

## **Appendix: AGE<sub>h</sub>IV Cohort Study Group**

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**Supplementary Table. Indications for treatment with cardiovascular medication according to Dutch CVRM guidelines**

<b>Treatment recommendations according to the Dutch CVRM guidelines</b>	
<b>Primary prevention<sup>a</sup></b>	
Low 10-year cardiovascular risk (<10%), <i>or</i>	Lifestyle interventions
Moderate 10-year cardiovascular risk (10-20%), no additional risk factors <sup>b</sup>	TC/HDL-ratio >8: initiate lipid-lowering medication SBP >180 mmHg: initiate antihypertensive medication
Moderate 10-year cardiovascular risk (10-20%), with additional risk factors <sup>b</sup> , <i>or</i>	Lifestyle interventions
High 10-year cardiovascular risk (≥20%)	TC/HDL-ratio >8 and/or LDL-c >2.5 mmol/L: initiate lipid-lowering medication SBP >140 mmHg or >160 mmHg (in people aged ≥80 years): initiate antihypertensive medication
<b>Secondary prevention</b>	
Coronary heart disease (myocardial infarction, angina)	Lifestyle interventions Lipid-lowering medication (all individuals, regardless of cholesterol level) Beta blocker (all individuals, regardless of SBP) SBP >140 mmHg: initiate additional antihypertensive medication Antiplatelet drug or equivalent <sup>c</sup> (all individuals)
Stroke/TIA, <i>or</i>	Lifestyle interventions
Peripheral artery disease	TC/HDL-ratio >8 and/or LDL-c >2.5 mmol/L: initiate lipid-

lowering medication

SBP >140 mmHg: initiate antihypertensive medication

Antiplatelet drug or equivalent<sup>c</sup> (all individuals)

<sup>a</sup> Predicted 10-year risk of cardiovascular mortality and morbidity was calculated using the Systemic COronary Risk Evaluation (SCORE) risk equation adjusted for national data. Age-specific conversion factors for the Dutch population were used to translate the cardiovascular mortality risk to a cardiovascular mortality and morbidity risk, i.e. 35-45 years: 5, 45-65 years: 4, and ≥65 years: 3.

<sup>b</sup> Additional risk factors include a positive family history of CVD (defined as myocardial infarction in a first-degree relative <60 years), BMI >35 kg/m<sup>2</sup>, eGFR <30 mL/min/1.73 m<sup>2</sup>, or at least two of the following risk factors: physical inactivity, BMI 30-35 kg/m<sup>2</sup>, eGFR 30-60 mL/min/1.73 m<sup>2</sup> among those below 65 years of age, or eGFR 30-45 mL/min/1.73 m<sup>2</sup> among those aged 65 years or above. Diabetes mellitus patients with poor glycemic control (i.e. HbA1c >53 mmol/mol), and microalbuminuria (i.e. albumin-creatinine ratio >3mg/mmol) are also assigned as additional risk factors.

<sup>c</sup> Individuals with prior CVD should use antiplatelet medication, unless they have an indication for oral anticoagulant medication (e.g. atrial fibrillation, stenting, heart valve replacement).

*Abbreviations:* BMI, body mass index; CVD, cardiovascular disease; eGFR, estimated glomerular filtration rate; CVRM, cardiovascular risk management; LDL-c, LDL-cholesterol; SBP, systolic blood pressure; TC/HDL-ratio, total cholesterol to HDL cholesterol ratio; TIA, transient ischemic attack.