Indicator development programme

NICE indicator guidance

# Cardiovascular disease prevention: cardiovascular risk assessment for people with bipolar, schizophrenia or other psychoses

Date first published on NICE menu: August 2015

Last update: May 2023

Next review date: October 2023

# Indicator NM120

## The percentage of patients aged between 25 and 84 years with schizophrenia, bipolar affective disorder and other psychoses (excluding those with pre-existing cardiovascular disease, chronic kidney disease, familial hypercholesterolaemia or type 1 diabetes) who have had a full formal cardiovascular disease risk assessment performed in the preceding 12 months.

## Indicator type

General practice indicator suitable for use in the Quality and Outcomes Framework.

## Rationale

Patients with psychosis, schizophrenia and bipolar disorder are at considerably increased risk of physical ill health, have poorer health outcomes and die 15 to 20 years earlier than the general population (see [NHS England's Five year forward view 2014](https://www.england.nhs.uk/mental-health/resources/smi/)). A combination of poor diet and nutrition, weight gain and lack of physical activity contribute to higher rates of cardiovascular disease and reduced life expectancy in people with psychosis, schizophrenia and bipolar disorder. Evidence also suggests that the use of antipsychotics is linked to increased risk of long-term health problems including cardiovascular disease (see [Switching antipsychotic medications to reduce adverse event burden in schizophrenia: establishing evidence-based practice. Newcomer et al 2013](https://www.ncbi.nlm.nih.gov/pubmed/24330898)). Research shows an under recognition and under treatment of cardiovascular disease in people with schizophrenia in primary care (see [Schizophrenia is associated with excess multiple physical-health comorbidities but low levels of recorded cardiovascular disease in primary care: cross-sectional study. Smith et al. 2013](https://www.ncbi.nlm.nih.gov/pubmed/23599376)). This indicator supports the early identification of increased cardiovascular disease risk in people with schizophrenia, bipolar affective disorder and other psychoses by regularly calculating an estimated risk score. The indicator is intended to be complementary to existing indicators focusing on optimizing discrete cardiovascular disease risk factors. NICE quality standard 100 highlights a full formal risk assessment using the QRISK3 tool as a national priority for quality improvement.

## Source guidance

[NICE’s guideline for psychosis and schizophrenia in adults: prevention and management](https://www.nice.org.uk/guidance/cg178) (2014) recommendations 1.1.3.6 and 1.5.3.2

[NICE’s guideline for bipolar disorder: assessment and management](https://www.nice.org.uk/guidance/cg185) (2014, updated 2020) recommendations 1.2.11 and 1.2.12

[NICE’s guideline for cardiovascular disease: risk assessment and reduction, including lipid modification](https://www.nice.org.uk/guidance/cg181) (2014, updated 2023) recommendations 1.1.2, 1.1.3 and 1.1.7

## Specification

Numerator: The number of patients in the denominator who have had a full formal cardiovascular disease risk assessment performed in the preceding 12 months.

Denominator: The number of patients aged between 25 and 84 years with schizophrenia, bipolar disorder or other psychoses (excluding those with pre-existing cardiovascular disease, chronic kidney disease, familial hypercholesterolaemia or type 1 diabetes).

Calculation: Numerator divided by the denominator, multiplied by 100.

Definitions:

* Cardiovascular disease is defined as angina, previous myocardial infarction, revascularisation, stroke or TIA or symptomatic peripheral arterial disease.
* Full formal cardiovascular disease risk assessment. NICE guidance recommends QRISK3 for full formal cardiovascular disease risk assessment however the indicator allows for additional coded tools to be used dependent on local practice. The QRISK3 tool should be used in preference to QRISK2 because QRISK2 may underestimate the 10-year cardiovascular disease risk for people with schizophrenia, bipolar affective disorder and other psychoses.

Exclusions: None

Personalised care adjustments or exception reporting should be considered to account for situations where the patient declines, does not attend or if the indicator is not appropriate.

Expected population size:

The indicator would be appropriate to assess performance at individual general practice level.

## Further information

This is NICE indicator guidance, which is part of the [NICE menu of indicators](https://www.nice.org.uk/Standards-and-Indicators/index). This document does not represent formal NICE guidance.

© NICE [2023]. All rights reserved. Subject to [Notice of rights](https://www.nice.org.uk/terms-and-conditions#notice-of-rights).