Primary Care Cardiovascular Journal
PCCJ
Keeping up to date with CVD and diabetes

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ISSUES & ANSWERS
Cardiovascular Disease

New challenges: practical solutions

6th-7th November 2015

East Midlands Conference Centre, Nottingham

The Fourth UK Primary Care Cardiovascular Conference was attended by GPs, practice nurses and other primary care professionals—all determined to address the challenge of cardiovascular disease (CVD) with practical solutions. The meeting was hosted by *Primary Care Cardiovascular Journal* (*PCCJ*) and *British Journal of Primary Care Nursing* (*BJPCN*), and chaired by the respective editors of the two journals, Professor Mike Kirby and Jan Procter-King. This report presents only the highlights of this very successful, highly interactive meeting, but more resources, including key presentation slides of the keynote lectures, presentations, panel discussions and workshops, are available at www.issuesandanswers.org.

KEYNOTE LECTURE: CARDIOVASCULAR DISEASE—STILL A NATIONAL PRIORITY

Professor Huon H Gray

"Premature (age < 75) CVD mortality has been falling for at least four decades in England, but nearly 25% of premature deaths in England are still due to CVD," said Huon Gray, National Clinical Director (Cardiac) NHS England. Furthermore, this welcome downward trend in mortality may be reversed due to the projected increase in the very elderly population and continuing high rates of obesity in the UK.

The Cardiovascular Disease Outcomes Strategy (CVDOS), published in 2013, emphasised that CVD should be seen as a single condition with multiple clinical expressions. The document also called for more attention to be paid to addressing risk factors (for example, through NHS Health Checks) and to case-finding in primary care of conditions such as hypertension and atrial fibrillation (AF).

Huon Gray reminded delegates that one of the fundamental intentions of the Health & Social Care Act was to change the relationship between the NHS and Government. The NHS is now managed by NHS England (NHSE), which receives an annual mandate setting out the deliverables expected by Government. "The NHS mandate is a hugely important document, since NHS England is legally required to pursue its objectives and comply with its requirements," he explained.

The priorities of the CVDOS are aligned to those of the current NHS Mandate and of the Five Year Forward View, published in 2015. According to Huon Gray, it is not possible to achieve the objectives of these documents through command and control at the centre, but by driving local change through new models of care—for example, through the Vanguard programme. He added: "Essentially, the Vanguards are pilot sites looking at new ways of working and their results will be hugely influential."

Huon Gray warned that the considerable financial pressures on the NHS are set to continue. In addition, although the Five Year Forward View stresses the importance of prevention, it is generally less explicit concerning CVD than other conditions such as cancer. "I believe we need to continue to raise the importance of CVD, because we forget about it at our peril," he concluded.

Professor Michael Kirby

"The conference makes a real difference: It gives us all a chance to catch up with old friends, make some new ones, get up to date and share ideas. Not only that, it is very enjoyable, educational and fun. It enables all of us to go back to work with renewed enthusiasm and a sense of purpose. Next year make sure you don't miss it!"

Jan Procter-King

"The journal's conference is a catalyst for positive action in primary care cardiovascular disease management. It is without doubt the best opportunity to meet other people who also work in the very real primary care world and share experiences, leaving 'ready for action' back in practice."

The Fourth Primary Care Cardiovascular Conference was made possible by sponsorship from the following:
Bayer, BHR, Macmillan Cancer Support, Medtronic Ltd, Merck Sharp and Dohme Ltd, Novartis, Sanofi, Servier.
The organisers thank these sponsors for their generous support and for offering delegates the opportunity to attend satellite symposia and workshops during the meeting.
This report was prepared independently and does not necessarily reflect the views of the sponsoring companies.

