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

NICE indicator
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Indicator

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.

This document does not represent formal NICE guidance. For a full list of NICE indicators, see our menu of indicators.

To find out how to use indicators and how we develop them, see our NICE indicator process guide.

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). 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 Newcomer et al. 2013). Research shows an under recognition and under treatment of cardiovascular disease in people with schizophrenia in primary care (see Smith et al. 2013). 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's quality standard on cardiovascular risk assessment and lipid modification highlights a full formal risk assessment using the QRISK3 tool as a national priority for quality improvement.

Source guidance

Cardiovascular disease: risk assessment and reduction, including lipid modification. NICE guideline NG238 (2023), recommendations 1.1.2, 1.1.3 and 1.1.7

Bipolar disorder: assessment and management. NICE guideline CG185 (2014, updated 2020), recommendations 1.2.11 and 1.2.12

Psychosis and schizophrenia in adults: prevention and management. NICE guideline CG178 (2014), recommendations 1.1.3.6 and 1.5.3.2

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:

QOF register data for 2022/23 shows that 1.0% of people in England have a diagnosis of psychosis, of schizophrenia or bipolar affective disorder: 100 patients for an average practice with 10,000 patients. Note this estimate is all ages and without exclusions applied. To be suitable for use in QOF, there should be more than 20 patients eligible for inclusion in the denominator, per average practice with 10,000 patients, prior to application

of personalised care adjustments.

Update information

Minor changes since publication

April 2024: We updated links to source guidance NG238 and added expected population size.

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