vegetables, fruits, legumes, nuts, whole grains, and fish is recommended to decrease ASCVD risk factors.

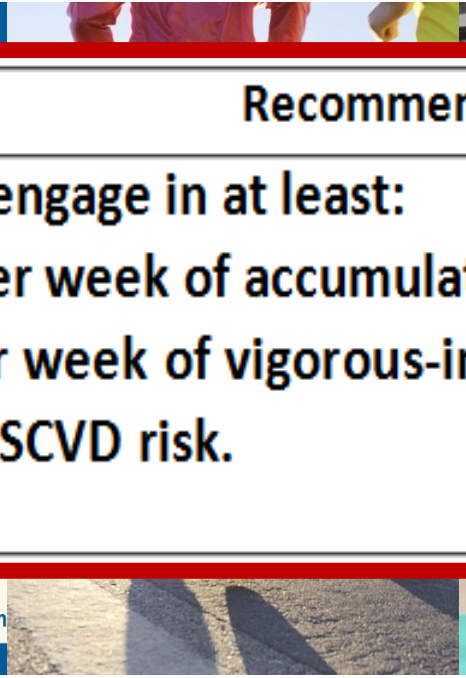
American Heart Association.

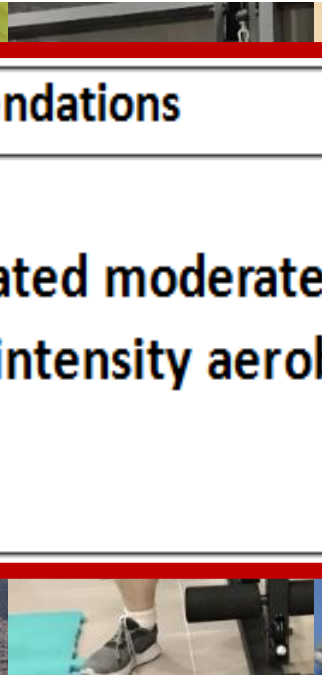
4. **Adults should engage in at least :**

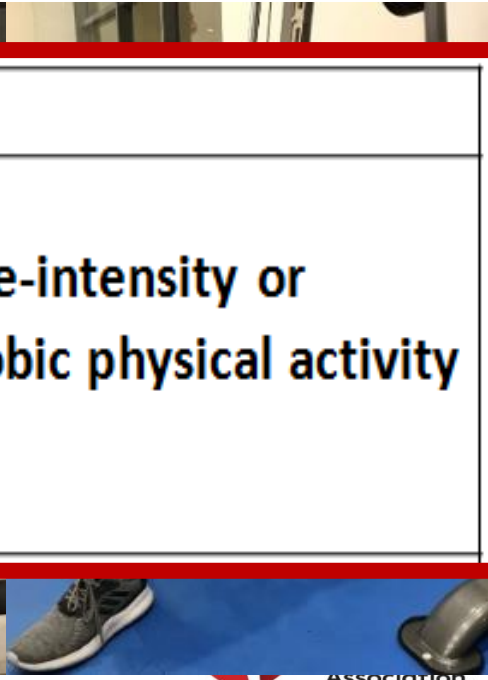
   - 150 minutes per week of moderate-intensity, or

   - 75 minutes per week of vigorous-intensity physical activity









COR	LOE	Recommendations
I	B-NR	Adults should engage in at least: 150 minutes per week of accumulated moderate-intensity or 75 minutes per week of vigorous-intensity aerobic physical activity to reduce ASCVD risk.

5. All adults should be assessed at every healthcare visit for tobacco use, and those who use tobacco should be assisted and strongly advised to quit.

Recommendations for Treatment of Tobacco Use		
COR	**LOE**	**Recommendations**
I	A	1. All adults should be assessed at every healthcare visit for tobacco use and their tobacco use status recorded as a vital sign to facilitate tobacco cessation.
I	A	2. To achieve tobacco abstinence, all adults who use tobacco should be firmly advised to quit.