CONTROVERSIES IN PRIMARY CARE


Paul Lambert

E-CIGARETTES AND PUBLIC HEALTH

Paul Lambert, Public Health Specialist, Leeds: E-cigarettes are battery-powered devices that convert liquid nicotine into a mist or vapour for inhalation. There is currently little evidence that e-cigarettes have a 'gateway effect' in encouraging non-smokers, especially children, to take up smoking. However, quality control varies widely between products, and promotion of e-cigarettes may glamorise smoking and dilute the clarity of the current 'no smoking' message. European regulations to be introduced in 2016 do not address all concerns about e-cigarettes' marketing, but the need for regulation must be balanced against the benefits of reducing the harms of tobacco smoking.


Claire Bellone

PROS AND CONS OF HRT AND CVD

Claire Bellone, Clinical Nurse Specialist—Menopause, London: Hormone replacement therapy (HRT) is cardioprotective. There is a window of opportunity to start treatment around the menopause when CVD risk is lowest, but HRT can be initiated at any time after the menopause. There is no limit to duration of use, and treatment should be based on the risks versus benefits for each woman. The prothrombotic effects of oral oestrogen can be avoided by using transdermal, bioidentical estradiol patches or gels (plus bioidentical progesterone in women with a uterus). As a woman ages, health professionals should focus on her classic modifiable risk factors for CVD, rather than her HRT use.


Chris Harris

HOW LOW SHOULD WE GO IN DIABETES?

Chris Harris, GP Partner, GPwSI Diabetes, Bradford: While aggressive glycaemic targets are appropriate early after diabetes diagnosis, the risk of hypoglycaemic episodes (hypos) increases with longer duration of diabetes. Even if a patient appears well controlled based on blood glucose and HbA_{1c}, they may have risk factors for hypos, such as impaired awareness and excessive alcohol intake, especially if morning blood glucose is low. Some patients may self-administer unknown correction doses to maintain tight control, while others may maintain high blood glucose levels to avoid hypos. It is important to individualise treatment and regularly review each patient's diabetes plan, even if they appear to be managing their diabetes effectively.

NHS HEALTH CHECK UPDATE


Jamie Waterall

The Global Burden of Disease shows that 85% of risk factors for CVD are modifiable. "NHS Health Checks were launched to address vascular risk, but smoking, alcohol, sedentary lifestyle, and tobacco and drug use are also risk factors for cancer, respiratory disease and other common chronic conditions," said Jamie Waterall, NHS Health Check National Lead, Public Health England (PHE).

Each year, increasing numbers of people are being offered and are receiving a Health Check. However, around half do not take up the offer, and work continues to increase uptake and improve the programme's quality and consistency. Jamie Waterall acknowledged continuing controversy about the supporting evidence for NHS Health Checks. "There are no immediate plans to change the Health Check content, though the Expert Clinical and Scientific Advisory Panel is reviewing some potential changes. The evidence is very strong for the interventions, but we need to improve the effectiveness of their delivery," he commented.

Despite recent publicity, there has been no new economic appraisal of NHS Health Checks, but their delivery and effectiveness are being studied. Local evidence is accumulating, and two large, national evaluations have been under way for two years. Jamie Waterall reported: "To date these show no evidence of social gradient; *ie* the programme is not just being targeted at the 'worried well'."


Matt Kearney

Matt Kearney, a GP and National Clinical Advisor, NHSE and PHE, accepted that pressures on primary care drive some GPs to advocate focusing on the sick patients who present to the practice. "However, CVD prevention and detection are not luxuries, but the 'bread and butter' of primary care," he said.

Although population measures are undoubtedly necessary to address the wider determinants of health, primary care has a pivotal role in disease prevention. Support for positive behaviour change, and primary and secondary prevention of long-term conditions, such as hypertension, diabetes, chronic kidney disease, AF and other CVD risk factors, can have a huge impact on outcomes. Matt Kearney added: "Equally, late diagnosis and under-treatment are primary care problems."

