



## The 10-minute consultation: cardiovascular risk

### Rationale

The length of consultations varies, but the average length is 10 minutes. In addition, a new GP curriculum was introduced in the UK in 2007, with re-evaluation for practicing GPs; revalidation through continuing medical education is already the standard in other countries. *The 10-minute consultation* series of pocketbooks aim to develop clinicians' history-taking and clinical examination skills, as well as provide detailed information on the management options available in primary care, with emphasis on when to refer (and when not to refer) for specialist investigations and treatments. The pocketbook format is concise and portable, and key points are highlighted for quick reference, either as a memory aid or for day-to-day use on the clinical frontline.

### The 10-minute consultation: cardiovascular risk

Cardiovascular (CV) disease is the leading cause of morbidity and mortality worldwide, and stroke a leading cause of acquired disability. Furthermore, ageing of the population means that the burden of CV disease is increasing and, therefore, consulting rates for CV disease are also increasing; however, current management of CV risk factors is suboptimal. In addition, CV disease is a chronic disease and, as such, greatly affects the quality of life of those who suffer from it. Management of CV risk factors is an essential part of health promotion by primary care clinicians and accurate diagnosis of signs and symptoms that can potentially cause CV disease are, therefore, a key competency.

*The 10-minute consultation: cardiovascular risk* provides a holistic approach to the assessment and management of CV risk in primary care, stressing the importance of ongoing patient review and recall to ensure delivery of high-quality, evidence-based treatment.

### Authorship

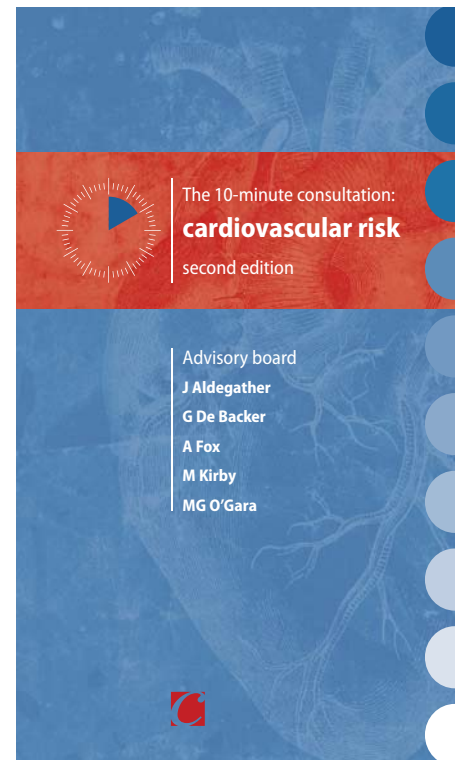
*The 10-minute consultation* author team is composed of GPs and specialist clinical reviewers who together ensure that the content of our books is authoritative and current. We work closely with an advisory board of GPs from the specialty of primary care and CV disease whose role is to ensure the accuracy, quality and integrity of the content. By using a team of experienced and highly regarded GPs from the CV disease specialty, we aim to draw on their clinical experience within the field, closely reflecting the needs of the readers.

### Summary

*The 10-minute consultation: cardiovascular risk* provides clinicians with an invaluable source of information for CV disease and highlights the most appropriate diagnostic and management options.

#### Key objectives for the reader:

- To understand that CV disease is associated with significant morbidity and mortality
- To understand the epidemiology and risk factors for development of CV disease
- To understand how CV risk factors can be identified in primary care, including which diagnostic tests are used and how the results are clinically interpreted
- To understand how CV risk is accurately stratified
- To understand how to competently manage CV risk factors in primary care and promote a healthy lifestyle
- To understand the indications for specialist referral



### Audience

- ✓ Medical students
- ✓ **Primary care:** GPs, Nurses, Pharmacists
- ✓ **Secondary care:** Nurse specialists, Junior doctors

### Specification

International Editorial Advisory Board  
Paperback: 96 pages  
Product dimensions: 110 x 190 mm  
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## Table of contents

### Foreword

#### 1. Introduction

The concept of risk  
Principles of total risk prediction  
Methods of total risk prediction  
Definition of 'high' risk

#### 2. Who and what to test

Screening  
How to assess total CV risk in primary care?  
What issues should the GP cover during the 10-minute consultation?  
Is the patient at high absolute risk of CVD?

#### 3. How to manage the patient at risk of CVD

Who to treat?  
How to treat?  
General lifestyle advice  
Serum lipids and dyslipidaemia  
BP and hypertension  
Other prophylactic drug therapy  
Multiple risk factors: the metabolic syndrome  
Co-morbidity: diabetes mellitus

#### 4. Person-centred care

How to identify the patient's beliefs about CV problems (their concerns and expectations)?  
What are the patient's cultural beliefs?  
How to recognise noncompliance with primary prevention?  
Are any treatments particularly appropriate?

#### 5. Applying the evidence

What are the implications of the international best-practice recommendations for GPs?  
Landmark studies  
GP prescribing options for tackling CV risk factors in primary care: a summary  
When to refer?

#### 6. Review and recall of the patient at risk of CVD

What ongoing patient care, monitoring and follow-up are necessary?  
What role do other key healthcare workers have in managing the patient?  
What is the role of information technology (IT)?  
What is the role of the expert patient?

### Further reading

## Other titles in *The 10-minute consultation* series



and many more...

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