

NHS Health Checks

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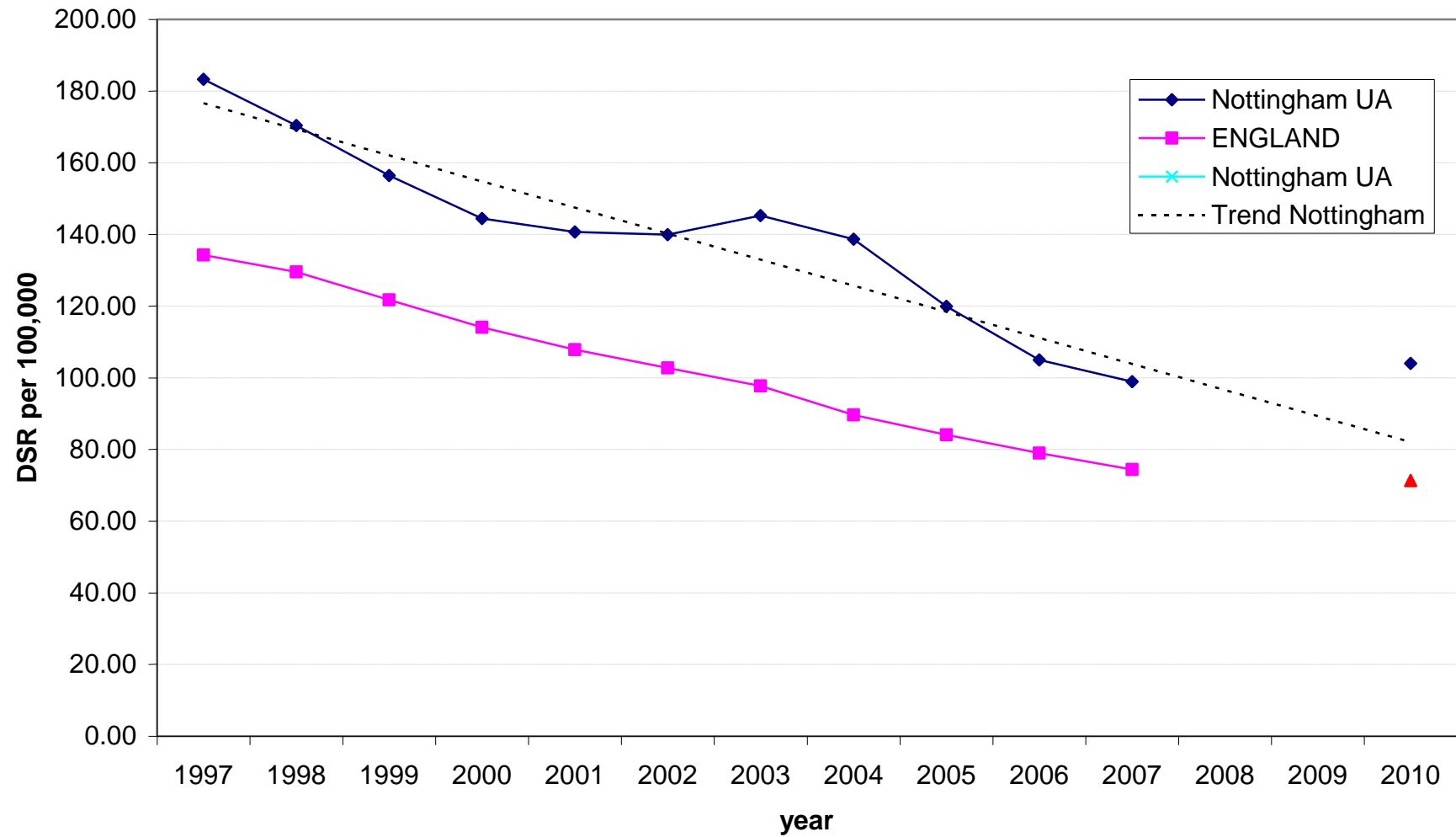
18 November 2009



Premature Mortality (<75yrs)

- CHD is the commonest cause of premature death
- 43,000 people die prematurely in the UK from CHD
- 23% of premature deaths in men in UK
- 14% of premature deaths in women in UK