The NHS Health Check is supporting primary care to improve the detection and management of people at cardiovascular risk, and from April 2016 the NHS Diabetes Prevention Programme (NHS DPP) will begin to identify people with non-diabetic hyperglycaemia for referral for evidence-based lifestyle intervention. "We do need to guard against over-diagnosis and inappropriate medicalisation, but we should be equally challenging about under-diagnosis and under-treatment of major risk factors. We should champion improvement in these areas with strong primary care leadership, because this will significantly improve outcomes for our patients," concluded Matt Kearney.

ADDING LIFE TO YEARS: HEART HEALTH AND CANCER

Today's cancer survivors may be more likely to die of heart disease than a recurrence of their malignancy. Find out how GPs and practice nurses can help to improve cardiovascular outcomes for these patients by reading Professor Mike Kirby's article, based on his presentation at Issues and Answers 2015.

Sponsored by Macmillan Cancer Support

LESSONS FROM LIFESTYLE STUDIES


Mike Kirby

LESSONS FROM LIFESTYLE STUDIES

Mike Kirby, Visiting Professor, Faculty of Health and Social Sciences, University of Hertfordshire: The origins of vascular disease occur early in life, and increasing arterial stiffness can be identified in teenagers. A Mediterranean-style diet in early adulthood has beneficial effects in reducing long-term CVD risk, as well as reversing the metabolic syndrome in older adults. Although most of our patients are aware of the benefits of a healthy diet and exercise, it is up to us as health professionals to support them to take action to make behavioural changes that will improve their future health.


Ivan Benett

THE PERILS OF FALLING IN LOVE

Ivan Benett, GPwSI Cardiology, Manchester: Stress-induced cardiomyopathy or 'broken heart syndrome' was first described in the 1990s. It is characterised by transient hypokinesia with apical or mid-left ventricle with dilation and dysfunction. The condition may mimic acute myocardial infarction (MI), with ECG changes and rises in cardiac biomarkers, but with normal angiography. Almost all patients are women aged >50 years, who present with new typical or atypical angina after experiencing an intensive stressor, such as the sudden death of a loved one. Early mortality may be up to 8%, but prognosis is good in survivors.


Clare Hawley

BUTTER ISN'T BAD FOR YOU AFTER ALL

Clare Hawley, GPwSI Cardiology, Chesterfield: Recently, systematic reviews and meta-analyses have concluded that no excess cardiovascular risk is associated with intake of saturated fats such as butter. These studies are, however, of varying quality and did not consider confounding factors. Reducing saturated fat intake can lower cardiovascular risk, but only if these fats are replaced with unsaturated fats and whole-grain carbohydrates as in the Mediterranean diet. Moderate butter consumption is probably less bad than previously thought, but it still contains a lot of calories.


Chris Harris

BRADFORD'S HEALTHY HEARTS

Chris Harris, GPwSI Diabetes, Bradford: This ambitious programme aims to reduce cardiovascular events by 10% by 2020, resulting in 150 fewer strokes and 340 fewer heart attacks in the clinical commissioning group. Each general practice has a clinical champion, but the aim is to avoid increasing the burden on primary care by using centralised searches for high-risk patients and innovative approaches to prescribing. To date, over 750 patients with AF have been started on oral anticoagulation, an additional 1500 patients have been added to the hypertension register, and more than 1200 patients with CVD risk > 20% have been started on a statin, together with 450 patients with CVD risk 10-20%.


Ahmet Fuat

SHOULD WE SCREEN ALL CARE-HOME RESIDENTS ANNUALLY FOR HEART FAILURE?

Ahmet Fuat, GPwSI Cardiology, Darlington: Heart failure (HF) leads to high morbidity, admissions to hospital, poor quality of life and premature death. It is a disease of the elderly, with an average age at diagnosis of 76-77 years. Effective management depends on early, accurate diagnosis, but older people with symptomatic left-ventricular systolic and diastolic dysfunction may ascribe their symptoms to ageing, and HF is particularly likely to be undiagnosed in care homes. HF screening in the community and care homes fulfils accepted criteria for screening: it is known to be common, it is a health burden, it is detectable and effective treatments are available.

