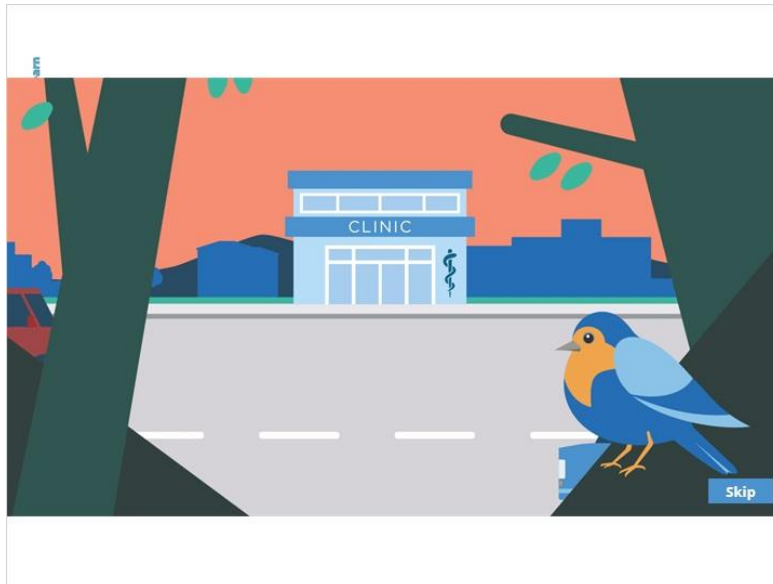


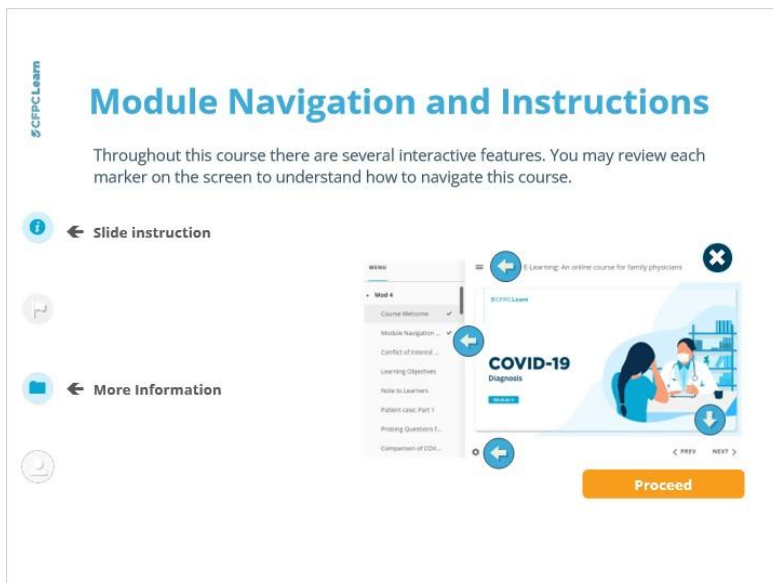
Case 47 Olive Peloponnese

1. Conflicts

1.1 Intro Video



1.2 Module Navigation and Instructions



1.3 Learning Objectives

CFPC Learn

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Learning Objectives

At the end of this module participants should be able to:

1. Identify key factors/findings in family medicine to help establish common clinical diagnoses.
2. Evaluate best evidence/guidance and practice tools to determine preferred treatment options for patients.
3. Synthesize patient preference, evidence and experience to formulate comprehensive plans for patient cases.

Approximately 15 minutes to complete each patient case.

Proceed

2. Olive Peloponnese

2.1 Meet Olive

CFPC Learn

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Ms Olive Peloponnese, 50

Olive is a 50-year-old woman. She has no past medical history.

At her last visit, Olive told you that her friend died of a heart attack at age 50. He had smoked since his early teenage years. At that time, Olive had wanted to check her "bad" cholesterol because she didn't want to have a heart attack like him. You had given her a requisition for lab work.

Olive is in today to discuss the results.

Results

Interpret

What do you think?