Trend in early death from CVD (<75) – Nottingham compared to England



Life expectancy in Nottingham

Significantly worse than life expectancy in the East Midlands

Men: 73 years

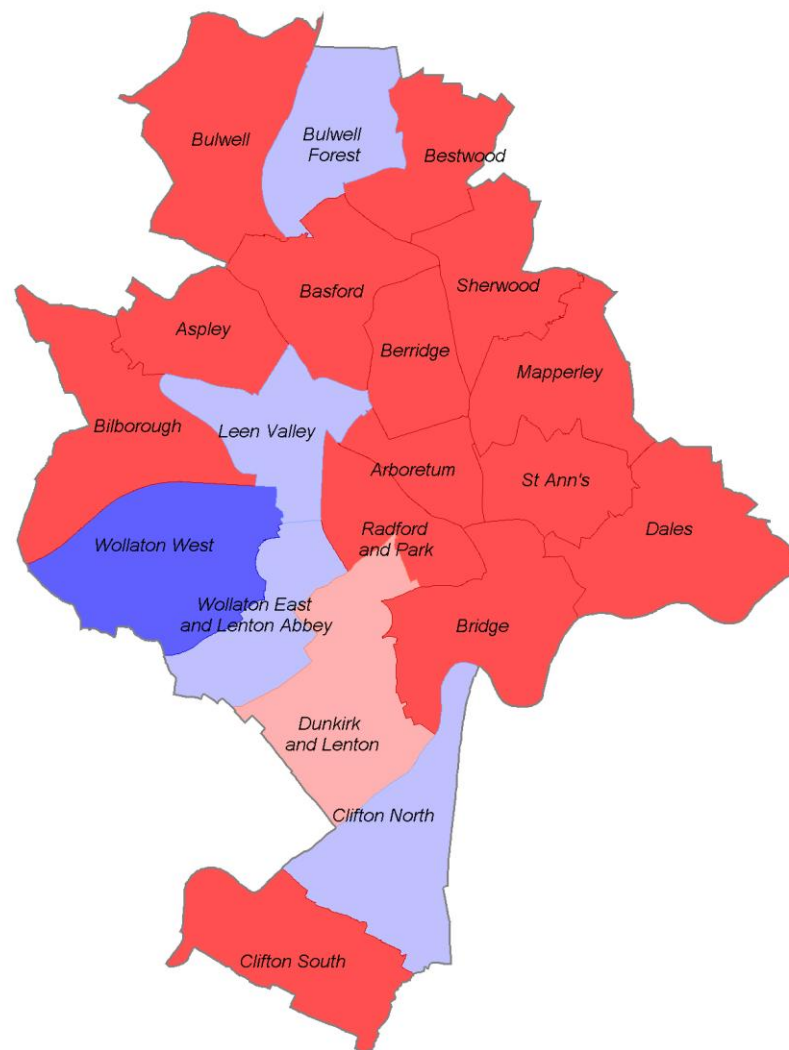
Worst: 70 in Bilborough

Best: 80 in Wollaton

Women: 78 years

Worst: 75 in St Ann's

Best: 85 in Wollaton



Individual ward 'hotspots' should be interpreted with caution.

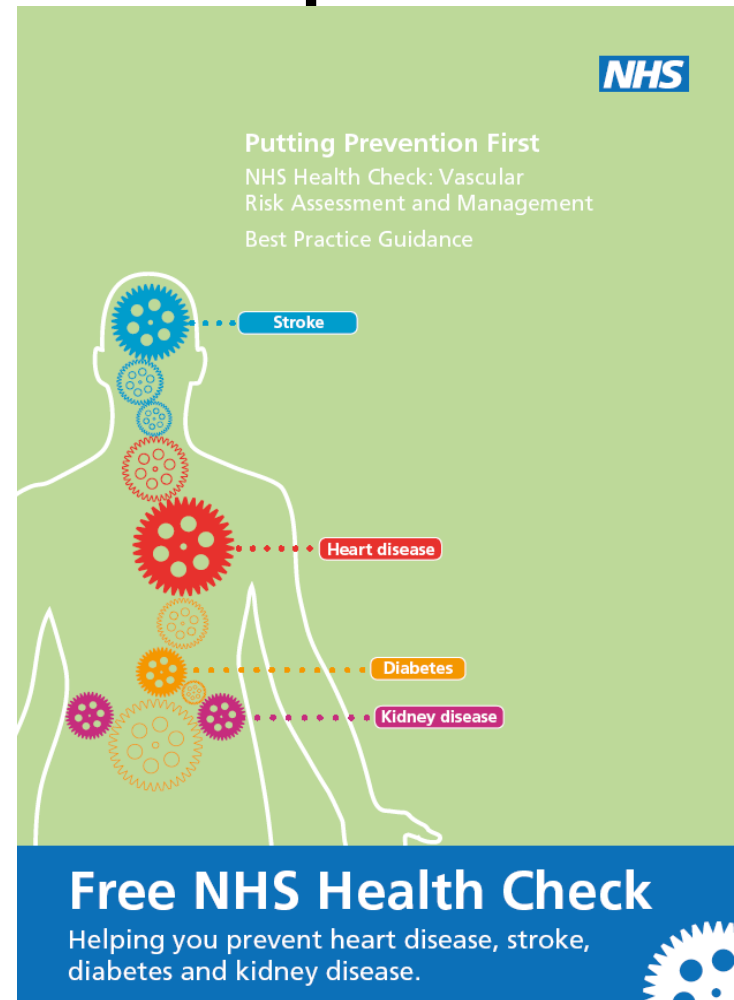
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There are many different diseases called Cardiovascular Disease but they all usually have atheroma at their core!

