

# Controlling your risk: estimating your 10-year risk of a heart attack

“**Framingham Heart Risk**” is used to estimate your chance of having a heart attack or sudden death from heart disease within the next 10 years. “Low risk” is less than 10%. “Moderate risk” is 10% to 19% “High risk” is 20% or more.

**Factors used to calculate** your 10 year risk are

- age
- gender
- total cholesterol
- HDL-cholesterol
- systolic blood pressure
- smoking tobacco in the past month.



**Note 1:** If you have coronary artery disease (angina, heart attack, bypass) or coronary equivalents (diabetes, congestive heart failure, stroke, chronic kidney failure), your Framingham heart risk is not calculated, but is greater than 20%.



**Note 2:** Your Framingham heart risk is not estimated if you are younger than 20 or older than 79 years.



**Note 3:** If your Framingham heart risk is high, your doctor may choose to treat as if you already have heart disease, including medication, diet, and lifestyle changes to help you maintain a very low LDL cholesterol level.

**Make diet and lifestyle changes** now to keep your cholesterol, blood pressure and blood glucose at goal and improve your Framingham Heart Risk.

## How can you change your diet?

- Limit animal fats, avoid saturated fat, trans-fats, and hydrogenated or partially hydrogenated fats.
- Eat 2 or more whole grains foods every day.
- Eat fatty fish, walnuts, flax seed, or soy protein at least twice a week.
- Drink alcohol in moderation, if at all.

## How can you change your lifestyle?

- Quit tobacco if you smoke or chew.
- Control high blood pressure.
- Control your blood sugar if you are diabetic.
- Exercise regularly.

**If your Framingham risk is moderate or high, ask your doctor** if these medications would help you to lower your heart risk!

- Low-dose aspirin
- A statin or other cholesterol medication
- An ACE-Inhibitor or ARB