Results (Slide Layer)

CAPCLearn

Ms Olive Peloponnese, 50

Blood pressure: 130/80
(on no medications)

HbA1C: 5.5% (on no medications)

Total cholesterol: 6.0 mmol/L
HDL: 1.0 mmol/L
LDL: 3.9 mmol/L
Triglycerides: 2.5 mmol/L

Results Interpret What do you think?

A stylized illustration of a woman with short dark hair, wearing a navy blue long-sleeved top and brown trousers. She has her hands on her hips and is looking towards the viewer.

Interpret (Slide Layer)

Ms Olive Peloponnese, 50


Ok, Olive, let's calculate your risk of cardiovascular disease.

Patients with known cardiovascular (CV) disease should be started on lipid lowering therapy. Their CV risk should not be calculated because they are already considered high risk.

Since Olive has no known CV disease, her LDL results should be interpreted in the context of CV risk. LDL cannot be interpreted in isolation. [The PEER Simplified CV Decision Aid](#) can help with this interpretation.

Results
Interpret
What do you think?

2.2 Olive



The [PEER Simplified Cardiovascular Decision Aid](#) is available online for free and can be used alongside the patient.

The decision aid will calculate a patient's risk of having a cardiovascular event. The aid also allows you to select an intervention (e.g., medication) and estimates how the patient's risk changes while on treatment.

Decision Aid

Moving Forward

Decision Aid (Slide Layer)

PEER Simplified Cardiovascular Decision Aid

1. Estimate your risk

Where do you live?

What is your age? years

What is your sex? ☒ Male ☐ Female

Do you currently smoke? ☒ No ☐ Yes

Do you have diabetes? ☒ No ☐ Yes

What is your systolic blood pressure? mmHg

Do you take medications for blood pressure? ☒ No ☐ Yes

What is your total cholesterol? mmol/L

What is your LDL cholesterol? mmol/L

Wondering why family history is not included? Please see the FAQ.

10-year risk of cardiovascular disease
(heart attack, angina, heart failure, stroke, or intermittent claudication)

Your risk 8.1% With treatment 8.1%

2. Choose your treatments

Lifestyle options

- ☐ Mediterranean diet
- ☐ Physical activity

Medication options (any strength)

- ☐ These options have clear and direct evidence for primary prevention
- ☐ Statins (low to moderate dose)
- ☐ Statins (high dose)
- ☐ Single blood pressure medication (thiazide, ACE/ARB, or CCB)

Non-drug options not recommended for primary prevention in our guideline

- ☐ Ezetimibe
- ☐ PCSK9 inhibitors
- ☐ Fibrates

Print out

PEER Simplified Lipid Guidelines Patient Handout


Decision Aid **Moving Forward**

2.3 True or False Question

(Multiple Choice, 10 points, 1 attempt permitted)

CFPCLearn

Take a moment to familiarize yourself with the PEER Decision Aid.



The [PEER Simplified CV Decision Aid](#) can be accessed online.

Question: When selecting "Canada" in the calculator, the decision aid calculates the risk of:


- ☐ Stroke, heart attack, total mortality at 5 years
- ☐ Stroke, heart attack, total mortality at 10 years
- ☐ Heart attack, angina, heart failure, stroke, intermittent claudication at 5 years
- ☒ Heart attack, angina, heart failure, stroke, intermittent claudication at 10 years

Submit

2.4 Answer Slide

CFPCLearn

Review



Answer: Heart attack, angina, heart failure, stroke, intermittent claudication at 10 years

- Every calculator uses different endpoints and time frames.
- The PEER Decision Aid, "Canada option", uses the Framingham risk score which has been validated with Canadian data. It includes heart attacks, angina, stroke, heart failure, intermittent claudication at 10 years.
- The ASCVD calculator (validated with US data) includes heart attack, stroke, coronary heart disease death. As it is "more restrictive" (less outcomes included), the calculated risk will usually be lower.


