

CVD Risk Interpreter - PREVENT

KLINIKA
DLHOVEKOSTI

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PREVENT equations validated for adults ages 30–79 years who do not have a history of CVD. Estimates cardiovascular risk from routine labs, explains the results and proposes personalized prevention strategies. Developed using North American data and [validated in European populations too](#) .

BMI:

29

• Overweight

uACR:

N/A

eGFRcr:

89

• G2

HbA1c:

5.7

• Prediabetes

• 30-YEAR CARDIOVASCULAR RISK

About 22 out of 100 people with this risk profile develop cardiovascular disease within 30 years.

 CARDIOVASCULAR AGE

57 years

9 years older

PREVENT-Age is always calculated using the base equations only (excludes UACR and HbA1c).

Outcome	10-year risk	30-year risk
Total CVD Any heart attack, stroke, or heart failure.	3.7% of which 2.1% is modifiable	22.4% of which 11% is modifiable Rank: 68th percentile
ASCVD Heart attack and stroke caused by atherosclerosis.	2.6% of which 1.6% is modifiable	15.3% of which 8.5% is modifiable Rank: 71st percentile
Heart failure The heart cannot pump enough blood to meet the body's needs.	1.1% of which 0.5% is modifiable	9.6% of which 4.2% is modifiable Rank: 54th percentile

HOW TO READ THE RESULTS

Risk

22.4% means about 22 out of 100 people with this profile will have a cardiovascular event over the next 30 years.

PREVENT equation:

BASE + HbA1C

Modifiable

How much of the risk comes from having risk factors above their optimal values, compared with an ideal profile of the same age and sex. Not a causal treatment-effect estimate.

Rank - lower is better

Where this risk ranks among US adults of the same age and sex. E.g. the 68th percentile means about 68% of similar people have lower risk.

Rank percentiles are always calculated from the base equations only (excludes UACR and HbA1c).

RECOMMENDED PREVENTION STRATEGIES

Blood pressure treatment

• Not indicated

Based on total CVD risk and blood-pressure stage

- Stage 1 hypertension with a 10-year total CVD risk of 3.7% (<7.5%). Lifestyle modification is advised; drug therapy is not indicated by risk-based criteria.

Source: [2025 AHA/ACC High Blood Pressure Guideline](#) ↗

Lipid-lowering treatment

• May be considered

Based on ASCVD risk and override conditions

- Low 10-year ASCVD risk (2.6%), but the 30-year ASCVD risk is 15.3% (≥ 10%) at age 48. Lipid-lowering therapy may be considered.

Source: [2026 ACC/AHA Dyslipidemia Guideline](#) ↗

Biomarkers used in this tool

Values as entered. An arrow marks a value outside the optimal range.

Gender: **Male**; age: **48** years ; History of diabetes: **No**; Smoking: **No**; Lipid-Lowering Medication: **No**; Blood Pressure Medication: **No**; Systolic Blood Pressure: **134** mmHg ; Cholesterol (Total): **5.3** mmol/L ; HDL: **38** mg/dL ↓; Creatinine: **92** μmol/L ; Weight: **92** kg ; Height: **178** cm ; HbA1c: **5.7%** ↑; Albumin (urine): —; Creatinine (urine): —; Diastolic Blood Pressure: **86** mmHg ; LDL: **132** mg/dL ↑