AND THE WINNERS ARE…

The Best Practice Poster Award 2015

The Best Practice Award recognises success in making best practice everyday practice in CVD and related disorders. The winner is chosen by delegates attending the UK Primary Care Cardiovascular Conference. Congratulations to this year's winner.

Seasonal variation of HbA_{1c}
Jordan Burgess, Graham Leese, Paul Broughton
Sponsored by BJPCN and PCCJ

HEART UK NHS Health Check Awards

Most Improved Service Delivery
Bracknell Forest Council Public Health
Sponsored by BHR

Best Impact on Patient Experience
Pennine Care NHS Foundation Trust
Sponsored by Alere

Team/Group of the Year
Rowlands Pharmacy, Northend, Portsmouth
Sponsored by Roche Homecare

General Practice Team of the Year
Kingswood Surgery, High Wycombe
Sponsored by RSPH

Most Innovative Project
Cornwall Council Public Health
Sponsored by Sanofi

ISSUES AND ANSWERS IN CARDIOVASCULAR DISEASE

MAXIMISING EFFECTIVE COMMUNICATION WITH PATIENTS


David Milne

MALE, SUDDEN MI WITH FH

David Milne, GPwSI Cardiology, Colchester:

MI may be the first sign of familial hypercholesterolaemia (FH), and the psychological impact can be very severe, especially if the patient has previously felt well. Although there may be a family history of premature cardiac death, people may be unaware of the possibility of FH. Patients with FH should understand the importance of intensive lipid-lowering therapy, and should be referred to a specialist lipid clinic. If patients do not regularly attend the practice or have not accepted the offer of an NHS Health Check, the GP may only be alerted to the possibility of FH by very high low-density lipoprotein cholesterol (LDL-C) on the discharge summary, but other signs of FH include corneal arcus, and xanthomata. NICE recommends cascade testing for families, but if this is not available, cholesterol testing will help to indicate if children are at risk. GPs should enquire about a history of premature death in first- and second-degree relatives, as well as in the family of the patient's partner. FH in both parents means that their children may have homozygous FH and be at risk of death at a very young age.


Ivan Benett

PERIPHERAL ARTERIAL DISEASE

Ivan Benett, GPwSI Cardiology, Manchester:

One in five of the over-65s has peripheral arterial disease (PAD), and prevalence increases with age. Classically, the most common symptom is intermittent claudication: pain in an extremity that develops in a muscle with an inadequate blood supply during exercise and disappears within 1-2 minutes after resting or ceasing to exercise. Sites of claudication depend on the site of the obstruction, but pain in the calf muscle is a common symptom since the femoral artery is often affected. However, more than half of patients present without typical claudication symptoms; for example, exertional leg pain may not resolve after 10 minutes of rest. Patients should be advised to stop smoking and lose weight. Secondary prevention includes statins to reduce total cholesterol to < 4.5 mmol/l (LDL-C < 2.6 mmol/l), control of blood pressure and HbA_{1c}, and antiplatelet therapy with aspirin or clopidogrel. Referral for supervised exercise training is the initial treatment for PAD, since it significantly improves symptoms, but some patients may ultimately require angioplasty or, in very severe cases, aorto-bifemoral bypass.

SUPPORTED SESSIONS

We are grateful to our sponsors for organising and funding the following satellite symposia:

Lipid management for CVD prevention in the UK—addressing the gap
Sanofi UK

Heart failure—a national health priority
Novartis UK

Quick guide to managing heart health after cancer treatment
Macmillan Cancer Support

How can we improve heart failure management in primary care? Strategies from the West
Servier

Testosterone and cardiovascular disease: friend or foe?
Bayer

Workshops were organised in association with the following:

Dyslipidaemia: top tips in lipid lowering—clinical dilemmas
HEART UK

Practical support to enable quality diabetes care
Diabetes UK

Acute kidney injury and e-alerts
Think Kidneys

Treating heart failure patients with IV diuretics in the community
British Heart Foundation