

Ho, D. S., Le, T. V., Dinh, H. C., Nguyen, T., Ngo, D. K., & Nguyen, C. D. (2025). Non-achievement of low-density lipoprotein cholesterol goal and related factors among elderly outpatients in Viet Nam: A cross-sectional study. *Biomedical Research and Therapy*, 12(1), 7082-7089. <https://doi.org/10.15419/bmrat.v12i1.952>

## Supplementary Table

Cardiovascular risk stratification according to European Society of Cardiology/ European Society of Atherosclerosis (ESC/EAS) 2019\*

Risk	Definition
Very-high risk	Documented atherosclerotic cardiovascular disease (ASCVD), either clinical manifested or unequivocal identified through imaging. Documented ASCVD encompasses prior acute coronary syndrome (myocardial infarction or unstable angina), stable angina, coronary revascularization (percutaneous coronary intervention, coronary artery bypass grafting, and other arterial revascularization procedures), as well as stroke, transient ischemic attack, and peripheral arterial disease. Unequivocally documented ASCVD on imaging comprises findings that are established predictors of clinical events. These includes significant plaque observed on coronary angiography or computed tomography scan (multivessel coronary disease with two major epicardial arteries exhibiting > 50% stenosis), and findings on carotid ultrasound. Diabetes (DM) with target organ damage, or at least three major risk factors, or the early onset of type 1 DM of long duration (> 20 years). Severe chronic kidney disease (CKD) (eGFR < 30 mL/min/1.73 m <sup>2</sup> ). A calculated SCORE equal to or exceeding 10% denotes a 10-year risk of fatal cardiovascular diseases (CVD). Familial hypercholesterolemia (FH) with ASCVD or with another major risk factor.
High risk	This category encompasses markedly elevated single risk factors, notably total cholesterol > 8 mmol/L (> 310 mg/dL), low-density lipoprotein cholesterol > 4.9 mmol/L (> 190 mg/dL), or blood pressure ≥ 180/110 mmHg. Included are patients with FH lacking other major risk factors. Patients with DM devoid of target organ damage, with a DM duration of at least 10 years or having another additional risk factor. Moderate CKD (eGFR 30-59 mL/min/1.73 m <sup>2</sup> ). A calculated SCORE ranging from 5% to less than 10% for 10-year risk of fatal CVD.
Moderate risk	This category pertains to younger patients (Type 1 DM < 35 years; Type 2 DM < 50 years) with DM duration less than 10 years, and the absence of other risk factors. Calculated SCORE ranging from 1 % to less than 5% for 10-year risk of fatal CVD.
Low risk	Calculated SCORE less than 1% for 10-year risk of fatal CVD.

\*Mach F, Baigent C, Catapano AL, Koskinas KC, Casula M, Badimon L, et al. 2019 ESC/EAS Guidelines for the management of dyslipidaemias: lipid modification to reduce cardiovascular risk: The Task Force for the management of dyslipidaemias of the European Society of Cardiology (ESC) and European Atherosclerosis Society (EAS). *European Heart Journal*. 2019;41(1):111-88.