- Angina
- Heart Attack
- Heart failure
- Strokes
- Transient Ischaemic Attacks
- Peripheral disease
- Chronic Kidney Disease

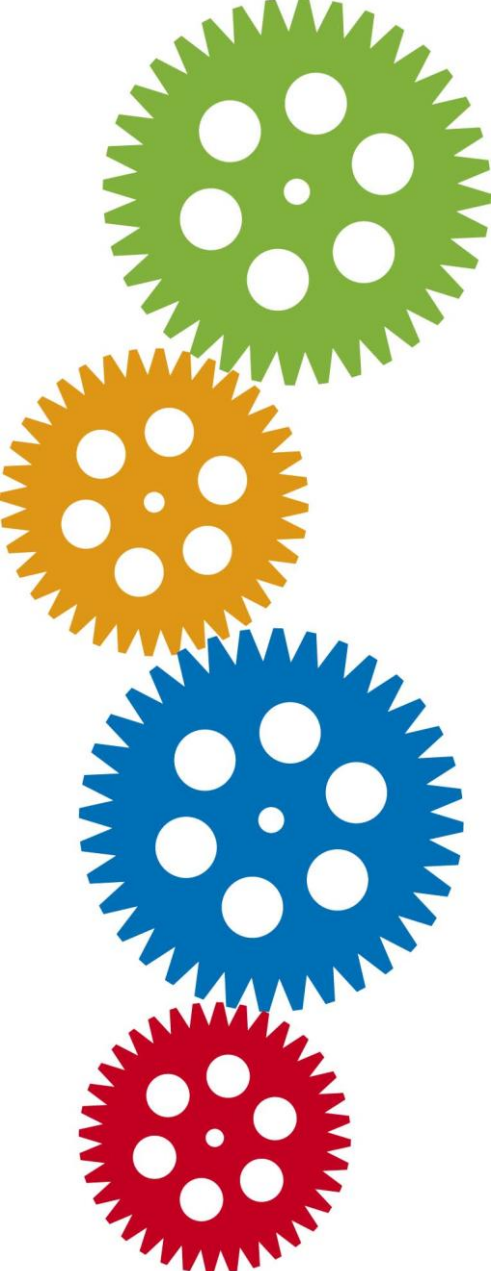
NHS Health Check April 09

The vascular risk assessment and management programme – formerly known as the vascular check programme and now called NHS Health Check – is a national initiative. The tests, measurements and risk management interventions that make up the check can be delivered in different settings and in different ways to suit the needs of local populations. It is however important that the tests and measurements themselves are quality assured. Equally, it is key that the actions taken at certain thresholds are the same where possible, and in line with national guidelines where appropriate, if a systematic approach to the check across England is to be achieved.




