

# Person—absolute cardiovascular disease risk assessment result categories, code N

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# Person—absolute cardiovascular disease risk assessment result categories, code N

## Identifying and definitional attributes

<b>Metadata item type:</b>	Data Element
<b>Short name:</b>	Absolute cardiovascular disease risk assessment result
<b>METEOR identifier:</b>	699029
<b>Registration status:</b>	<a href="#">Health</a> , Standard 06/09/2018 <a href="#">Indigenous</a> , Standard 22/10/2018
<b>Definition:</b>	Result categories of a person's absolute cardiovascular disease (CVD) risk assessment, as represented by a code.
<b>Data Element Concept:</b>	<a href="#">Person—absolute cardiovascular disease risk assessment result categories</a>
<b>Value Domain:</b>	<a href="#">Absolute cardiovascular disease risk assessment result categories code N</a>

## Value domain attributes

### Representational attributes

<b>Representation class:</b>	Code	
<b>Data type:</b>	Number	
<b>Format:</b>	N	
<b>Maximum character length:</b>	1	
<b>Permissible values:</b>	<b>Value</b>	<b>Meaning</b>
	1	High (greater than 15% chance of a cardiovascular event in the next 5 years)
	2	Moderate (10-15% chance of a cardiovascular event in the next 5 years)
	3	Low (less than 10% chance of a cardiovascular event in the next 5 years)

## Data element attributes

### Collection and usage attributes

**Guide for use:**

Only includes people who have not had a cardiovascular event.

Assessment of the absolute risk of a cardiovascular event over the next 5 years. The guidelines used in this assessment was developed by the National Vascular Disease Prevention Alliance (NVDPA).

Based on evidence and clinical consensus, it has been suggested that calculation of absolute CVD risk is not necessary for certain population groups who are known to be at increased risk (NVDPA 2012). These groups are:

- persons with diabetes and >60 years old;
- persons with diabetes with microalbuminuria (i.e. >20 mcg/min for all persons, or UACR >2.5 mg/mmol for males, >3.5 mg/mmol for females);
- persons with moderate or severe chronic kidney disease (i.e. persistent proteinuria or eGFR < 45 mL/min/1.73m<sup>2</sup>);
- persons with a previous diagnosis of familial hypercholesterolaemia;
- persons with a systolic blood pressure result of ≥180 mmHg or a diastolic blood pressure result of ≥110 mmHg;
- persons with serum total cholesterol >7.5 mmol/L; or
- persons aged 75 and over.

People known to be in one of these groups should be classified as 'high risk'.

## Source and reference attributes

**Submitting organisation:** Australian Institute of Health and Welfare

**Reference documents:** NVPDA (National Vascular Disease Prevention Alliance) 2012. Guidelines for the management of absolute cardiovascular disease risk. Melbourne: National Stroke Foundation. Viewed 28 August 2018, <https://informme.org.au/en/Guidelines/Guidelines-for-the-assessment-and-management-of-absolute-CVD-risk>

## Relational attributes

**Related metadata references:** Supersedes [Person—absolute cardiovascular disease risk assessment result categories, code N](#)  
[Health](#), Superseded 06/09/2018  
[Indigenous](#), Superseded 22/10/2018

**Implementation in Data Set Specifications:** [Aboriginal and Torres Strait Islander specific primary health care NBEDS December 2023](#)  
[Indigenous](#), Standard 25/02/2024  
**Implementation start date:** 01/07/2023  
**Implementation end date:** 31/12/2023  
**Conditional obligation:**

Reporting against this data element is conditional on:

- a 'CODE 1 Yes' response to '[Person—absolute cardiovascular disease risk assessment result recorded indicator, yes/no code N](#)', and
- [Person—age, total years N\[NN\]](#) being ≥ 35 years and < 75 years at the census date, and
- a 'CODE 2 No' response to '[Person—cardiovascular disease recorded indicator, yes/no code N](#)'.

Data are provided to the AIHW for absolute CVD risk assessment results recorded within the previous 24 months up to the census date.

Where the tobacco smoking status and/or sex do not have an assessment date assigned, they should be treated as being up to date (that is, as having been updated in the 24 months up to the census date).

### **DSS specific information:**

Data relating to diabetes status should be taken from the most recent record for the client, regardless of how old that record is.

