

FRAMINGHAM RISK SCORE (FRS)

Estimation of 10-year Cardiovascular Disease (CVD) Risk

Date: _____

Patient's Name: _____

Step 1¹

In the "points" column enter the appropriate value according to the patient's age, HDL-C, total cholesterol, systolic blood pressure, and if they smoke or have diabetes. Calculate the total points.

Risk Factor		Risk Points		Points		
		Men	Women			
Age						
30-34		0	0			
35-39		2	2			
40-44		5	4			
45-49		7	5			
50-54		8	7			
55-59		10	8			
60-64		11	9			
65-69		12	10			
70-74		14	11			
75+		15	12			
HDL-C (mmol/L)						
>1.6		-2	-2			
1.3-1.6		-1	-1			
1.2-1.29		0	0			
0.9-1.19		1	1			
<0.9		2	2			
Total Cholesterol						
<4.1		0	0			
4.1-5.19		1	1			
5.2-6.19		2	3			
6.2-7.2		3	4			
>7.2		4	5			
Systolic Blood Pressure (mmHg)		Not Treated	Treated	Not Treated	Treated	
<120		-2	0	-3	-1	
120-129		0	2	0	2	
130-139		1	3	1	3	
140-149		2	4	2	5	
150-159		2	4	4	6	
160+		3	5	5	7	
Smoker	Yes	4		3		
	No	0		0		
Diabetes	Yes	statin-indicated condition				
	No	0		0		
Total Points						

Step 2¹

Using the total points from Step 1, determine the 10-year CVD risk* (%).

Total Points	10-Year CVD Risk (%) [*]	
	Men	Women
-3 or less	<1	<1
-2	1.1	<1
-1	1.4	1.0
0	1.6	1.2
1	1.9	1.5
2	2.3	1.7
3	2.8	2.0
4	3.3	2.4
5	3.9	2.8
6	4.7	3.3
7	5.6	3.9
8	6.7	4.5
9	7.9	5.3
10	9.4	6.3
11	11.2	7.3
12	13.3	8.6
13	15.6	10.0
14	18.4	11.7
15	21.6	13.7
16	25.3	15.9
17	29.4	18.5
18	>30	21.5
19	>30	24.8
20	>30	27.5
21+	>30	>30

* Double cardiovascular disease risk percentage for individuals between the ages of 30 and 59 without diabetes if the presence of a positive history of premature cardiovascular disease is present in a first-degree relative before 55 years of age for men and before 65 years of age for women. This is known as the modified Framingham Risk Score.³

Step 4^{2,3}

Using 10-year CVD risk from Step 2, determine if patient is Low, Moderate or High risk.[†] Indicate Lipid and/or Apo B targets

Risk Level [†]	Initiate Treatment If:	Primary Target (LDL-C)	Alternate Target
High FRS ≥20%	• Consider treatment in all (Strong, High)	• ≤2 mmol/L or ≥50% decrease in LDL-C (Strong, Moderate)	• Apo B ≤0.8 g/L or • Non-HDL-C ≤2.6 mmol/L (Strong, High)
Intermediate FRS 10-19%	• LDL-C ≥3.5 mmol/L (Strong, Moderate) • For LDL-C <3.5 mmol/L consider if: • Apo B ≥1.2 g/L • OR Non-HDL-C ≥4.3 mmol/L (Strong, Moderate) • Men ≥50 and women ≥60 with 1 risk factor: low HDL-C, impaired fasting glucose, high waist circumference, smoker, hypertension	• ≤2 mmol/L or ≥50% decrease in LDL-C (Strong, Moderate)	• Apo B ≤0.8 g/L or • Non-HDL-C ≤2.6 mmol/L (Strong, Moderate)
Low FRS <10%	• statins generally not indicated	• statins generally not indicated	• statins generally not indicated
Statin-indicated conditions**	• Clinical atherosclerosis* • Abdominal aortic aneurysm • Diabetes mellitus Age ≥ 40 years 15-Year duration for age ≥ 30 years (DM1) Microvascular disease • Chronic kidney disease (age ≥ 50 years) eGFR <60 mL/min/1.73 m ² or ACR > 3 mg/mmol		

Lipid targets LDL-C: _____ or Apo B: _____

¹ Adapted from: D'Agostino RB et al (i). General cardiovascular risk profile for use in primary care. The Framingham Heart Study. Circ 2008;117:743-53.

² Adapted from: Genest J et al (i). 2009 Canadian Cardiovascular Society/Canadian guidelines for the diagnosis and treatment of dyslipidemia and prevention of cardiovascular disease in the adult. Can J Cardiol. 2009;25(10):567-579.

³ Adapted from: Anderson T et al (i). 2012 Update of the Canadian Cardiovascular Society guidelines for the diagnosis and treatment of dyslipidemia for the prevention of cardiovascular disease in the adult. Can J Cardiol. 2013;29(2):151-167.

[†] apoB: apolipoprotein B stat. CVD: cardiovascular disease, FRS: Framingham Risk Score, HDL-C: high-density lipoprotein cholesterol, LDL-C: low-density lipoprotein cholesterol.

** Statins indicated as initial therapy

** Consider LDL-C < 1.8 mmol/L for subjects with acute coronary syndrome (ACS) within past 3 months