Let's review further

2.5 True or False Question

(Multiple Choice, 10 points, 1 attempt permitted)

CFPCLearn

Using the PEER Decision Aid, Olive's 10-year cardiovascular risk is:



~44%

~17%

☒ ~7%

~0.7%


Age: 50 years
Blood pressure: 130/80 (on no medications)
HbA1C: 5.5% (on no medications)
Total cholesterol: 6
HDL: 1.0 / LDL: 3.9 / TG: 2.5
Non smoker

Submit

2.6 Answer Slide

CFPCLearn

Review



Answer: Olive's risk of having a cardiovascular event in the next 10 years is 7%.

1. Estimate your risk

Where do you live?

How old are you? years

What is your sex? ☒ Male ☒ Female

Do you currently smoke? ☒ No ☐ Yes

Do you have diabetes? ☒ No ☐ Yes

What is your systolic blood pressure? mmHg

Do you take medications for blood pressure? ☒ No ☐ Yes

What is your total cholesterol? mmol/L

What is your HDL cholesterol? mmol/L

Wondering why family history is not included?
[Please see the FAQ](#)

10-year risk of cardiovascular disease
(stroke, heart failure, heart attack, or intermittent claudication)




Your risk 7%

With treatment 7%

No Event

Treatment Benefits

Event




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2.7 True or False Question

(Multiple Choice, 10 points, 1 attempt permitted)

CFPCLearn

Given Olive's risk (~7%), it would be reasonable to (select the best choice):



1

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☒ Discuss lifestyle changes, but not medications (statins).

☐ Discuss lifestyle changes and medications (statins).


☐ There is no need to discuss lifestyle changes or medications.

Submit

2.8 Answer Slide

CFPCLearn

Review



1

2

3

4

Answer: Discuss lifestyle changes, but not medications (statins).

Lifestyle

Physical activity

Smoking and diet

Mediterranean diet


Click on the answers to the left to see more information

Let's review further

Lifestyle and meds (Slide Layer)

SCFPCLearn

Review



Answer: Discuss lifestyle changes, but not medications (statins).

Lifestyle

Physical activity

Smoking and diet

Mediterranean diet

From the PEER Simplified Lipid Guideline:


- **Lifestyle:** Encourage smoking cessation, physical activity and the Mediterranean Diet.
- **Statins:** When a patient's 10-year CV risk is less than 10%, statins do not need to be discussed.

Let's review further

Physical activity (Slide Layer)

SCFPCLearn

Review



Answer: Discuss lifestyle changes, but not medications (statins).

Lifestyle

Physical activity

Smoking and diet

Mediterranean diet


- For patients without CV disease (like Olive), there is limited RCT evidence for physical activity. However, observational data suggests an association between physical activity and lower mortality.
- For patients with CV disease: In RCTs, physical activity has been shown to decrease mortality and CV events.
 - Example: An RCT (101 patients with stable angina) compared percutaneous coronary intervention versus exercise (20min/day). Major ischemic event: ~10% in exercise group versus ~28% in PCI group at 1 year.

Let's review further

Smoking and diet (Slide Layer)

SCFPCLearn

Review



Answer: Discuss lifestyle changes, but not medications (statins).

Lifestyle

Physical activity

Smoking and diet

Mediterranean diet


- **Smoking cessation:** See *In the Clinic* case #33 for discussion about smoking cessation management.
- **Mediterranean diet:** RCTs show ~25-30% relative risk reduction in major cardiovascular events at ~5-7 years, in patients with and without established cardiovascular disease.

Let's review further

Mediterranean diet (Slide Layer)


SCFPCLearn

Review



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Let's review further



Mediterranean Diet
Heavily plant-based with high amounts of fruit, vegetables, fruits, nuts, dried beans, olive oil, and fish.

