

Cardiovascular disease

Headlines

Cardiovascular disease (CVD) could be avoided in 30% of cases, through people adopting healthy behaviours. Aged under 65 years, men are more likely to have heart disease than women. Up to 90% of the risk of a first heart attack is due to health behaviours that can be changed. Deaths from coronary heart disease are 60% higher in smokers than non-smokers. Deaths from coronary heart disease are three times higher amongst unskilled men than professionals and 50% higher in south Asian communities than in the general population.

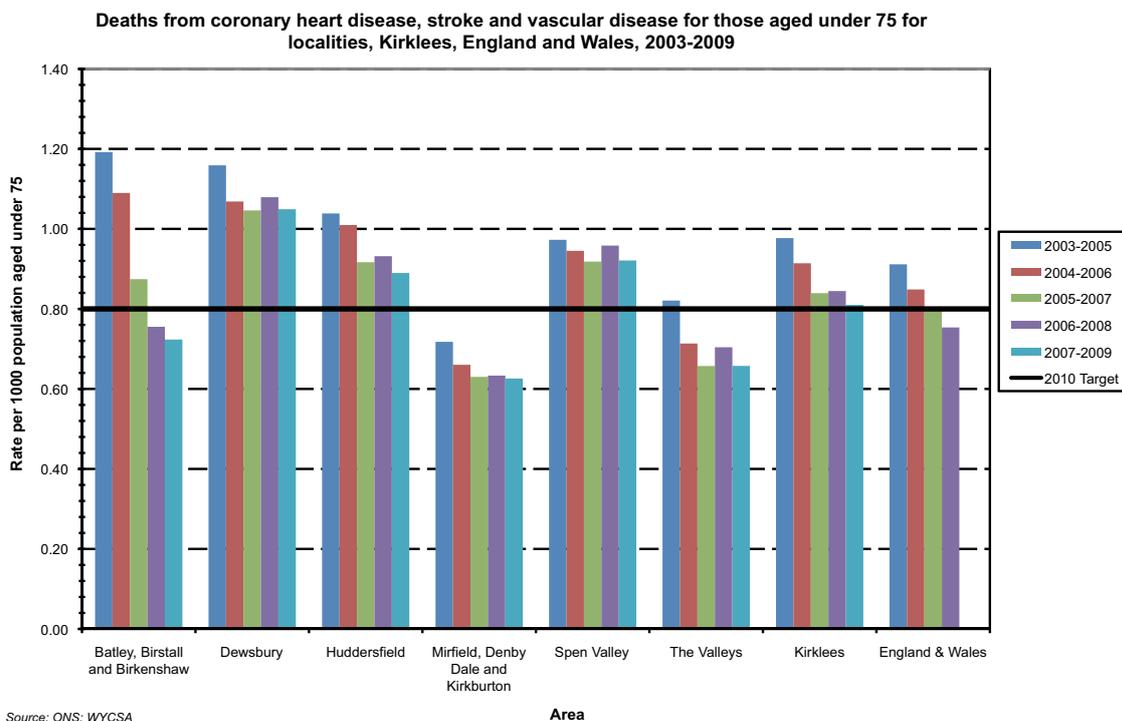
Almost 7,000 people in Kirklees experienced a stroke or transient ischaemic attack (TIA or mini-stroke) in 2009, which is 1.7% of the population. During 2009/10, there were 570 emergency admissions to hospital for stroke.

Heart disease and stroke had the worst impact on people in both functioning and death, locally.

Why is this issue important?

Cardiovascular disease (CVD) is the second biggest killer after cancers, both locally, and nationally. 34% of deaths in 2007 were caused by circulatory diseases^{1(p2)}. Deaths are reducing in those aged under 75 years². 30% of circulatory disease could be avoided mainly through a combination of reducing smoking rates, improving diet and increasing physical activity^{1(p9)}.

Coronary heart disease (CHD) accounts nationally for 48% of CVD³. In 2009, rates of CHD were similar locally, 5.6%, to nationally, 5.9%⁴. Admissions to hospital for heart attacks locally rose to 1.8% of all adults, and 6.1% of those aged over 65 years⁵. This may be due to better awareness in the public so prompt calls for help. Heart disease had the second worst impact on health functioning after stroke⁶. It particularly affected physical functioning and pain. 3 in 4 people with heart disease (75%) had been limited by their condition in the past four weeks⁶.



