



British Heart
Foundation

SCOTLAND

THE CVD CHALLENGE IN SCOTLAND

bhf.org.uk

Together we can save lives
and reduce NHS pressures

The challenge of CVD continues today.

Around 685,000 people in Scotland live with the burden of cardiovascular disease (CVD).

Thousands more have undetected medical risk factors. CVD remains one of the biggest causes of death and disability in Scotland, costing the NHS hundreds of millions of pounds each year.

And despite significant successes in reducing CVD mortality, it remains a major contributor to premature death and health inequality.

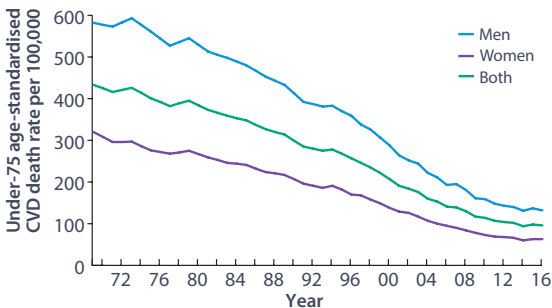
But it doesn't need to be like this.

Working with health system leaders and governments, together we can tackle undetected hypertension, atrial fibrillation and high cholesterol, to reduce the burden of stroke and heart attack.

We can improve the quality of care for patients with diagnosed conditions to reduce their risk. And we can improve patient outcomes by delivering innovative services.

Together, let us change tomorrow.

After 40 years of falling premature CVD deaths, progress has slowed



Premature CVD death rates in Scotland have fallen 78% over the last 40 years, largely thanks to BHF-funded research, advances in treating conditions like heart attack and stroke and the decline in smoking, as well as lifestyle changes.

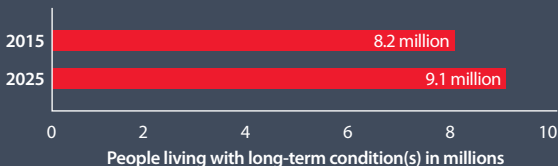
But progress has slowed since 2011. The reasons are unclear. And CVD remains a significant cause of death in Scotland.

We must do more.

22% of all premature deaths in Scotland are caused by CVD. That's 4,600 premature CVD deaths in Scotland each year

We are living longer, but with more long-term conditions

By 2025, the number of people living with one or more serious long-term conditions in the UK will increase by nearly one million



In Scotland today, 685,000 people live with CVD. This makes up a significant proportion of all long-term conditions (LTCs). At least 48,000 people have heart failure.

What's more, CVD risk increases with age: almost 8% of people in their 60s are diagnosed with coronary heart disease, for instance. And many other common LTCs increase the risk of developing CVD.

By 2030, the population in Scotland aged 65-84 will rise by 29% and those over 85 by 56%.

We must plan for the future.

Data source: Royal College of General Practitioners (2016). Responding to the needs of patients with multimorbidity: A vision for general practice

CVD healthcare costs Scotland hundreds of millions of pounds a year



**CVD healthcare
costs estimate**



**CVD economic
cost estimate**

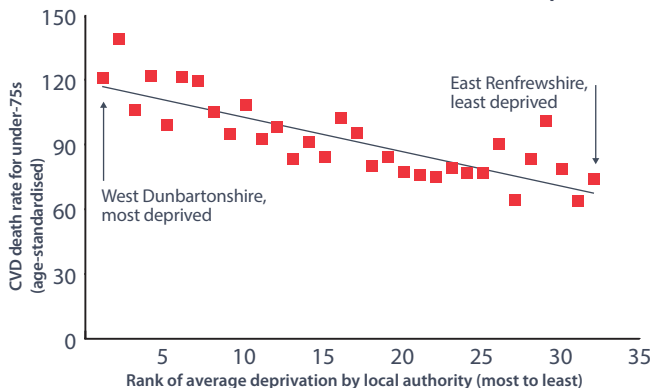
The direct and indirect costs of CVD to the NHS in Scotland and the wider economy are significant.

Meanwhile, the NHS in Scotland faces a challenging financial position in the coming years.

We can bring down this cost.

You're up to 60% more likely to die early from CVD depending on where you live

Premature CVD death rate rises in line with deprivation



CVD risk factors such as smoking, physical inactivity and obesity are more common in deprived areas of Scotland. These increase the risk of hypertension, atrial fibrillation (AF) and high cholesterol.

So the most deprived people in our society shoulder the greatest burden of death and disability from CVD.

We must close this inequality gap.

Data sources: Office for National Statistics 2017 and National Records of Scotland 2017, data for 2014-16

The premature CVD death rate is 1.6 times higher in the most deprived area of Scotland compared to the least.

