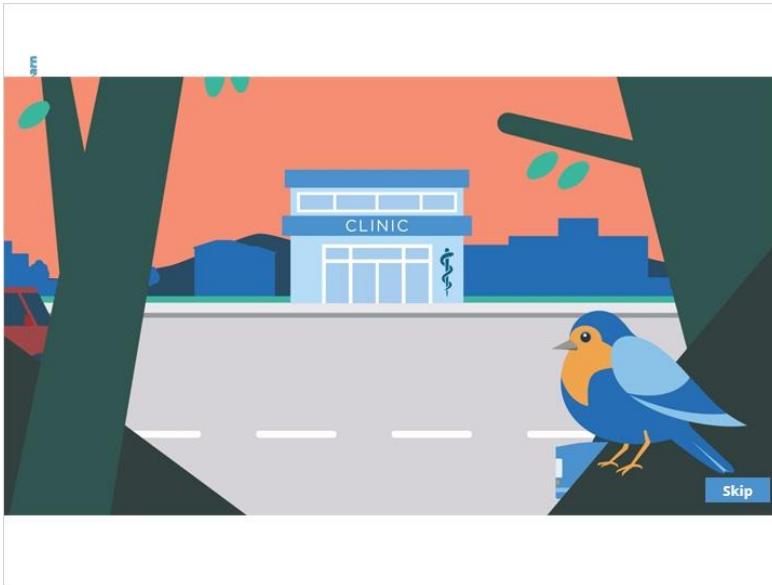


Case 47 Olive Peloponnes

1. Conflicts

1.1 Intro Video



1.2 Module Navigation and Instructions

Throughout this course there are several interactive features. You may review each marker on the screen to understand how to navigate this course.

Module Navigation and Instructions

Slide instruction

More Information

Proceed

1.3 Learning Objectives

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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

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Ms Olive Peloponnese, 50

Olive is a 50-year-old women. 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)

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?



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

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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)

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PEER Simplified Cardiovascular Decision Aid: Example

PEER Simplified Cardiovascular Decision Aid

1. Estimate your risk

Calculator choice, Outcomes used

Where do you live? 10 years
What is your sex? Male
Do you currently smoke? Yes
Do you have diabetes? Yes
What is your systolic blood pressure? 120 mmHg
Do you take medications for blood pressure? No
What is your total cholesterol? 5 mmol/L
What is your HDL cholesterol? 1.3 mmol/L
Wondering why family history is not included? Please see the FAQ

10-year risk of cardiovascular disease
Based on age, sex, blood pressure, cholesterol, and smoking status
Your risk 8.1% With treatment 8.1%

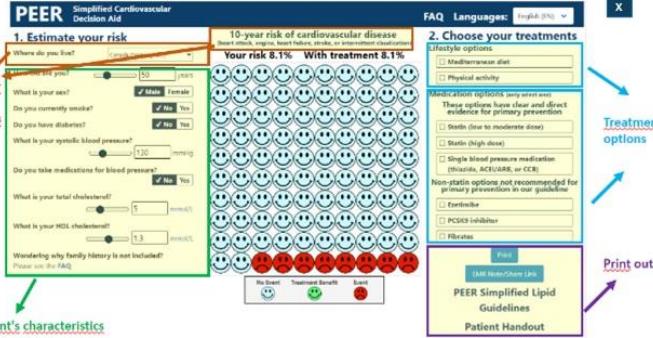
FAQ Languages: English (EN) **X**

2. Choose your treatments

Treatment options

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)

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

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)

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



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

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2.6 Answer Slide

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? Conca (Birmingham)

How old are you? 50 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? 130 mmHg

Do you take medications for blood pressure? No Yes

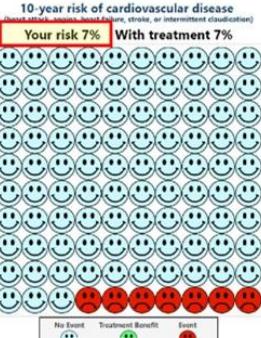
What is your total cholesterol? 6 mmol/L

What is your HDL cholesterol? 1.0 mmol/L

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

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

Your risk 7% **With treatment 7%**



No Event  Treatment Benefit  Event 

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2.7 True or False Question

(Multiple Choice, 10 points, 1 attempt permitted)

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



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

Review



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)

CFPC Learn

Review



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

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.

Lifestyle

Physical activity

Smoking and diet

Mediterranean diet

Let's review further

Physical activity (Slide Layer)

CFPC Learn

Review



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

- 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.

Lifestyle

Physical activity

Smoking and diet

Mediterranean diet

Let's review further

Smoking and diet (Slide Layer)

CFPC Learn

Review



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

- Lifestyle**
- Physical activity**
- Smoking and diet** (selected)
- 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)

CFPC Learn

Review



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

Fruits
3 or more servings each day
Make fruit your dessert.

Vegetables
For dinner, focus on each day. Use portion sizes for about the size of your palm. A serving of vegetables is 1 cup raw vegetables or 1/2 cup cooked vegetables. Eat a variety, including leafy greens.

Nuts & Seeds
3 or more servings each week

Dried Beans & Legumes
2 or more servings each week

Fats & Oils
4 or more servings each day
Choose oils with 10% or less saturated fat. Choose monounsaturated and polyunsaturated oils. Avoid trans-fatty acids.

Herbs & Spices
Sprinkle herbs with herbs, garlic, onions, and garlic instead of salt.

Grains
4 or more servings each day
Choose whole grains. Choose whole grains = 1 slice bread, 1/2 cup cooked grains, or 1/2 cup cooked cereal.

Yogurt, Cheese, Eggs & Protein
Choose low-fat yogurt and cheese. Choose chicken, fish, or beans for protein instead of butter or cheese in soups.

Fish & Seafood
2-3 times each week
Choose salmon, sardines, mackerel, or trout. Avoid deep-fried fish.

Alcohol & Wine
1-2 glasses each day (Men)
2 glasses each day (Women)
Refrain from your medical team if alcohol is a problem for you.

Reproduced with permission from [Va/DoD Clinical Practice Guidelines](#).

Let's review further

2.9 True or False Question

(Multiple Choice, 10 points, 1 attempt permitted)

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



True
 False



Submit

2.10 Answer Slide

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Review



Answer: False



Retesting LDL
Future changes

Click on the answers to the left to see more information



Let's review further

Guideline (Slide Layer)

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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)

CFPC Learn

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

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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

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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



Counselling (Slide Layer)

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Olive Peloponnesse

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

Counselling

Lifestyle choices

What's in a name?

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)

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Olive Peloponnesse

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

Counselling

Lifestyle choices

What's in a name?

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 [PEER Simplified Lipid Guideline patient handout](#) that provides her with more information about these recommendations.

Name (Slide Layer)

CFPC Learn

Olive Peloponnese

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

Counselling

Lifestyle choices

What's in a name?

 **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.

2.13 References

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References

Thanks for visiting the clinic!

References: available [here](#).

 This activity is eligible for up to 0.25 Mainpro+ credits.