[Aboriginal and Torres Strait Islander specific primary health care NBEDS June](#)

[2024](#)

[Indigenous, Qualified 17/04/2024](#)

**Implementation start date:** 01/01/2024

**Implementation end date:** 30/06/2024

**Conditional obligation:**

Reporting against this data element is conditional on:

- a 'CODE 1 Yes' response to '[Person—absolute cardiovascular disease risk assessment result recorded indicator, yes/no code N](#)', and
- [Person—age, total years N\[NN\]](#) being  $\geq 35$  years and  $< 75$  years at the census date, and
- a 'CODE 2 No' response to '[Person—cardiovascular disease recorded indicator, yes/no code N](#)'.

Data are provided to the AIHW for absolute CVD risk assessment results recorded within the previous 24 months up to the census date.

Where the tobacco smoking status and/or sex do not have an assessment date assigned, they should be treated as being up to date (that is, as having been updated in the 24 months up to the census date).

**DSS specific information:**

Data relating to diabetes status should be taken from the most recent record for the client, regardless of how old that record is.

[Indigenous primary health care NBEDS 2018–19](#)

[Health, Superseded 12/12/2018](#)

[Indigenous, Superseded 02/04/2019](#)

**Implementation start date:** 01/07/2018

**Implementation end date:** 30/06/2019

**Conditional obligation:**

Reporting of this data element is conditional on a 'yes' answer to 'Person—absolute cardiovascular disease risk assessment result recorded indicator, yes/no code N'.

[Indigenous primary health care NBEDS 2019–20](#)

[Health, Superseded 16/01/2020](#)

[Indigenous, Superseded 14/07/2021](#)

**Implementation start date:** 01/07/2019

**Implementation end date:** 30/06/2020

**Conditional obligation:**

Reporting of this data element is conditional on a 'yes' answer to 'Person—absolute cardiovascular disease risk assessment result recorded indicator, yes/no code N'.

[Indigenous primary health care NBEDS 2020–21](#)

[Health, Retired 13/10/2021](#)

**Implementation start date:** 01/07/2020

**Implementation end date:** 30/06/2021

**Conditional obligation:**

Reporting of this data element is conditional on a 'yes' answer to 'Person—absolute cardiovascular disease risk assessment result recorded indicator, yes/no code N'.

[Indigenous-specific primary health care NBEDS December 2020](#)

[Indigenous, Superseded 03/07/2022](#)

**Implementation start date:** 01/07/2020

**Implementation end date:** 31/12/2020

**Conditional obligation:**

Reporting against this data element is conditional on:

- a 'CODE 1 Yes' response to '[Person—absolute cardiovascular disease risk assessment result recorded indicator, yes/no code N](#)', and

- a person being aged  $\geq 35$  years and  $< 75$  years at the census date, and
- a 'CODE 2 No' response to '[Person—cardiovascular disease recorded indicator, yes/no code N](#)'

Data are provided to the AIHW for absolute CVD risk assessment results recorded within the previous 24 months up to the census date.

Where the tobacco smoking status and/or sex do not have an assessment date assigned, they should be treated as being up to date (that is, as having been updated in the 24 months up to the census date).

**DSS specific information:**

Data relating to diabetes status should be taken from the most recent record for the client, regardless of how old that record is.

[Indigenous-specific primary health care NBEDS December 2021](#)

[Indigenous](#), Superseded 12/06/2023

**Implementation start date:** 01/07/2021

**Implementation end date:** 31/12/2021

**Conditional obligation:**

Reporting against this data element is conditional on:

- a 'CODE 1 Yes' response to '[Person—absolute cardiovascular disease risk assessment result recorded indicator, yes/no code N](#)', and
- a person being aged  $\geq 35$  years and  $< 75$  years at the census date, and
- a 'CODE 2 No' response to '[Person—cardiovascular disease recorded indicator, yes/no code N](#)'

Data are provided to the AIHW for absolute CVD risk assessment results recorded within the previous 24 months up to the census date.

Where the tobacco smoking status and/or sex do not have an assessment date assigned, they should be treated as being up to date (that is, as having been updated in the 24 months up to the census date).

**DSS specific information:**

Data relating to diabetes status should be taken from the most recent record for the client, regardless of how old that record is.