More information at bhf.org.uk/cvd-scotland

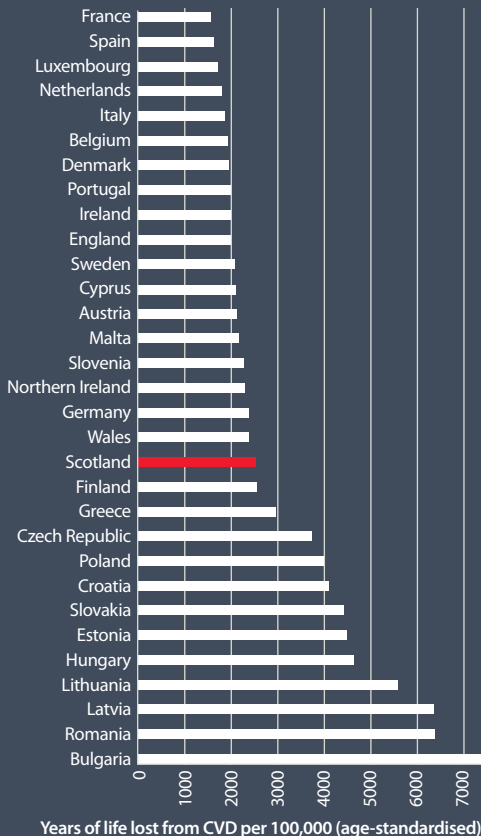
We could perform better against other EU nations for premature CVD deaths

Despite decades of success bringing down the premature CVD death rate, Scotland still ranks lower than 18 other EU nations – behind Slovenia, Cyprus and Malta.

We can do better.

Scotland's premature CVD death rate is 60% more than France, which has the lowest rate among EU countries

Together, we can make the difference.
Turn over to find out how.



Data source: Global Burden of Disease, 2015

Together, we can act to reduce this burden.

Thousands of people have undetected medical risk factors that increase their chance of developing CVD.

We can diagnose and treat them earlier.

Many with diagnosed risk factors receive sub-optimal treatment.

We can improve care.

Patients experience varying standards of care and outcomes depending on where they live.

We can innovate to improve patient outcomes.

Thousands could benefit from earlier risk factor detection and treatment



Hypertension is implicated in half of all strokes and heart attacks



People with AF are five times more likely to have a stroke



Raised cholesterol increases the risk of heart attack and stroke

We already have effective treatments available

Every 10mmHg drop in systolic blood pressure reduces the risk of strokes and heart attacks by 20%.

Anticoagulation for AF prevents 66% of related strokes.

Every 1mmol/l fall in LDL cholesterol from statin treatment reduces yearly risk of heart attack and stroke by 25%.

The problem is that significant variation in detection rate and treatment remains.

Better risk factor management could avoid hundreds of CVD events

The missed opportunities



97,800 (16%)*

Adults with diagnosed hypertension not treated to guidelines



206,200 (51%)*

Estimated number of adults with 10-year CVD risk above 20% not treated with statins



7,500 (14%)*

High-risk AF patients not anticoagulated

The potential

Over 3 years, optimally treating adults with diagnosed hypertension can avoid:



880 strokes

590 heart attacks

And optimally treating high-risk AF patients can avoid:



600 strokes

*figures do not include QOF exception data so may not be comparable with other UK nations. For more information visit bhf.org.uk/cvd-scotland

Data source: BHF analysis based on The Size of the Prize in CVD Prevention, Public Health England 2017

It's time to think differently about CVD services

The BHF has piloted and evaluated models of care that can avoid hospital admissions, improve patient outcomes and save the NHS millions of pounds a year.

Now they need wider roll-out.

Atrial fibrillation

The challenge

Around 600 strokes in Scotland could be avoided over three years if everyone with AF was diagnosed and received appropriate anticoagulation therapy.

The solution

Arrhythmia Care Coordinators can help to enhance and optimise AF detection and management, reducing stroke incidence.

Learn more at bhf.org.uk/acc

Familial hypercholesterolaemia (FH)

The challenge

The inheritable gene mutation leads to abnormally high blood cholesterol levels, raising an otherwise healthy person's risk of dying from a heart attack in their 20s, 30s or 40s.

The solution

Cascade testing first-degree relatives of people with FH can help identify and treat at-risk family members. A BHF pilot has so far found over 1,400 cases and offered treatment to lower CVD risk.

Learn more at bhf.org.uk/fhservice

Hypertension

A significant proportion of adults with hypertension remain undiagnosed. Of those who are, one in six are not treated to target.

How can we do better?

The BHF and partners in primary care, public health and the third sector came together to produce a resource that highlights these problems and offers solutions.

Learn more at bhf.org.uk/bp-better

What's next?

Find out more about the challenge of CVD today and what the BHF is doing to change tomorrow.

Visit bhf.org.uk/cvd-scotland



**British Heart
Foundation**

For over 50 years our research has saved lives.

We've broken new ground, revolutionised treatments and transformed care.

But heart and circulatory disease still kills one in four people in the UK.

That's why we need you.

With your support, your time, your donations, our research will beat heart disease for good.

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For full references visit bhf.org.uk/cvd-scotland