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Overview of the risk equivalents and established risk factors for cardiovascu	Overview of the risk equivalents and established risk f	actors for particular disease							
discussed elsewhere. Lifetime risk of overall cardiovascular disease (CVD) appr	verview of the lisk equivalents and established lisk la	actors for cardiovascular disease railio							
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Lipids and lipoproteins	SUMMARY	Overview of the risk equivalents and established risk factors for cardiovascular disease							
Prevalence of cardiovascular disease risk factors	SUMMART	Author: Peter WF Wilson, MD							
Enidemiology	INTRODUCTION	Section Editor: Christopher P Cannon, MD							
Summany	ERIDEMIOLOGY	Deputy Editor: Brian C Downey, MD, FACC							
Number of risk feature and (V/D risk (Figures))		Contributor Disclosures							
NOED: Advit tractors and CVD fisk (rightes)	NONCORONARY ATHEROSCLEROTIC	All taples are undated as new evidence becames available and eur poor review process is complete.							
NCEP. Adult treatment panel III risk factors (Tables)		An oprice are updated as new endence becomes available and on peer review process is complete.							
	PREVALENCE OF CARDIOVASCULAR								
Prevention of cardiovascular disease events in those with established disease	ase UISEASE MISK FACTORS INTRODUCTION — Cardiovascular disease (CVD) is common in the general population, affecting the majority of adults past the age of 60 years. In 2012 and 2013, CVD was estimated								
elsewhere. All patients with established cardiovascular disease (CVD) including co	ESTABLISHED RISK FACTORS FOR	17.3 million deaths worldwide on an annual basis [1-3]. As a diagnostic category, CVD includes four major areas:							
cerebrovascular disease, and peripheral artery disease should receive intervention:	ATHEROSCLEROTIC CVD	Coronary heart disease (CHD), manifested by myocardial infarction (MI), angina pectoris, heart failure, and coronary death							
Atherosclerotic cardiovascular disease	General principles								
Dyslipidemia	Risk factors in childhood	Cerebrovascular disease, manifested by subke and transient ischemic attack							
Summary and recommendations		Peripheral artery disease, manifested by intermittent claudication							
	Family history	Addie othersectoresis and theresis as abdaminal application							
Estimation of conditivities risk in an individual patient without known condition	- Reliability of self-reported family history	Addit allefosterosis and indiact, or advorting and ysin							
Esumation of cardiovascular fisk in an individual patient without known cardiov	Hypertension	An overview of the established risk factors for CVD is presented here. An overview of the possible emerging CVD risk factors, data supporting the importance of the individual risk factors (eg,							
stroke aortic aneurysm and peripheral vascular disease) The QRISK and the update	Lipids and lipoproteins	hyperlipidemia, hypertension, smoking), coronary risk factors of particular importance in women and in young patients, and estimation of coronary risk in an individual patient are discussed elsewhere.							
l imitations of current vascular disease prediction models	Diabetes mellitus	(see "Overview of the possible risk factors for cardiovascular disease" and "freatment of lipba" (including my percholesteroiemia) in primary prevention" and "Overview of hypertension in adults", and "freatment" and "overview of hypertension in adults", and the advecting of th							
Who should undergo estimation of cardiovascular disease risk?	- Hyperglycemia without overt diabetes	Section on meaning and Overview of caldiovascular hisk factors in women, and Convirting free usease and myocardian marchon in young men and women.)							
	Mellitus Obrania kidnau diagona	EPIDEMIOLOGY — Lifetime risk of overall cardiovascular disease (CVD) approaches 50 percent for persons aged 30 years without known CVD [4]. Coronary heart disease (CHD) accounts for							
Summary and recommendations		approximately one-third to one-half of the total cases of CVD. The lifetime risk of CHD was illustrated in a study of 7733 participants, age 40 to 94, in the Framingham Heart Study who were initially							
		ree of CHD [5]. The lifetime risk for individuals at age 40 was 49 percent in momen. Even those who were free from CHD at age 70 had a non-trivial intertime risk for developing							
Overview of the possible risk factors for cardiovascular disease	- Diet	Cho (35 and 24 percent in their and women, respectively). Similar indugs have been reported in a filed-analysis of to conditis involving over 250,000 men and women [b]. (see Estimation of conditional analysis of the conditiona							
peripheral vascular disease, there is no significant relationship to coronary disease	- Exercise								
plasma homocysteine . The effect of calcium supplementation on risk of cardiovascula	- Lack of moderate alcohol intake	Despite increases in longevity and decreases in age-specific death rates from CVD, CHD, and stroke since 1975 (figure 1 and figure 2), CVD and its related complications remain highly prevalent and							
	- Obesity	expensive to treat [/-11]. In one cohort of over 1.9 million persons age 30 years or older free of known baseline CVD who were followed for a median of six years, the majority of initial CVD							
Coronary artery calcification	- Psychosocial factors	presentations were neutrier injudication nor stroke [12]. I nese presentations, which included anglina, near taiture, peripheral arterial disease, transient ischemic attack, and abdominal aortic							
	Inflammatory markers	ancurysin, along with some icss common maniestations, represented to percent of the initial CVD presentations.							
	- C-reactive protein	While CVD remains the leading cause of death in most developed countries, mortality from acute MI appears to have decreased by as much as 50 percent in the 1990s and 2000s. Among 49							

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	 Flexible slomolooscopy and colorectal cancel screening in older women 						

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