Stroke is the single largest cause of adult disability. Nationally it accounts for 28% of CVD³. Around 1 in 4 (20–30%) of people who have a stroke die within a month. 1 in 3 people who have a stroke are left with long-term disability⁷. Locally in 2008⁶, 1.3% of adults reported having had a stroke. In 2009, 1.7% of the Kirklees population experienced a stroke or TIA or 'mini stroke'⁸.

Of all those locally who had a stroke⁶:

- It had the worst impact on health functioning, particularly affecting bodily pain, physical and social functioning.
- 3 in 4 people reported that their stroke had limited their activities in the last four weeks.

- 1 in 6 (17%) still smoked and of these, 1 in 3 were happy to continue smoking.
- 2 in 5 (43%) did no physical activity compared to 1 in 9 (11%) in the general population.
- 2 in 5 (40%) were overweight and 1 in 6 (16%) were obese, i.e. more than half (56%) were at least overweight.
- Of those aged under 65 years, 1 in 3 were employed compared to 3 in 4 of those without a stroke.
- 1 in 6 (16%) were over twice as likely to feel isolated at least most of the time, compared to 1 in 16 (6%) without stroke.

What significant factors are affecting this issue?

High blood pressure

High blood pressure (hypertension) impacts throughout the body, especially on the most sensitive organs such as the brain, causing a stroke, the heart, causing heart disease and the kidneys. High blood pressure rates in England have dropped slightly since 1998 for all ages, with the largest decreases occurring in the older age groups⁴. In 2008 nationally, 1 in 3 (32%) men and 1 in 4 (29%) women had hypertension or were being treated for hypertension⁴, an increase of 1% in both groups since 2006. High blood pressure increased with age in both sexes. Amongst those with hypertension, more than half (54%) of men and 2 in 5 (43%) women were not receiving treatment. Of those receiving treatment 57% had their high blood pressure controlled⁴.

Locally in 2008, 1 in 5 of adults (22%) reported having high blood pressure, lower than nationally, 1 in 3 (36%)⁶.

Of all those locally with high blood pressure⁶:

- 3.8% reported having had a stroke, nearly three times higher than overall (1.3%).
- 1 in 6 (15%) reported having heart disease, nearly three times higher than overall, 1 in 18 (5.6%).
- 1 in 5 also had diabetes, as diabetes increases the risk of high blood pressure.
- 1 in 8 (13%) still smoked and of these, 1 in 4 were happy to continue smoking, the same as 2005.
- 1 in 5 did no physical activity; this has increased from 1 in 8 (13%) in 2005.
- 1 in 4 were obese and a further half (59%) were overweight, i.e. 84% were at least overweight.

Behaviours

Up to 90% of the risk of a first heart attack is from unhealthy behaviours that can be changed⁹. Death from coronary heart disease is 60% higher in smokers than in non-smokers¹⁰.

Different aspects of people's diet can increase the risk of cardiovascular disease^{11,12}. High saturated fat raises cholesterol, high salt intake can raise blood pressure and a low intake of fruit, vegetables and fibre can increase the chances of obesity¹¹. Locally, 1 in 5 (21%) were obese and a further half (53%) were overweight, irrespective of age⁶. So 3 in 4 were at least overweight.

Physically inactive people have a higher risk of heart disease¹³.

Work

A range of work related issues such as jobs with high demands and low control, job insecurity, low job satisfaction and lack of supervisor and peer support are linked to various psychological and physical health impacts, including cardiovascular disease. Those who are unemployed are also at greater risk^{14(p72,88)}.

Local environment

Outdoor air pollutants, including those from engine exhaust fumes, increase the risk of cardio-vascular disease and the exposure is strongly linked to deprivation^{14(p79,129)}.

Which groups are affected most by this issue?

Age

Locally in 2008⁶, 1 in 6 of older people had heart disease, compared with 1 in 25 aged under 65 years.