http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_097489

NHS Health Check

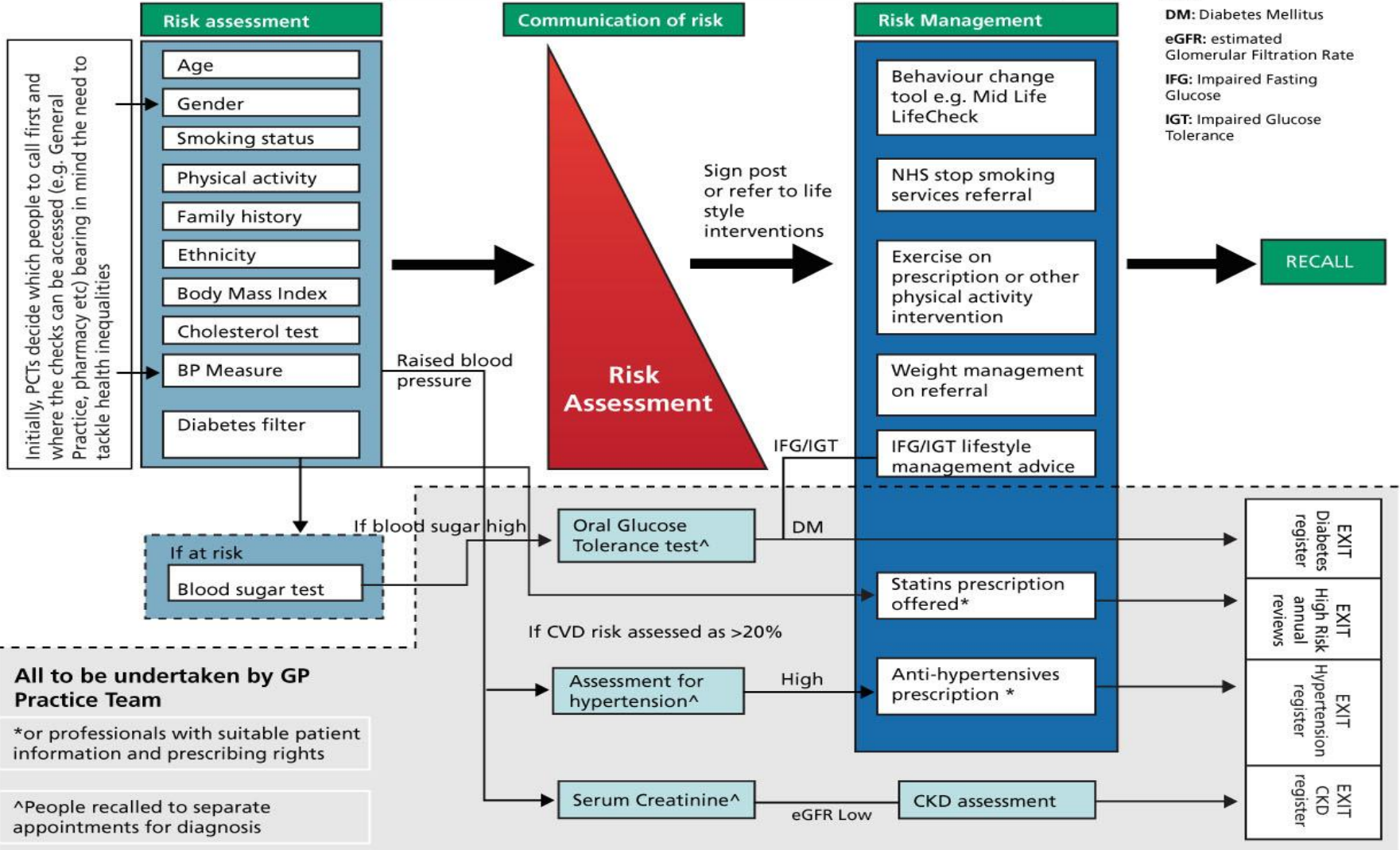
- 
- A decorative graphic on the left side of the slide featuring five interlocking gears. The gears are arranged vertically and are colored green, orange, blue, and red from top to bottom. Each gear has several white circular cutouts of varying sizes.
- 1) All aged between 40 – 74 (not on existing disease register)
 - 2) Face to face check to assess risk of: Heart disease, stroke, diabetes, kidney disease
 - 3) Explanation of vascular risk
 - 4) Tailored lifestyle advice
 - 5) Referral to other investigations and interventions as appropriate
 - 6) Repeat check after 5 years

Free NHS Health Check

Helping you prevent heart disease, stroke, diabetes and kidney disease.

A decorative graphic in the bottom right corner of the slide, showing a white gear with several blue circular cutouts of varying sizes.

