

# HOW TO TALK ABOUT RISK

While there is no one-size-fits-all approach to effective cardiovascular risk communications, there are some core principles that can be applied to improve patients' understanding.

1. Cardiovascular risk information should ideally be presented in a way that is:
  - Meaningful to the individual,
  - Easy to understand and
  - Nonjudgmental
2. Remember that how we present risk information to patients can influence their:
  - Perception of personal cardiovascular risk(s)
  - Feelings of control over their health
  - Decision(s) to act (or not act) on the information
3. Be purposeful in how you and your team explain cardiovascular risk information.

As part of the process, try to:

- **Gauge a patient's baseline perception of their personal cardiovascular risk** to help guide your message(s). Use ACC's patient tool, "What's My Risk of Heart Disease" to help gauge their personal understanding of CV risk and their confidence to take steps to lower their risk.
- **Tailor risk discussions** to where patients are in their journey, as well as their preference(s) for receiving information (i.e. some people want all of the facts and information upfront, while others may feel overwhelmed and wish to wait or defer to their care team).
- **Acknowledge patients' feelings** as these emotions play a prominent role in how patients assimilate heart risks and recommendations for risk reduction.
- **Assess a patient's willingness to actively manage their cardiovascular risk.** Find out what else is going on in their lives that might complicate their care.

Borrow motivational interviewing techniques and ask questions to assess individual patient goals, expectations, risk tolerance and motivators. Asking something like, "How is everything else going," or "What makes it hard for you

to take care of yourself/your heart health?" Do they have added demands of taking care of an aging parent, have trouble getting to medical appointments, are medication costs a concern?

- **Identify natural motivators** that might help a patient implement changes and adhere to risk reducing recommendations (e.g., their family or other support systems, upcoming life events, hobbies).
- **Anticipate challenges** that might interfere with cardiovascular risk reduction strategies (e.g., feasibility and commitment to making lifestyles changes, potential barriers to taking medications as prescribed). Don't forget to acknowledge non-traditional influencers, such as social determinants of health and the built environment (e.g., access to green space, sidewalks and other safe places to exercise, easy access to heart healthy foods, health care services and transportation).
- **Set realistic goals** that resonate with individual patient preferences and values
- **Ask patients to explain in their own words what they heard** both in terms of their risk of developing cardiovascular problems and what they can do to stay as healthy as possible/affect their risk
- **Provide ample opportunity for patients to openly ask questions** and keep in mind that nodding their heads doesn't always equate to understanding. Many patients admit to doing so despite having questions, but they may feel overwhelmed or embarrassed to ask.
- **Help connect the dots if they need peer support.** Patients say, "Talking to other patients who live with a particular diagnosis or have been through a procedure and are doing OK is 'like throwing someone a life preserver. I can do this!'"

*Continued on Next Page*

## RELAYING RISK – HOW DOES IT SOUND?

Not so great	
	<p>Your ASCVD risk score indicates you have a 9 percent chance of having a cardiovascular event in the next decade.</p>
Better	
	<p>We have tools to help us estimate how likely someone is to have a cardiac event – a heart attack or a stroke – in the next 10 years. Based on what we know today, your chance of having a heart attack or stroke is 9% – that means if you take 100 people just like you, 9 out of 100 would suffer an event in the next 10 years. That may not sound like many, but this is considered high risk for your age. I'd recommend...</p>
Ideal	
	<p>We have ways to estimate how likely you are to have a heart attack or a stroke. It helps us decide together what take steps you might need to take care of your heart.</p> <p>Based on what we know today, your chance of having a heart attack or stroke in the next 10 years is 9% – that means if you take 100 people just like you, 9 of them would suffer an event; the other 91 of them would not. That may not sound like many, but this is considered high risk for your age. Knowing what I know about you, I'd recommend [add treatment recommendations]. How do you feel about that? Do you have any questions?</p>

Read on for case studies and a checklist that gives more tips for how to make risk communications better.