

THE MUSWELL HILL PRACTICE CHOLESTEROL AND CARDIOVASCULAR RISK ADVICE

Your cholesterol (which is a type of fat) should be measured as part of a RISK ASSESSMENT for cardiovascular disease (heart disease, stroke, TIA and peripheral arterial disease). Heart disease is a condition in which the blood vessels of the heart become narrowed or blocked by the build up of cholesterol. Stroke is when the blood supply to the brain is cut off, which can damage the area of brain affected. TIA or Transient Ischaemic Attack is a mini-form of stroke which lasts less than 24 hours, and peripheral arterial disease is narrowing of the arteries, usually in the legs, due to the build up of cholesterol.

Cardiovascular disease is the second most common cause of death in the UK and is a major cause of illness, disability and poor quality of life.

The major risk factors for cardiovascular disease are:

YOUR AGE
YOUR SEX
WHETHER YOU SMOKE
YOUR BLOOD PRESSURE
WHETHER YOU HAVE DIABETES
YOUR FAMILY HISTORY
YOUR ETHNIC ORIGIN
YOUR CHOLESTEROL LEVEL
YOUR BMI (weight relative to height)

In making an assessment of your cardiovascular risk ALL these factors need to be taken into account. Your doctor will also take into account whether you have NEVER had any personal history of cardiovascular disease (advice and treatment is called PRIMARY prevention) or if you have previously suffered from cardiovascular disease (advice is then called SECONDARY prevention).

THERE IS NO NEED TO REPEAT YOUR CHOLESTEROL UNLESS THERE IS A SPECIFIC REASON TO DO SO AS ADVISED BY YOUR DOCTOR.

PRIMARY PREVENTION (if you have never had cardiovascular disease)

Lifestyle advice:

Stop smoking Smoking Cessation help and support is available, please ask at reception.

Eat a Healthy Diet Eat less fat eg fried or processed foods, less saturated fats eg fatty meat, butter, cheese, eat more unsaturated fats eg olive oil instead. Steam, poach, bake, casserole or microwave foods rather than frying or roasting. Choose wholegrain varieties of starchy foods like cereals, pasta and bread. Eat at least five portions of fruit and vegetables a day. Eat at least two portions of fish a week including a portion of oily fish eg herrings, sardines, mackerel or salmon. Eat at least 4 – 5 portions of unsalted nuts, seeds and legumes each week. More information is available at www.eatwell.gov.uk/healthydiet. There is no evidence of any benefit from spreads, drinks and yoghurts containing plant sterols and stanols to lower cholesterol.

Reduce Salt High salt intake increases your risk of developing high blood pressure.

Exercise At least 30 minutes of moderate exercise a day, five days a week. Two or more days a week should include muscle-strengthening activities that work major groups (legs, hips, back, chest, shoulders and arms). Increasing the amount of exercise you do is the single most beneficial action that you can take to improve your health. It costs nothing and is infinitely more powerful than any medicine.

Healthy Weight Reducing your weight can have big benefits for your ability to exercise, reducing your blood pressure, reducing your risk of developing diabetes and helping your joints. Support and advice is available via OneYouHaringey here: <https://www.oneyoutharingey.org/>.

Reducing Alcohol intake Men and women should drink no more than 14 units of alcohol per week. It is also recommended to spread those units over 3 days or more. Please use our surgery pod to log your alcohol intake or ask for an AUDIT alcohol questionnaire. Alcohol advice and support is available at the practice or via HAGA here: <https://www.haga.co.uk/>.

The lifestyle measures above will all aid your body to reduce your cardiovascular risk.

Your doctor will assess your risk of cardiovascular disease based on all of the above risk factors, using a risk assessment tool QRISK2. This will give a result as a percentage: eg. 20% risk means that you have a one in five (20%) or greater risk of developing cardiovascular disease in the next 10 years.

In primary prevention, if your risk is calculated as being less than 10%, then the lifestyle measures above are generally all that is necessary. There is very little evidence that any other treatment is merited.

If your risk is calculated as being greater than 10%, then your doctor may discuss more active treatment for as many of the risk factors as possible. This **may** include treatment of raised cholesterol. If this is the case, then you should be prescribed a standard dose of ATORVASTATIN 20mg daily. Your liver function and cholesterol levels should be checked after 3 months with an aim to reduce your non-HDL cholesterol by 40%. If the 40% reduction in cholesterol is achieved, you will require annual liver function checks. There is no need to recheck your cholesterol level again. If the 40% dose reduction in cholesterol is not achieved we may need to increase your dose.

SECONDARY PREVENTION (if you have a history of cardiovascular disease)

All the above lifestyle measures apply. In ADDITION, your blood pressure and blood sugar will be carefully monitored and you will be offered treatment with ATORVASTATIN 80mg to reduce your non-HDL cholesterol by 40% level. For secondary prevention, we will aim to get your cholesterol level to below 5.0, lower if you have diabetes.

There are leaflets about lifestyle factors and cholesterol available from our practice nurses or in our surgery pod.

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