



This resource accompanies the ACE Clinical Guidances "Lipid management: focus on cardiovascular risk" and "Hypertension – tailoring the management plan to optimise BP control" (published on 15 December 2023).

Please refer to pages 2 and 3 for the SG-FRS-2023 score sheet for men, and pages 4 and 5 for the score sheet for women.

Background

- The SG-FRS estimates the likelihood of non-fatal myocardial infarction or coronary death in asymptomatic individuals without medical conditions that confer high risk (such as cardiovascular disease or diabetes mellitus).
- In 2023, the SG-FRS was recalibrated to improve its predictive performance. The recalibrated SG-FRS-2023 supersedes the last published version found in the Ministry of Health Clinical Practice Guidelines (MOH-CPG) for Lipids (2016). For full details, refer to MOH Circular No. 88/2023.

Practice reminders

- As a result of recalibration, the 10-year risk score tables were updated (Table A2 and A4), while the points allocated for individual risk factors remain unchanged (Table A1 and A3). Estimated 10-year CV risk scores are overall lower compared to the previous version published in 2016.
- The risk score is not applicable to individuals with cardiovascular disease, familial hypercholesterolaemia, diabetes mellitus, or chronic kidney disease (defined as estimated glomerular filtration rate [eGFR] <60 mL/min/1.73m² and/or albumin creatinine ratio [ACR] ≥ 3 mg/mmol).
- Clinical judgment is advised in using risk scores as a factor of consideration in tailoring lipid management for any individual, as predictive tools are estimates derived from population data.
- SG-FRS-2023 does not predict ischaemic stroke or total ASCVD as an endpoint.

RECALIBRATED SINGAPORE-MODIFIED FRAMINGHAM RISK SCORE 2023 (SG-FRS-2023)

Table A1. Score sheet for points allocated to age, total and HDL cholesterol levels, smoking status and systolic blood pressure in men.

| Age | Points |
|-------|--------|
| 20-34 | -9 |
| 35-39 | -4 |
| 40-44 | 0 |
| 45-49 | 3 |
| 50-54 | 6 |
| 55-59 | 8 |
| 60-64 | 10 |
| 65-69 | 11 |
| 70-74 | 12 |
| 75-79 | 13 |

Allocate points based on person's age, total and HDL cholesterol levels, smoking status and systolic blood pressure. Check the total points against table A2 for estimate of that person's 10-year CAD risk.

| Total Cholesterol mmol/L (mg/dL) | Points | | | | |
|-------------------------------------|--------------|--------------|--------------|--------------|--------------|
| | Age 20-39 | Age 40-49 | Age 50-59 | Age 60-69 | Age 70-79 |
| <4.1 (160) | 0 | 0 | 0 | 0 | 0 |
| 4.1-5.1 (160-199) | 4 | 3 | 2 | 1 | 0 |
| 5.2-6.1 (200-239) | 7 | 5 | 3 | 1 | 0 |
| 6.2-7.2 (240-279) | 9 | 6 | 4 | 2 | 1 |
| ≥7.3 (280) | 11 | 8 | 5 | 3 | 1 |

| Smoking | Points | | | | |
|------------|--------------|--------------|--------------|--------------|--------------|
| | Age 20-39 | Age 40-49 | Age 50-59 | Age 60-69 | Age 70-79 |
| Non-smoker | 0 | 0 | 0 | 0 | 0 |
| Smoker | 8 | 5 | 3 | 1 | 1 |

| HDL Cholesterol mmol/L (mg/dL) | Points |
|-----------------------------------|--------|
| ≥1.6 (60) | -1 |
| 1.3-1.5 (50-59) | 0 |
| 1.0-1.2 (40-49) | 1 |
| <1.0 (40) | 2 |

| Systolic BP* (mmHg) | Points | |
|------------------------|-----------------|---------------|
| | If untreated | If treated |
| <120 | 0 | 0 |
| 120-129 | 0 | 1 |
| 130-139 | 1 | 2 |
| 140-159 | 1 | 2 |
| ≥160 | 2 | 3 |

* BP = blood pressure

Table A2. Score sheet for the estimation of 10-year coronary artery disease risk in men based on the recalibrated SG-FRS-2023 model.

| Total Points | 10-Year Risk (%) from recalibrated SG-FRS-2023 | | |
|--------------|--|-------|--------|
| | Chinese | Malay | Indian |
| -5 | <1% | <1% | <1% |
| -4 | <1% | <1% | <1% |
| -3 | <1% | <1% | <1% |
| -2 | <1% | <1% | <1% |
| -1 | <1% | <1% | <1% |
| 0 | <1% | <1% | <1% |
| 1 | <1% | <1% | 1% |
| 2 | <1% | 1% | 1% |
| 3 | <1% | 1% | 1% |
| 4 | 1% | 1% | 1% |
| 5 | 1% | 1% | 2% |
| 6 | 1% | 2% | 2% |
| 7 | 1% | 2% | 3% |
| 8 | 2% | 3% | 4% |
| 9 | 2% | 3% | 5% |
| 10 | 3% | 4% | 6% |
| 11 | 3% | 5% | 7% |
| 12 | 4% | 7% | 10% |
| 13 | 5% | 9% | 12% |
| 14 | 7% | 11% | 15% |
| 15 | 9% | 14% | 19% |
| 16 | 11% | 18% | 24% |
| 17 | 14% | 22% | 30% |
| 18 | 18% | 28% | 37% |
| 19 | 23% | 34% | 45% |
| 20 | 28% | 42% | 54% |

