

Barns Medical Practice

Service Specification

Coronary Heart Disease



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Introduction

Coronary heart disease (CHD) is the leading cause of death both in the UK and worldwide.

It's responsible for around 73,000 deaths in the UK each year. About 1 in 6 men and 1 in 10 women die from CHD.

In the UK, there are an estimated 2.3 million people living with the condition and around 2 million people affected by angina (the most common symptom of coronary heart disease).

CHD generally affects more men than women, but from the age of 50 the chances of developing the condition are similar for both men and women.

As well as angina (chest pain), the main symptoms of CHD are heart attacks and heart failure. However, not everyone has the same symptoms and some people may not have any before CHD is diagnosed.

CHD is sometimes called ischaemic heart disease.

Coronary heart disease is the term that describes what happens when your heart's blood supply is blocked or interrupted by a build-up of fatty substances in the coronary arteries.

Over time, the walls of your arteries can become furred up with fatty deposits. This process is known as atherosclerosis and the fatty deposits are called atheroma.

Atherosclerosis can be caused by lifestyle habits and other conditions, such as:

- Smoking
- High cholesterol
- High blood pressure (hypertension)
- Diabetes
- Excess weight / obesity.

- Lack of exercise / sedentary lifestyle.
- Family history of atherosclerosis and CVD.
- Being of South Asian, African or African-Caribbean descent.

The clinical team in the practice work with other members of the multidisciplinary team to ensure the optimum treatment and screening for this diagnosis. These team members include dieticians and referral to secondary care (hospital) if required.

Diagnosis

Coronary heart disease is usually diagnosed after a risk assessment and tests. This involves taking a family history, checking blood pressure and a blood test to assess cholesterol level. Further tests may include a tracing of the heart, an electrocardiograph (ECG) before referral to hospital for more investigations. Other investigations may include:

An Exercise Tolerance Test

Identifies strain to the heart while exercising on a treadmill. You have leads attached to you which are connected to an ECG machine recording the rhythm of your heart. This is painless and identifies IHD.

X-rays

These may be used to look at the heart, lungs and chest wall to rule out any other conditions.

Echocardiogram (ECHO)

This is similar to an ultrasound scan used in pregnancy. It can identify the structure of the heart and thickness of heart muscle as well as heart valves. It involves smoothly gliding a transducer over the skin of the chest wall.

Coronary angiography

This is also known as a cardiac catheter test and can identify coronary arteries that are narrowed or blocked. A coronary angiogram is relatively safe and the risk of having a heart attack or stroke during the procedure is about 1 or 2 in every 1,000.

Magnetic resonance imaging (MRI)

This is a scan where the patient is placed in a tunnel and can produce detailed images of the heart

Computerised tomography (CT) scan

This scan gives X-ray images of the inside of the body. It involves lying on a bed while a small tube rotates around the body.

Regular Review

Although CHD cannot be cured, treatment and improving lifestyle can help to prevent heart disease and heart attacks. Barns Medical Practice offers an annual review to all patients with CHD. They are lettered to attend a screening visit carried out by the Health Care Assistant. This includes blood sampling. The results from this visit are assessed by a trained nurse or doctor and these are then discussed, usually via a telephone consultation, with the patient. Any recommended changes to the management of the condition would be discussed at that telephone consultation and if follow up is required then that too will be arranged.

Lifestyle:

Smoking is one of the main causes of heart disease. Patients are encouraged to stop smoking and can be offered a variety of therapies to assist with this. These may include

1. NRT patches, gum, inhalator or lozenges.
2. Varenicline or Champix which is a 12 week course of tablets. This can be prescribed by a GP or nurse prescriber.

Discussion regarding stopping smoking is advised in the first instance. Patients can be signposted to services such as Fresh Ayrshire for initial and ongoing support. Some chemists also provide this service.

Blood pressure should be checked annually unless a patient is already on treatment for high blood pressure, in which case every 6 months. This should be below 140/85.

Exercise and increased physical activity on a regular basis helps to maintain a healthy weight and therefore reduces risk of further complications of CHD. It will increase the heart muscles and improve circulation which will also help to maintain good blood pressure control. A variety of vouchers to attend the Citadel leisure centre can be prescribed by a clinician. These include activity voucher, Invigorate and Weigh to go. The patient can make an appointment at the Citadel for an assessment and a programme of activity can be tailored to suit that patient's needs, depending on their capability.

Eating a healthy diet

Everyone should aim for a well-balanced diet. Faddy crash diets may not provide the balance of nutrients you need.

The best way to understand it is to think of foods in food groups.

Try to eat:

- plenty of fruit and vegetables

- plenty of starchy foods such as bread, rice, potatoes and pasta. Choose wholegrain varieties wherever possible
- some milk and dairy products
- some meat, fish, eggs, beans and other non-dairy sources of protein
- only a small amount of foods and drinks high in fats and/or sugar.

Choose options that are lower in fat and salt and sugar whenever you can. Referral can be made to dietician to assist with weight loss. A voucher for Weigh to go classes at the Citadel can also be given.

Alcohol intake recommendations are 2-3 units daily for women and 3-4 units for men. A FAST questionnaire (FAST ALCOHOL SCREENING TEST) is often completed by a clinician and any concerns regarding alcohol intake should be addressed.

Indications for referral

The Nurse will liaise with the GP if any concerns are raised at annual review.

Left Ventricular Dysfunction

If the patient has uncontrolled high blood pressure, this means that the heart has to work harder to push body round the body. The heart muscle then becomes thicker and stiffer which makes the heart enlarged. Patients with LVH are managed with ACE inhibitors or A2 agonists. Patients who also have swelling or signs of fluid retention should also be treated with a diuretic (water tablet). Lifestyle advice is given as for annual review.

Resources for Staff and or Patients

<http://www.bloodpressureuk.org/BloodPressureandyou>Yourbody/Enlargedheart>

<https://www.bhf.org.uk/heart-health/conditions/coronary-heart-disease>

<http://www.nhs.uk/conditions/Coronary-heart-disease/Pages/Introduction.aspx>

Staff involved and training required

HCA: blood sampling, annual review, onward referral and booking review/ telephone appointments.

GPs and nurse staff should be committed to ongoing personal development and updating knowledge with regard to CHD.

Advertising of service to patients

Details of this service will be available on the practice website.

Patients will be advised of the service at the point of diagnosis.