Vascular Checks Programme



Who is it for and Who is it not for?

- For aged 40 to 74 year olds every five years
- Not for those who are already being systematically monitored
 - Hypertensive
 - Diabetic
 - Existing CVD
 - CKD 3 or more

Communication of Risk

- Everyone is at some level of risk
- Levels need to be discussed alongside what individuals can do to reduce their risk
- Brief Motivational Interviewing isn't telling people what to do!

Which Risk Engine?

The risk assessment stage of the NHS Health Check will use a risk engine to calculate a person's 10 year risk of cardiovascular disease. DH takes advice on these matters from the National Institute for Health and Clinical Excellence (NICE). It has recommended in its lipid modification guidance that Framingham should be used to calculate 10-year risk of cardiovascular disease. Recently another risk engine called QRisk2 has been developed, and this will be used by a major supplier of GP software. There are some variations between these risk engines in terms of the data required, so this guidance provides information on the tests and measurements required for both.

When not to calculate CVD risk?

- Just remember it is not for people who already have
- Established atherosclerotic CVD
- Familial hypercholesterolaemia
- Malignant hypertension
- Diabetes (Type1 and Type2)
- Less than 40 or over 74 (NICE)

Risk Factors for QRisk 2

- Age and sex
- Cholesterol/HDL
- Systolic Blood Pressure
- Smoking status
- Deprivation
- BMI
- Treated hypertension
- Family History of Premature CHD
- Self assigned ethnicity
- Diabetes
- Atrial Fibrillation
- Rheumatoid Arthritis
- CKD

NICE Guidelines for Lipid Management

- Cardiovascular risk assessment: the modification of the blood lipids for the primary and secondary prevention of cardiovascular disease

Published May 28th 2008

What do they say for Primary Prevention?

- A systematic strategy should be used to identify individuals likely to be at risk.
- Individuals should be prioritised for assessment based upon a prior estimate of their risk equation utilising CVD risk factors recorded in their primary care records in their primary care electronic records of estimates where these are missing, including:
 - Age, sex, smoking, bp, total cholesterol, HDL cholesterol