- Fruits**
3 or more servings each day
Make fruit your dessert.
- Vegetables**
4 or more servings each day
Use potatoes much less than the non-potatoes. (A potato is a tuber, not a vegetable.)
- Nuts & Seeds**
3 or more servings each week
- Dried Beans & Legumes**
3 or more servings each week
1 serving is 1 cup dry or 2 1/2 cups cooked or 1/2 cup black beans.
- Yogurt, Cheese, Egg & Poultry**
Choose daily in variety
Choose low-fat yogurt and cheese. Choose skinless poultry. Choose fish twice a week.
- Fats & Oils**
4 tablespoons or more of olive oil each day
Choose oils with highest SFA and lowest MUFA and PUFA content. Use olive oil for dressings and cooking. Choose monounsaturated or polyunsaturated butter instead of butter or margarine.
- Fish & Seafood**
2-3 times each week
Choose salmon, sardines, and trout which are rich in Omega-3 fatty acids.
- Alcohol & Wine**
1-2 glasses each day (Wine)
2 glasses each day (Beer)
Alcohol and your health: more it's about to eat for your health.
- Grains**
4 or more servings each day
Choose mostly whole grains. 1 serving = 1/2 cup cooked or 1/4 cup instant cereal.
- Herbs & Spices**
Use daily
Season foods with herbs, garlic, onions, and spices instead of salt.


*Sodium levels should be substituted to meet energy and sodium needs. Red meats, processed meats, and sweets should be limited.

2.9 True or False Question

(Multiple Choice, 10 points, 1 attempt permitted)

CFPCLearn

You should ask Olive to repeat her non-fasting cholesterol in one year.



1

2

3

4

☐ True


☒ False

Submit

2.10 Answer Slide

CFPCLearn

Review



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Answer: False

Retesting LDL

Future changes


Click on the answers to the left to see more information

Let's review further

Guideline (Slide Layer)

SCFPCLearn

Review



Answer: False

Retesting LDL

Future changes

PEER simplified lipid guideline:


- Re-test lipids in 5-10 years if not started on lipid lowering therapy.
- Rationale: Unless there is a significant change in cardiovascular risk factors, LDL levels usually remain very stable, i.e., they change by <1%/year. These small changes will have minimal impact on Olive's CV risk.

Let's review further

Guideline - Copy (Slide Layer)

SCFPCLearn

Review



Answer: False

Retesting LDL

Future changes

PEER simplified lipid guideline:



- If everything stays stable, Olive's risk will be ~11% when she is 60 years old. Statins could be discussed at that time (see [guideline summary](#) for details).
- Do not retest lipids if started on lipid lowering therapy.

Let's review further





2.11 Let's Make a Plan







CFPCLearn

Let's Make a Plan



Using what you have learned write a plan for Olive. It can include any/all of the following: lifestyle intervention(s), prescription intervention(s), lab(s)/test(s) required, follow up appointment time frame, and referral required.







Fill in your plan for the patient here

See how your plan compares

2.12 Plan Answers

CFPCLearn

Olive Peloponnese



These are some potential points for the patient. How does your plan compare?

Counselling

Lifestyle choices



Click on the buttons to see suggested answers

What's in a name?

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Counselling (Slide Layer)

SCFPCLearn




Olive Peloponnese

These are some potential points for the patient. How does your plan compare?

Counselling


Lifestyle choices

What's in a name?





You reassure Olive that her 10-year risk of having a cardiovascular event is considered to be "low," at 7%.

She will not need to repeat her cholesterol blood work for 5-10 years. She does not need a statin at this time.



Lifestyle choices (Slide Layer)

SCFPCLearn




Olive Peloponnese

These are some potential points for the patient. How does your plan compare?

Counselling


Lifestyle choices

What's in a name?






You encourage her to make healthy lifestyle choices including physical activity. If interested, she can follow the Mediterranean Diet.

You give Olive the [PFER Simplified Lipid Guideline patient handout](#) that provides her with more information about these recommendations.







Name (Slide Layer)




Olive Peloponnese

These are some potential points for the patient. How does your plan compare?






Counselling
Lifestyle choices

**What is the meaning of the name Olive?**

Peloponnese is in Greece and is known for its olive oil (and gorgeous beaches!) Olive's name is a nod to the recommended lifestyle modification to reduce CV risk – the Mediterranean diet and addition of olive oil to one's diet.

What's in a name?

2.13 References



References

Thanks for visiting the clinic!

References: available [here](#).

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