6. Hypertension

Recommendations for Adults with High Blood Pressure or Hypertension		
COR	**LOE**	**Recommendations**
I	A	In adults with elevated blood pressure (BP) or hypertension, including those requiring antihypertensive medications nonpharmacological interventions are recommended to reduce BP. These include: • weight loss, • a heart-healthy dietary pattern, • sodium reduction, • dietary potassium supplementation, • increased physical activity with a structured exercise program; and • limited alcohol.

Recommendations for Adults with High Blood Pressure or Hypertension		
COR	**LOE**	**Recommendations**
I	SBP: B-R[SR] DBP: C-EO	In adults with confirmed hypertension and a 10-year ASCVD event risk of 10% or higher, a BP target of less than 130/80 mm Hg is recommended.

7. **Statin therapy is first-line treatment:**
   - **elevated LDL-C levels (≥190 mg/dL),**
   - **those with DM, who are 40 to 75 years of age,**
   - **and those at sufficient ASCVD risk.**

Recommendations for Adults with High Blood Cholesterol		
COR	**LOE**	**Recommendations**
I	A	1. In adults at intermediate risk (≥7.5% to <20% 10-year ASCVD risk), statin therapy reduces risk of ASCVD, a moderate-intensity statin should be recommended.
I	A	2. In adults 40 to 75 years of age with diabetes, regardless of estimated 10-year ASCVD risk, moderate-intensity statin therapy is indicated.
I	B-R	3. In patients 20 to 75 years of age with an LDL-C level of 190 mg/dL (≥4.9 mmol/L) or higher, maximally tolerated statin therapy is recommended

8.

Treatment of T2DM for Primary Prevention of CVD

HbA1c>6.5% consistent with T2DM

YES

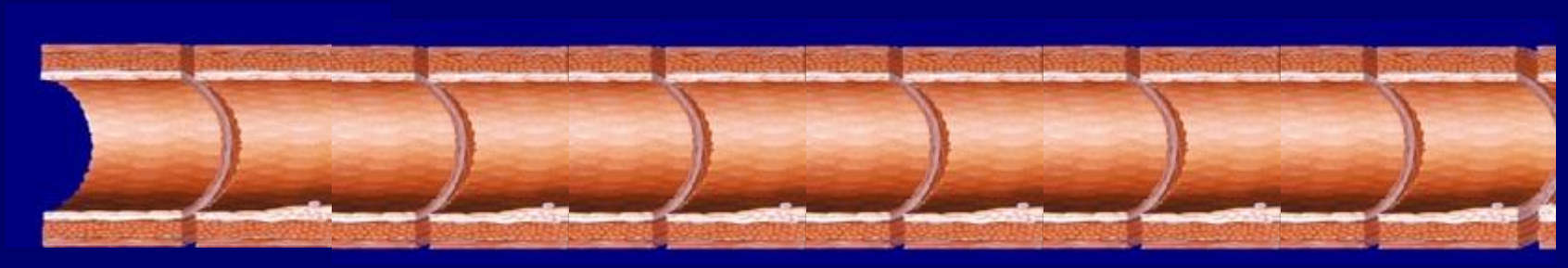
- Heart healthy diet (Class I)
- Physical activity (Class I)
- Aggressive treatment of other CVD risk factors
- Consideration of metformin as first-line pharmacologic therapy to improve glycemic control and reduce CVD risk (Class IIa)

9. Aspirin should be used infrequently in the routine primary prevention of ASCVD because of lack of net benefit.

Recommendations for Aspirin Use		
COR	**LOE**	**Recommendations**
IIb	**A**	**1. Low-dose aspirin (75-100 mg orally daily) might be considered for the primary prevention of ASCVD among select adults 40 to 70 years of age who are at higher ASCVD risk but not at increased bleeding risk.**
III: Harm	**B-R**	**2. Low-dose aspirin (75-100 mg orally daily) should not be administered on a routine basis for the primary prevention of ASCVD among adults >70 years of age.**

Kết luận

Phòng ngừa tiên phát



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Cảm ơn Quý vị đã lắng nghe !