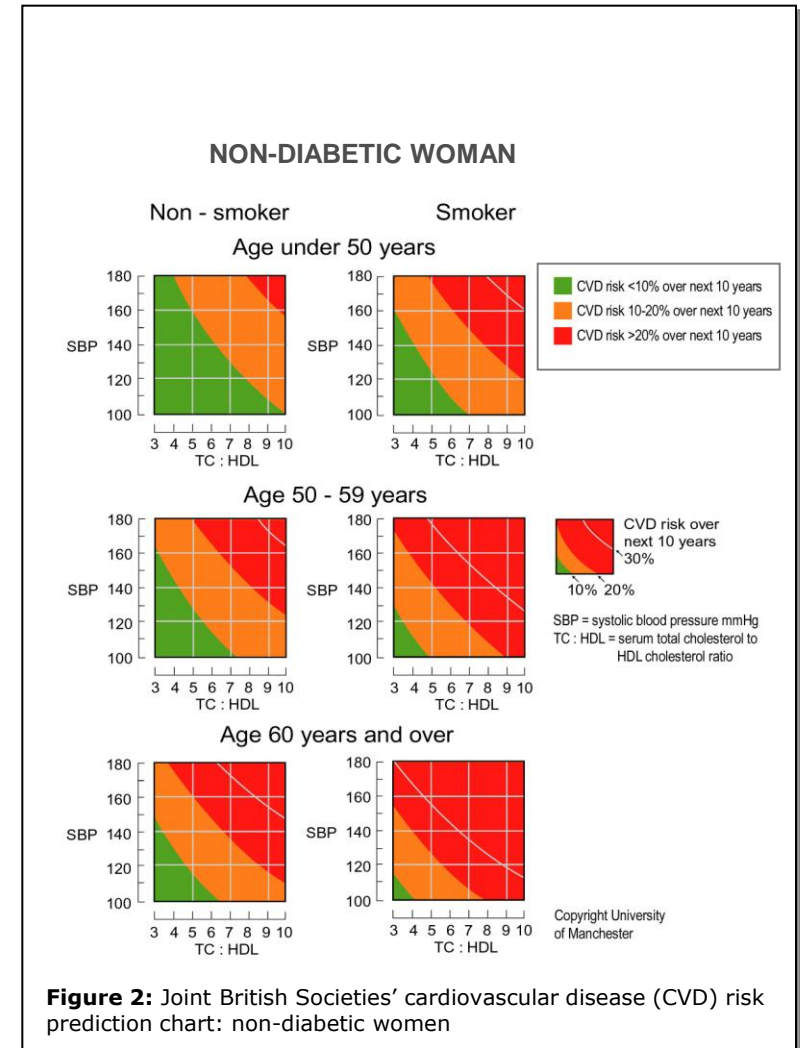
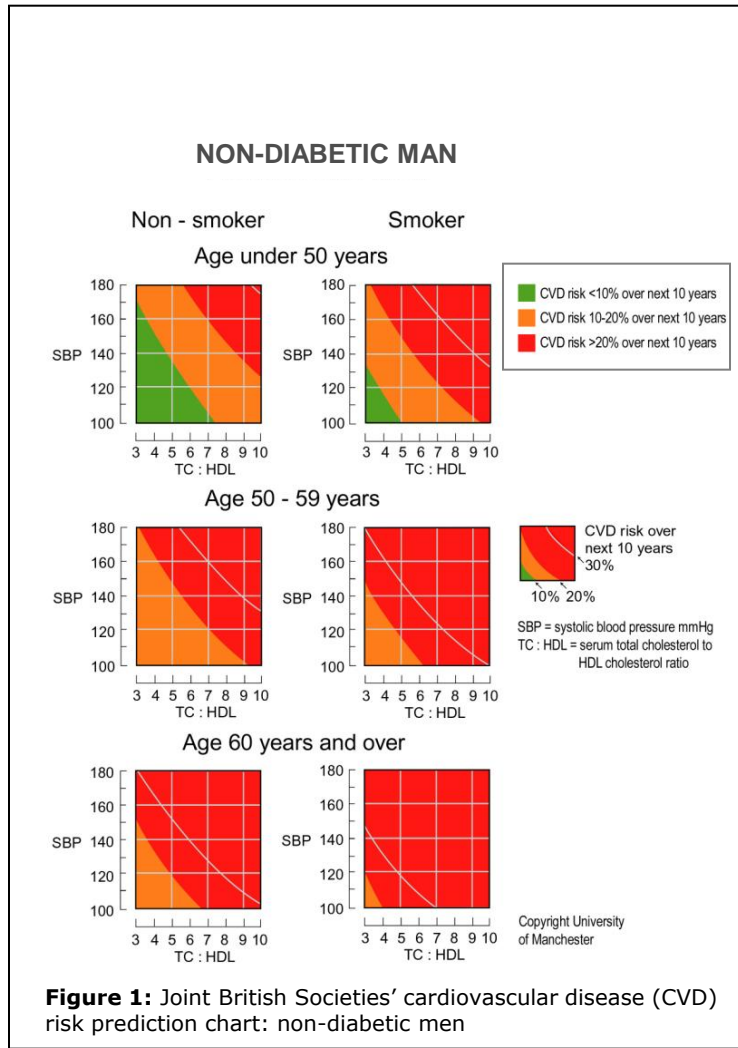
NICE continued

- Statin therapy is recommended as part of the management strategy for the primary prevention of CVD in adults who have a 20% or greater 10 year risk of developing CVD
- For people for whom these are not available or appropriate (eg aged 74 years or more)
- Simvastatin 40mgs or Pravastatin 40mgs or a drug of comparable effectiveness and acquisition cost is recommended as the treatment
- A lower dose or alternative preparation may be appropriate depending upon tolerability and clinical circumstances
- Higher intensity statins should not be routinely offered to people for primary prevention