[Indigenous-specific primary health care NBEDS December 2022](#)

[Indigenous](#), Superseded 18/12/2023

**Implementation start date:** 01/07/2022

**Implementation end date:** 31/12/2022

**Conditional obligation:**

Reporting against this data element is conditional on:

- a 'CODE 1 Yes' response to '[Person—absolute cardiovascular disease risk assessment result recorded indicator, yes/no code N](#)', and
- a person being aged  $\geq 35$  years and  $< 75$  years at the census date, and
- a 'CODE 2 No' response to '[Person—cardiovascular disease recorded indicator, yes/no code N](#)'.

Data are provided to the AIHW for absolute CVD risk assessment results recorded within the previous 24 months up to the census date.

Where the tobacco smoking status and/or sex do not have an assessment date assigned, they should be treated as being up to date (that is, as having been updated in the 24 months up to the census date).

**DSS specific information:**

Data relating to diabetes status should be taken from the most recent record for the client, regardless of how old that record is.

[Indigenous-specific primary health care NBEDS June 2021](#)

[Indigenous](#), Superseded 06/11/2022

**Implementation start date:** 01/01/2021

**Implementation end date:** 30/06/2021

**Conditional obligation:**

Reporting against this data element is conditional on:

- a 'CODE 1 Yes' response to '[Person—absolute cardiovascular disease risk assessment result recorded indicator, yes/no code N](#)', and
- a person being aged  $\geq 35$  years and  $< 75$  years at the census date, and
- a 'CODE 2 No' response to '[Person—cardiovascular disease recorded indicator, yes/no code N](#)'

Data are provided to the AIHW for absolute CVD risk assessment results recorded within the previous 24 months up to the census date.

Where the tobacco smoking status and/or sex do not have an assessment date assigned, they should be treated as being up to date (that is, as having been updated in the 24 months up to the census date).

**DSS specific information:**

Data relating to diabetes status should be taken from the most recent record for the client, regardless of how old that record is.

[Indigenous-specific primary health care NBEDS June 2022](#)

[Indigenous](#), Superseded 27/08/2023

**Implementation start date:** 01/01/2022

**Implementation end date:** 30/06/2022

**Conditional obligation:**

Reporting against this data element is conditional on:

- a 'CODE 1 Yes' response to '[Person—absolute cardiovascular disease risk assessment result recorded indicator, yes/no code N](#)', and
- a person being aged  $\geq 35$  years and  $< 75$  years at the census date, and
- a 'CODE 2 No' response to '[Person—cardiovascular disease recorded indicator, yes/no code N](#)'.

Data are provided to the AIHW for absolute CVD risk assessment results recorded within the previous 24 months up to the census date.

Where the tobacco smoking status and/or sex do not have an assessment date assigned, they should be treated as being up to date (that is, as having been updated in the 24 months up to the census date).

**DSS specific information:**

Data relating to diabetes status should be taken from the most recent record for the client, regardless of how old that record is.

[Indigenous-specific primary health care NBEDS June 2023](#)

[Indigenous](#), Superseded 25/02/2024

**Implementation start date:** 01/01/2023

**Implementation end date:** 30/06/2023

**Conditional obligation:**

Reporting against this data element is conditional on:

- a 'CODE 1 Yes' response to '[Person—absolute cardiovascular disease risk assessment result recorded indicator, yes/no code N](#)', and
- a person being aged  $\geq 35$  years and  $< 75$  years at the census date, and

- a 'CODE 2 No' response to '[Person—cardiovascular disease recorded indicator, yes/no code N](#)'.

Data are provided to the AIHW for absolute CVD risk assessment results recorded within the previous 24 months up to the census date.

Where the tobacco smoking status and/or sex do not have an assessment date assigned, they should be treated as being up to date (that is, as having been updated in the 24 months up to the census date).

**DSS specific information:**

Data relating to diabetes status should be taken from the most recent record for the client, regardless of how old that record is.

