

THE CASE FOR IMPROVING RISK DISCUSSIONS

Risk. It's ubiquitous to cardiovascular disease. In fact, risk enters into most clinical discussions with patients, whether it's coaching them on primary or secondary cardiovascular disease prevention or presenting the risks and benefits of lifestyle, medications, interventional or surgical approaches. Recent guidelines and evolving cardiovascular risk prediction tools – for example, the atherosclerotic cardiovascular disease (ASCVD) and CHA₂DS₂-VASc risk estimators – further prioritize effective clinician-patient risk discussions as central to quality cardiology care.

Risk can also mean different things to different people. Certainly, how well our patients understand their personal cardiovascular risk(s) is integral to shared decision-making, patient choice and the degree to which they feel empowered and equipped to initiate and follow through with evidence-based treatment(s).

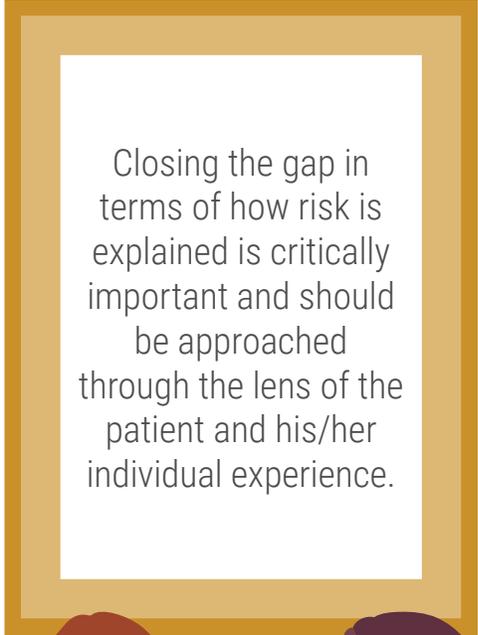
But risk is a complex concept for most people to comprehend, especially when discussed on the heels of a new diagnosis or when faced with the realities of a necessary treatment or procedure. Health risks are related to potentially negative outcomes. They are often associated with strong emotions because they represent diverging paths for a person's future wellbeing: wellness versus illness, independence versus disability or life versus death.

These conversations are challenging, they take time and can always be improved. As clinicians, the onus is on us to put cardiovascular risk into perspective for our patients by:

- Explaining it in simple terms,
- Making it meaningful to each patient and his or her unique set of circumstances, and
- Assessing their understanding of what is needed to manage their risk as much as possible.

Yet, resources, training and best practices don't give adequate direction about how to effectively communicate cardiovascular risk so that patients have a firm grasp of their personal risk(s) and feel prepared to improve their cardiovascular health. Closing this gap is critically important to optimizing quality patient care and improving cardiovascular outcomes.

This Toolkit is designed to improve cardiovascular risk conversations to make them more efficient and ensure these communications have greater resonance and impact within the patient experience.



Closing the gap in terms of how risk is explained is critically important and should be approached through the lens of the patient and his/her individual experience.



WHERE RISK ENTERS IN

As risk is germane to nearly every clinical encounter about cardiovascular disease, the need for effective risk discussions spans a range of scenarios, including:

- A person's risk or probability of developing cardiovascular disease or having a cardiac event (primary prevention)
- A person's risk of having a repeat myocardial infarction or stroke or progressive disease (secondary prevention)
- Risks (of possible negative outcomes) and benefits of various treatments, including side effects, recovery and complications, and expected risk reductions (e.g., cardiac events prevented in 10 years if on a statin)
- Risk of cardiovascular events, even with treatment
- Risk(s) of no treatment

Assessing someone's cardiovascular risk and educating them about their personal risk is essential for optimal primary and secondary cardiovascular disease prevention planning. In addition, patients must understand that nearly every treatment has risks that must be weighed and considered, as does the decision not to take any action to modify or change cardiovascular risk. For example, individuals with earlier stages of hypertension or hyperlipidemia are frequently asymptomatic and may not understand the true impact of these conditions. As such, it may be challenging to effectively impart the magnitude of the risk to their future cardiovascular health and spur them to adopt or intensify lifestyle changes or adhere to an anti-hypertensive or statin regimen.

Effective risk communications should aim to give patients the information they need to make informed health decisions and motivate them to lead healthier lives. Of course, at the heart of any risk discussion is a patient's receptivity, understanding and acceptance of risk.

Based on previous studies and shared patient experience, there are missed opportunities to effectively communicate risk related to cardiovascular disease prevention and treatment. Moreover, how we present risk information can significantly affect a patient's perception of risk.

When risk isn't communicated well – or at all – it can cause undue harm. However, if it is presented in a way that is meaningful to and actionable for patients, it can serve as a key motivator to initiate and adhere to treatment plans.