Nottingham Guidelines on Vascular Risk

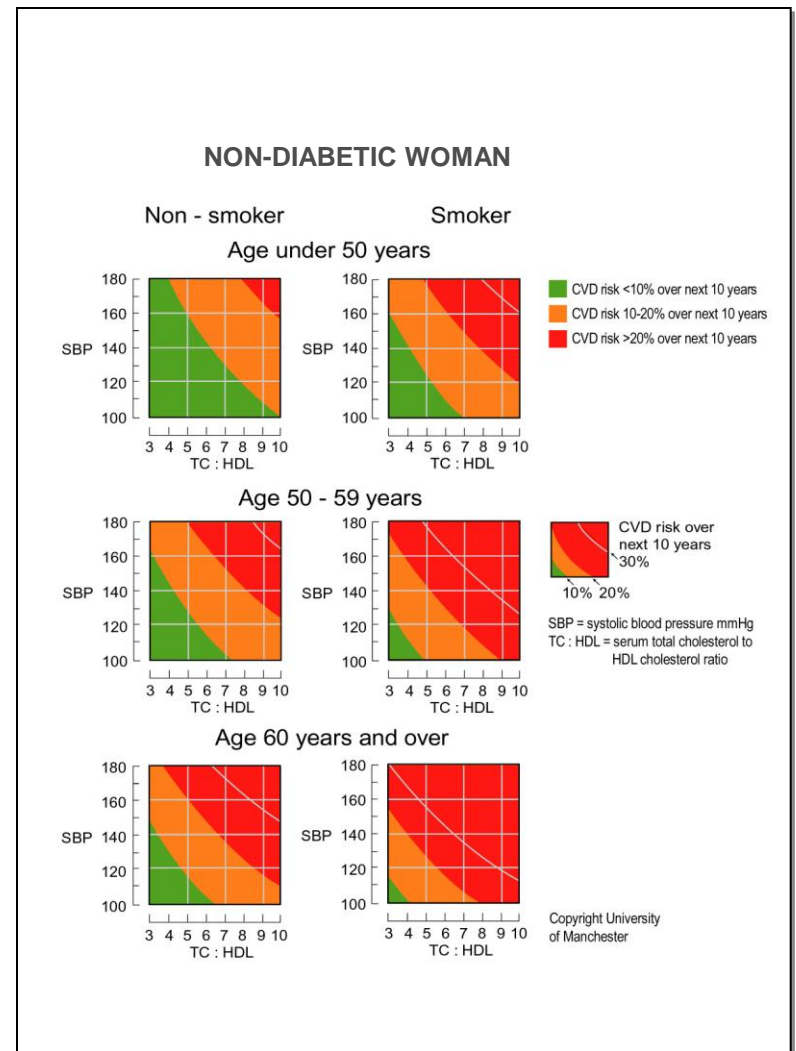
- Primary Prevention unless contraindicated all patients should receive the following;
 - Advice about how to stop smoking, physical activity, dietary advice.
 - Start statin in anyone with CVD risk 20% or greater risk of CVD in next 10 years regardless of cholesterol levels
 - Low dose aspirin if patients at 20% or greater risk of CVD in next 10 years AND BP less than 150/90
 - Initiate treatment for blood pressure if patients at 20% or greater risk of CVD in next 10 years AND BP is greater than 140/90
 - Consider referral to appropriate CVD Prevention Service.

JBS 2 CVD Risk Prediction Charts lets have a go. How would you treat them?