**Implementation in Indicators:**

**Used as Numerator**

[First Nations-specific primary health care: PI21a-Number of First Nations regular clients who have an absolute cardiovascular disease \(CVD\) risk assessment result within a specified level, December 2023](#)

[Indigenous](#), Standard 25/02/2024

[First Nations-specific primary health care: PI21a-Number of First Nations regular clients who have an absolute cardiovascular disease \(CVD\) risk assessment result within a specified level, June 2024](#)

[Indigenous](#), Qualified 17/04/2024

[First Nations-specific primary health care: PI21b-Proportion of First Nations regular clients who have an absolute cardiovascular disease \(CVD\) risk assessment result within a specified level, December 2023](#)

[Indigenous](#), Standard 25/02/2024

[First Nations-specific primary health care: PI21b-Proportion of First Nations regular clients who have an absolute cardiovascular disease \(CVD\) risk assessment result within a specified level, June 2024](#)

[Indigenous](#), Qualified 17/04/2024

[Indigenous primary health care: PI21a-Number of regular clients aged 35 to 74 years who have had an absolute cardiovascular disease \(CVD\) risk assessment with results within specified levels, 2018-2019](#)

[Health](#), Superseded 16/01/2020

[Indigenous](#), Superseded 14/07/2021

[Indigenous primary health care: PI21a-Number of regular clients aged 35 to 74 years who have had an absolute cardiovascular disease \(CVD\) risk assessment with results within specified levels, June 2020](#)

[Health](#), Retired 13/10/2021

[Indigenous](#), Superseded 14/07/2021

[Indigenous primary health care: PI21b-Proportion of regular clients aged 35 to 74 years who have had an absolute cardiovascular disease \(CVD\) risk assessment with results within specified levels, 2018-2019](#)

[Health](#), Superseded 16/01/2020

[Indigenous](#), Superseded 14/07/2021

[Indigenous primary health care: PI21b-Proportion of regular clients aged 35 to 74 years who have had an absolute cardiovascular disease \(CVD\) risk assessment with results within specified levels, June 2020](#)

[Health](#), Retired 13/10/2021

[Indigenous](#), Superseded 14/07/2021

[Indigenous-specific primary health care: PI21a-Number of Indigenous regular clients who have an absolute cardiovascular disease \(CVD\) risk assessment result within a specified level, December 2021](#)

[Indigenous](#), Superseded 12/06/2023

[Indigenous-specific primary health care: PI21a-Number of Indigenous regular clients who have an absolute cardiovascular disease \(CVD\) risk assessment result within a specified level, December 2022](#)

[Indigenous](#), Superseded 18/12/2023

[Indigenous-specific primary health care: PI21a-Number of Indigenous regular](#)

[clients who have an absolute cardiovascular disease \(CVD\) risk assessment result within a specified level, June 2021](#)

[Indigenous](#), Superseded 06/11/2022

[Indigenous-specific primary health care: PI21a-Number of Indigenous regular clients who have an absolute cardiovascular disease \(CVD\) risk assessment result within a specified level, June 2022](#)

[Indigenous](#), Superseded 27/08/2023

[Indigenous-specific primary health care: PI21a-Number of Indigenous regular clients who have an absolute cardiovascular disease \(CVD\) risk assessment result within a specified level, June 2023](#)

[Indigenous](#), Superseded 25/02/2024

[Indigenous-specific primary health care: PI21a-Number of Indigenous regular clients who have an absolute cardiovascular disease \(CVD\) risk assessment result within specified levels, December 2020](#)

[Indigenous](#), Superseded 03/07/2022

[Indigenous-specific primary health care: PI21b-Proportion of Indigenous regular clients who have an absolute cardiovascular disease \(CVD\) risk assessment result within a specified level, December 2021](#)

[Indigenous](#), Superseded 12/06/2023

[Indigenous-specific primary health care: PI21b-Proportion of Indigenous regular clients who have an absolute cardiovascular disease \(CVD\) risk assessment result within a specified level, December 2022](#)

[Indigenous](#), Superseded 18/12/2023

[Indigenous-specific primary health care: PI21b-Proportion of Indigenous regular clients who have an absolute cardiovascular disease \(CVD\) risk assessment result within a specified level, June 2021](#)

[Indigenous](#), Superseded 06/11/2022

[Indigenous-specific primary health care: PI21b-Proportion of Indigenous regular clients who have an absolute cardiovascular disease \(CVD\) risk assessment result within a specified level, June 2022](#)

[Indigenous](#), Superseded 27/08/2023

[Indigenous-specific primary health care: PI21b-Proportion of Indigenous regular clients who have an absolute cardiovascular disease \(CVD\) risk assessment result within a specified level, June 2023](#)

[Indigenous](#), Superseded 25/02/2024

[Indigenous-specific primary health care: PI21b-Proportion of Indigenous regular clients who have an absolute cardiovascular disease \(CVD\) risk assessment result within specified levels, December 2020](#)

[Indigenous](#), Superseded 03/07/2022