

References

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A more detailed discussion of this topic can be found in Berry JD, Dyer A, Carnethon M, Tian L, Greenland P, Lloyd-Jones DM. Association of traditional risk factors with cardiovascular death across 0 to 10, 10 to 20, and >20 years follow-up in men and women. Am J Cardiol. 2008;101(1):89-94. Tables and Figure reprinted with permission.

Counseling may prove effective in patients with CVD risk factors

A 45-year-old woman presented to our institution for cardiovascular risk assessment. The patient had no personal or family history of cardiovascular disease (CVD), but reported smoking 1 pack of cigarettes daily. She noted exercising occasionally without symptomatic limitations.

On physical examination, the patient appeared to be healthy, despite being overweight (body mass index, 28.7 kg/m²). Her blood pressure was 138/75 mm Hg in both arms, and the

examination was otherwise normal. Laboratory studies revealed a fasting blood glucose of 94 mg/dL, total cholesterol of 185 mg/dL, and high-density lipoprotein cholesterol of 51 mg/dL. Her serum creatinine was normal. A resting electrocardiogram (ECG) showed nonspecific ST-segment and T-wave abnormalities. The presence of these abnormalities did not prompt additional testing because a high proportion of false-positive ECG abnormalities are known to occur in individuals

in the patient's age range.

Although the patient's absolute 10-year risk for coronary heart disease was low, her heavy smoking history was associated with a marked increase in her relative CVD risk in the short-term. The patient noted having significant difficulty in stopping smoking in the past, but an extensive discussion with her regarding the marked short-term risks of smoking in women translated into successful smoking cessation over the next 3 months. •