Table A3. Score sheet for points allocated to age, total and HDL cholesterol levels, smoking status and systolic blood pressure in women.

| Age | Points |
|-------|--------|
| 20-34 | -7 |
| 35-39 | -3 |
| 40-44 | 0 |
| 45-49 | 3 |
| 50-54 | 6 |
| 55-59 | 8 |
| 60-64 | 10 |
| 65-69 | 12 |
| 70-74 | 14 |
| 75-79 | 16 |

Allocate points based on person's age, total and HDL cholesterol levels, smoking status and systolic blood pressure. Check the total points against table A4 for estimate of that person's 10-year CHD risk.

| Total Cholesterol mmol/L (mg/dL) | Points | | | | |
|-------------------------------------|--------------|--------------|--------------|--------------|--------------|
| | Age 20-39 | Age 40-49 | Age 50-59 | Age 60-69 | Age 70-79 |
| <4.1 (160) | 0 | 0 | 0 | 0 | 0 |
| 4.1-5.1 (160-199) | 4 | 3 | 2 | 1 | 1 |
| 5.2-6.1 (200-239) | 8 | 6 | 4 | 2 | 1 |
| 6.2-7.2 (240-279) | 11 | 8 | 5 | 3 | 2 |
| ≥7.3 (280) | 13 | 10 | 7 | 4 | 2 |

| Smoking | Points | | | | |
|------------|--------------|--------------|--------------|--------------|--------------|
| | Age 20-39 | Age 40-49 | Age 50-59 | Age 60-69 | Age 70-79 |
| Non-smoker | 0 | 0 | 0 | 0 | 0 |
| Smoker | 9 | 7 | 4 | 2 | 1 |

| HDL Cholesterol mmol/L (mg/dL) | Points | Systolic BP* (mmHg) | Points | |
|-----------------------------------|--------|------------------------|-----------------|---------------|
| | | | If untreated | If treated |
| ≥1.6 (60) | -1 | <120 | 0 | 0 |
| 1.3-1.5 (50-59) | 0 | 120-129 | 1 | 3 |
| 1.0-1.2 (40-49) | 1 | 130-139 | 2 | 4 |
| <1.0 (40) | 2 | 140-159 | 3 | 5 |
| | | ≥160 | 4 | 6 |

* BP = blood pressure

Table A4. Score sheet for the estimation of 10-year coronary artery disease risk in women based on the recalibrated SG-FRS-2023 model.

| Total Points | 10-Year Risk (%) from recalibrated SG-FRS-2023 | | |
|--------------|--|-------|--------|
| | Chinese | Malay | Indian |
| 0 | <1% | <1% | <1% |
| 1 | <1% | <1% | <1% |
| 2 | <1% | <1% | <1% |
| 3 | <1% | <1% | <1% |
| 4 | <1% | <1% | <1% |
| 5 | <1% | <1% | <1% |
| 6 | <1% | <1% | <1% |
| 7 | <1% | <1% | <1% |
| 8 | <1% | <1% | <1% |
| 9 | <1% | <1% | 1% |
| 10 | <1% | 1% | 1% |
| 11 | <1% | 1% | 1% |
| 12 | <1% | 1% | 1% |
| 13 | 1% | 1% | 2% |
| 14 | 1% | 1% | 2% |
| 15 | 1% | 2% | 3% |
| 16 | 1% | 2% | 3% |
| 17 | 2% | 3% | 4% |
| 18 | 2% | 4% | 6% |
| 19 | 3% | 5% | 7% |
| 20 | 4% | 7% | 10% |
| 21 | 5% | 9% | 12% |
| 22 | 7% | 11% | 16% |
| 23 | 8% | 14% | 20% |
| 24 | 11% | 18% | 25% |
| 25 | 14% | 23% | 31% |
| 26 | 18% | 29% | 39% |
| 27 | 22% | 36% | 47% |

These risk scores are derived from the Framingham-based NCEP ATP III 10-Year Risk Score Tables which have been recalibrated using data from the Singapore Population Health Studies – Multi-ethnic Cohort Phase 1 (MEC1) and National Registry of Diseases Office. This recalibration (SG-FRS-2023) was carried out as part of a collaboration between investigators at the Singapore Ministry of Health and Saw Swee Hock School of Public Health, National University of Singapore and National University Health System.

Source: Lim, C.G.Y. et al. (2023). Recalibrated Singapore-Modified Framingham Risk Score 2023 (SG-FRS-2023). https://blog.nus.edu.sg/sphs/files/2023/10/2023_Recalibrated_Singapore-Modified_Framingham_Risk_Score_SG-FRS-2023_report.pdf