Those aged under 65 years with heart disease were⁶:

- 2-3 times as likely to have high blood pressure as the overall population, more than half (56%) of those with heart disease compared to only 1 in 5 (22%) overall.
- Four times as likely to have diabetes, 1 in 4 had diabetes, which itself increases the risk of cardiovascular disease.
- Less likely to be in employment, 40% compared to 70% of those without heart disease.
- More likely to have been limited by their condition in the past four weeks, 3 in 4 people with heart disease.

Older people were three times as likely to have a stroke, i.e. 3.1%, but less than in 2005, 5%⁶.

Gender

Locally, in 2008⁶

- Men aged under 65 years were three times more likely than women to have heart disease, 28% of men compared to only 9% of women. This was more than twice as likely aged over 65 years, with 37% of men compared to 16% of women.
- Men were more than twice as likely as women to have a stroke, 1.8% compared to 0.8%.
- Men were more likely than women to have high blood pressure, 26% compared with 17%.

Ethnicity

Locally, in 2008, 4% of people of south Asian origin aged under 65 years had heart disease compared to 2.6% of people of white origin. 15% of white people aged over 65 years had heart disease.

1 in 6 (16%) of both south Asian origin and white people aged under 65 years had high blood pressure.

Income

There is a significant relationship between income and stroke and income and high blood pressure, particularly in those aged under 65 years. The lower a person's income the more likely they were to have experienced a stroke or have high blood pressure. Locally, in 2008 82% of those who reported experiencing a stroke earned £20,000 or less compared to 43% overall⁶. Half of those with high blood pressure earned £20,000 per year or less compared to 1 in 3 (30%) in those earning £30,000 per year or more⁶.

Where is this causing greatest concern⁶?

Dewsbury had the highest rate of deaths from heart disease and the highest level of people living with heart disease aged under 65 years, 4%. Mirfield had the highest rate of deaths in those aged over 65 years, 1 in 5 (18%). Heart disease was highest in Dewsbury and Mirfield, 7%, and lowest in Denby Dale & Kirkburton.

Batley had the most people experiencing stroke in those aged over 65 years, 4%. Batley and Huddersfield South had the highest levels of stroke, 2% overall. Batley, Birstall & Birkenshaw along with Spen had the highest deaths from stroke. However, deaths from stroke in Dewsbury and Mirfield were increasing.

Batley had the most people with high blood pressure aged under 65 years, 1 in 5 (19%) and Dewsbury had the most aged over 65 years, 2 in 5 (44%).

Views of local people¹⁵

Locally, people who had experienced stroke discussed both the impact and the needs of people living with stroke. People said living with stroke caused them to feel:

- High levels of anxiety and stress and the "constant fear of another stroke".
- Vulnerable, especially to threat of theft and other crime.
- That their lives and those of their families had been "turned upside down" and it was "a struggle to get life back to normal".

They also reported:

- Having more medical issues.
- Difficulty with general mobility, particularly walking.
- Becoming tired more easily and having poor memory.
- Problems writing/chopping food/gardening.
- Extra stress and strain on carers.

People living with stroke said the following would make it easier for them to manage living with stroke:

- More support for carers – and the chance of a "little breather" for them.
- More support for individuals and families.
- Help with decisions about adapting their home or new accommodation.
- Support to get back to reading, writing, driving and other everyday activities.

- More and better information about what stroke is and causes/effects of stroke.
- Someone independent to talk to and local support groups.

What could commissioners and service planners consider?

A third of circulatory disease could be avoided through a combination of reducing smoking rates, improving diet and increasing physical activity and so resources should be directed to these programmes^{1(p9)}, both before people develop CVD and after. Reducing tobacco use and weight is crucial to avoid further problems in those with CVD, as well as getting them more active.

A vascular screening programme needs to be commissioned across Kirklees, as it is an effective way of identifying those at risk of developing CVD. While screening should ideally be universal and aimed at all those aged 45-74 years, initial focus must be on those at higher risk.

A focus on addressing variations in primary care to ensure consistent management of the key risk factors and chronic diseases needs to be a priority.

Maintain and develop the self care programme to enable those with CVD to effectively manage and live with their condition.

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