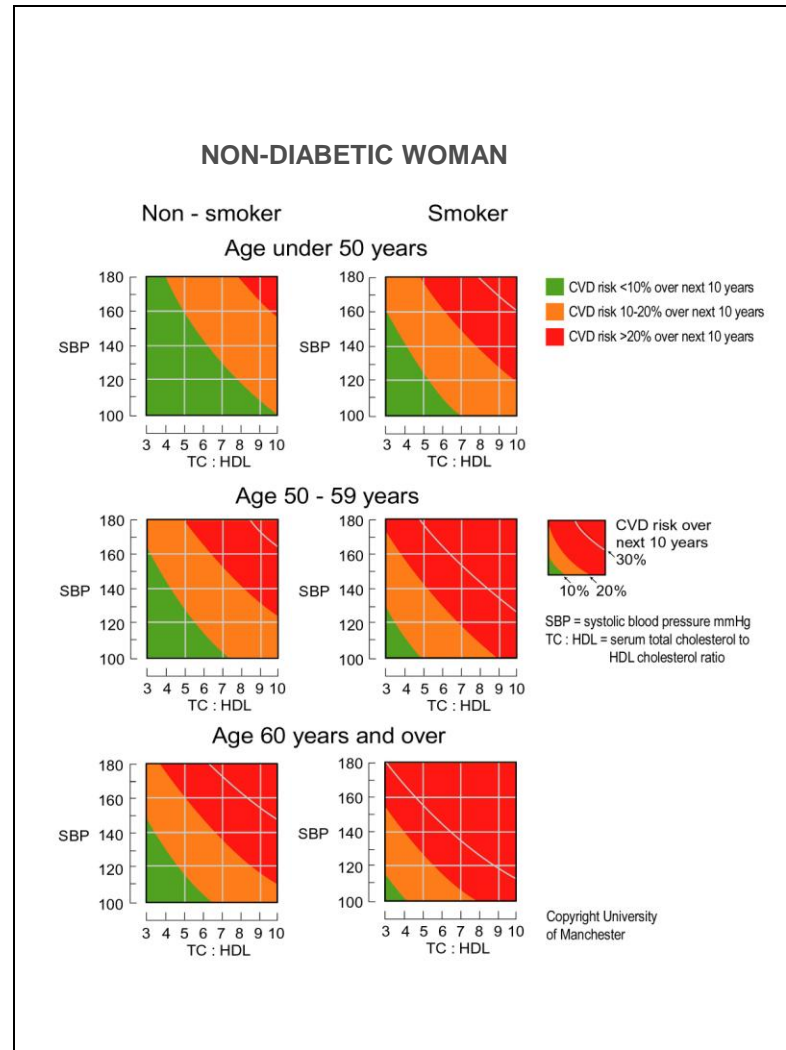
Margaret

- Aged 69
- Ex smoker of one year
- BMI 27
- TC:HDL 3.6
- TC 5.4mmol/l
- BP 140/68
- Significant Family history of CVD
- Blood sugar 3.6mmol/l
- U and E normal



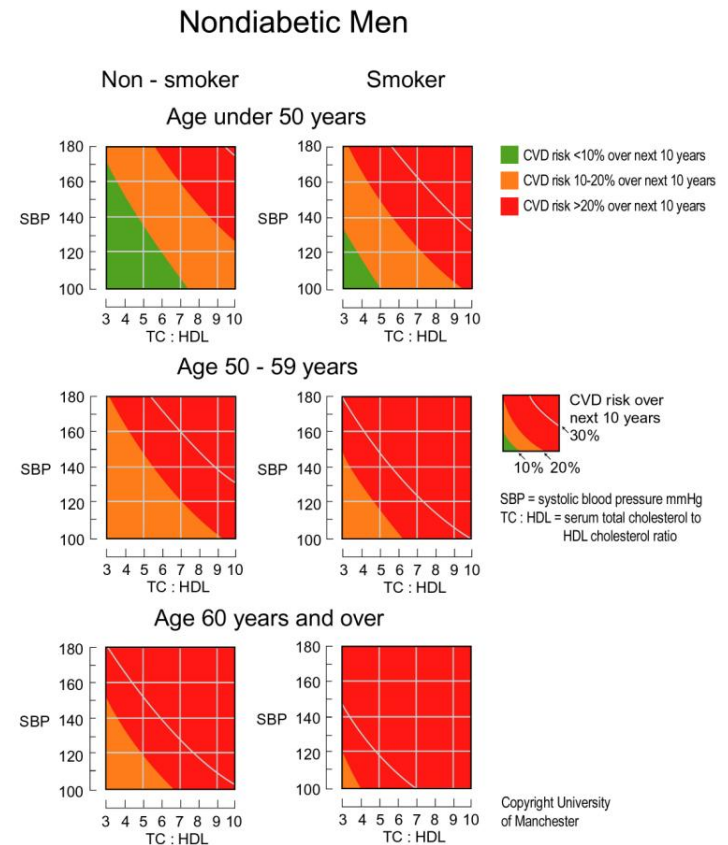
My Mum

- Aged 62
- TC 5.3mmol/l
- BMI 25
- TC:HDL 4
- BP 152/ 87
- No Family history of CVD
- Non smoker
- Fasting blood sugar 3.7mmol/l
- U and Es normal



Naresh

- 44yrs
- BMI 26
- Total Chol 6
- HDL 1.2
- FBS 5.2mmol/l
- BP 120/80
- Non smoker
- Significant family history of CVD and diabetes
- U and Es normal



Geoff

- Aged 40
- Smoker of 30 a day
- BMI 34
- BP 139/82
- TC 5.8mmol/l
- TC:HDL 4.6
- Family history- brother and father died of MI under 55yrs
- Fasting blood sugar 5.4 mmol/l
- U and Es normal

