



Predict smarter. Prevent better.

Interpretation of HealthIQ disease risk scores

Helps you to understand what your results mean

Risk of developing common chronic diseases

The diseases selected for the report are among the most common chronic diseases affecting quality of life. These diseases, such as cardiovascular diseases and type 2 diabetes, are often referred to as lifestyle diseases, and they can be effectively prevented through lifestyle choices.

10-year disease risk

The percentage indicates, how many people out of 100 with similar blood values develop a disease within the next 10 years. You are placed in a risk category based on this risk estimate.

Your risk category

Your overall risk is calculated based on your blood values, and you are placed in a risk category for each of the reported diseases. Your age and sex also affect the result, as some diseases are more likely to develop at an older age or are more common in either men or women

Your risk compared to your reference group

Your reference group is your own age group and your reported biological sex. Even if your risk category is elevated, it may still be lower than the average for people at your age. Or conversely: even if your risk category is low, it could still be higher than the average for people at your age. This helps you understand how your risk result compares to the average risk in your reference group.

Ethnicity

The risk score is reported separately for different ethnicities since the disease incidence varies between ethnic groups. Please read your result from the panel that matches your ethnicity. In case there is no match with your ethnicity, please use 'Other'.

Is this a diagnosis?

The risk assessment is not a diagnosis or a screening test for diseases. The test identifies your risk of developing a disease in the coming years and gives you a chance to act now to lower your risk and prevent the disease.

Furthermore, even a high risk does not mean that you have a disease or that you will definitely develop one. Conversely, even a low risk does not mean that you will definitely avoid the disease. It's about probability. The lower the risk, the more likely you will live healthily.



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Why did I receive a high risk and what can I do about it?

The risk assessment is based on metabolic blood values (such as lipids, fatty acids, amino acids and systemic inflammation) as well as age and sex. A high-risk result means that your reported blood values are associated with a high risk of developing a disease.

Improving your lifestyle is key in reducing your risk. A balanced diet, adequate exercise, sufficient rest, minimal alcohol consumption, and non-smoking can help you to maintain health and avoid diseases. Lifestyle improvements are also reflected in your blood values.

In cardiovascular, kidney and liver diseases, age also plays a significant role. Therefore, your risk category may be elevated due to older age. It is beneficial to also look at your risk in comparison to your reference group and assess whether your risk is higher or lower than the average risk for people at your age.

What if I already have a diagnosis?

The risk assessment is designed to identify the future risk of disease in individuals who have not developed the disease in question. This means that the risk assessment only applies if you do not already have the disease in question.

What is the risk assessment based on?

The risk assessment is based on a wide range of metabolic blood values measured from a single blood sample.

Numerous independent scientific studies have demonstrated that risks of common chronic lifestyle diseases can be reliably identified based on these blood values.^{1,2,3,4} The same blood test has been used in over 600 peer-reviewed scientific studies on metabolism and lifestyle-related diseases.⁵

The risk scores are based on data from blood samples from hundreds of thousands of volunteers and subsequent data on health development over a period of more than 10 years.¹ The risk scores are matching or exceeding the performance of current clinical tools for detecting disease risks.

1. Nightingale Health Biobank Collaborative Group, Nature Communications 2024 (<https://doi.org/10.1038/s41467-024-54357-0>)
2. Buerger et al., Nature Medicine 2022 (<https://doi.org/10.1038/s41591-022-01980-3>)
3. Ahola-Olli et al., Diabetologia 2019 (<https://doi.org/10.1007/s00125-019-05001-w>)
4. Würtz et al., Circulation 2015 (<https://doi.org/10.1161/circgenetics.114.000216>)
5. Nightingale Health Publications: <https://research.nightingalehealth.com/publications>