Public Health

Cardiovascular disease (CVD) is an umbrella term for conditions that affect our heart or blood vessels. It includes high blood pressure, coronary heart disease (blocked arteries or heart failure), stroke, and vascular dementia. It also covers conditions that affect our heart's muscle, valves or rhythm. We can think of cardiovascular disease as a premature ageing of our heart and blood vessels.



Why is this important?

CVD is a significant cause of disability and loss of independence, premature death, and the gap in healthy life

expectancy between the most and least deprived.



What is the local context? In Torbay, 1 in 4 deaths of people aged 50-74 are from cardiovascular disease.



What should we do?

Reduce risks throughout our lives. Detect and manage conditions early. Health Checks: engage with communities at scale. Preventing heart attacks and strokes will save lives, money, and GP workload.

Risk factors A, B, C and D should all be detected and managed. They can be treated by medication, and tackled by changes in lifestyle, if identified early. - (A) Atrial fibrillation (AF).

Torbay's AF prevalence (all ages, 2019) is 3.6%. AF is a significant risk factor in predicting stroke.

In 2022/23, Torbay residents were admitted to hospital for stroke 285 times (120 times amongst under 75yr olds). The Central Paignton rate was significantly higher than the Torbay average.

- **(B)** High **blood pressure**/hypertension can damage blood vessels. 18.6% of patients on Torbay's GP registers (2022/23) had hypertension (Quality and Outcomes Framework- QOF).

- **(C)** High **cholesterol** can narrow blood vessels or cause clots (more <u>info</u>).

Torbay's prevalence of coronary heart disease in patients on GP registers is 4% (QOF, 2022/23)

- (D) Diabetes.

Torbay's estimated diabetes diagnosis rate of 71% in 2018 is significantly lower than England's 78%. Torbay's Diabetes 17+ years QOF prevalence is 8% (2022/23).

Other risk factors and wider determinants

- **Smoking** can narrow blood vessels increasing the risk of heart attack and stroke. Smokers should be offered support to quit or switch to vapes e.g. through <u>Your</u> <u>Health Torbay</u>. In Torbay, the smoking prevalence in adults is 18% (QOF, 2021/22). England's is 15%. For details of smoking inequalities see <u>Smoking in Torbay</u> and <u>Smoking (2019)</u>.

- Being overweight or obese.

In Torbay, 69% of adults are overweight or obese (2021/22), and 31% are obese, both significantly higher than England and the South West. Reception aged children have rates of 24% and 10% (2020/21-2022/23).

- **Physical inactivity** or sedentary lifestyle. Consistent moderate physical activity reduces risk from cardiovascular disease in several ways, including lowering blood pressure and improving cholesterol.

30% of Torbay adults are not physically active (doing around 150 minutes of moderate intensity activity per week). 21% are inactive (less than 30 minutes a week).

Active travel, such as walking, cycling and other wheeling, should be encouraged, and made easier via better infrastructure and path provision.

We need more people, more active, more often.

- **Unhealthy diet**. Nutritious diets including high amounts of fruit, vegetables, legumes, and fish are associated with lower risk of developing and dying from cardiovascular disease.

Diets with high levels of salt can increase the risk of high blood pressure which can then put additional strain on our blood vessels, heart and other organs, leading to increased risk of heart attack or stroke. Diets with high levels of fatty foods can increase the risk of <u>high cholesterol</u> which can cause our blood vessels to narrow and increase our risk of developing a blood clot and stroke. Diets with high levels of fat, salt and sugar can increase our risk of type 2 diabetes.

In Torbay, 37% ate "5 a day" the previous day.

- Excessive alcohol (too much, or too much in one go).
- Environment (air pollution, noise)

- Stress, poor mental health, adverse experiences, poverty

- South Asian or African Caribbean ethnicity
- Family history, being older, or male.

More information on risk factors is available from the <u>British Heart Foundation</u> and <u>NHS</u>, or from the <u>Torbay</u> <u>Annual Public Health Report 2023</u> on CVD in Torbay.

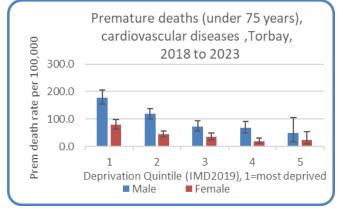
Effects in Torbay

In Torbay, 8.5% of all Disability-Adjusted Life Years (DALYs) (the loss of one year of full health due to death or disability) are caused by ischaemic heart disease (also called coronary heart disease), and 4.6% are caused by stroke. (OHID from Global Burden of Disease 2019).

Premature deaths from CVD in Torbay

CVD is a major contributor to the gap in life expectancy seen between the most and least deprived areas in Torbay (Fig 1).

Fig 1 Torbay premature death rates from CVD by sex and deprivation (directly age standardised)

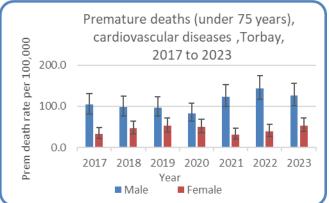


People in the most deprived 5th of the population are three to four times as likely to die early from heart disease as those in the least deprived 5th (Fig 1).

Between 2013 and 2020, the rates were highest in Central Paignton and Torquay.

Across Torbay, the premature (under 75yrs) death rate from CVD is 90.3 per 100,000 (2022) - equivalent to about 103 men and 30 women annually (Fig 2).

Fig 2 Torbay premature CVD death rates by year



Preventable premature deaths from CVD

49 of these 133 annual deaths (2022) are considered preventable (about 39 men, 11 women). The Central Paignton preventable premature death rate was significantly higher than the Torbay average (about 4 people per year in Central Paignton 2013-2022 dying a premature CVD death considered preventable). Between 2013 and 2022 in Torbay, 52% of the preventable premature men's deaths from CVD were chronic ischaemic heart disease, 20% heart attacks, 18% strokes, 5% aortic aneurysms and 3% hypertensive diseases.

For women, 30% of the preventable premature deaths from CVD were chronic ischaemic heart disease, 17% heart attacks, 41% strokes, 8% aortic aneurysms and 3% hypertensive diseases.

Provisional data shows the number of preventable premature deaths from CVD rising from 49 in 2022 to 51 in 2023.

Emergency hospital admissions in Torbay

Torbay's directly age standardised rate (DSR) for emergency hospital admissions for stroke (all ages, 2019/20-2022/23) is 159 per 100,000. The admission DSR for under 75yrs is 79 per 100,000.

Both rates are significantly higher in Central Paignton, about 25 emergency admissions per year, half of whom are under 75.

What should we be doing?

Catch the signs and symptoms of problems as early as possible, to treat people early to prevent future heart attacks or strokes.

Target interventions to reach people who are the most vulnerable, at-risk, and unable to access traditional services. Offer early help, intervention, and support. Expand, promote, and create peer support groups for heart disease and other conditions.

Use chronic condition reviews to talk about heart health. Make every contact count - to increase awareness of heart health and signpost to activities that promote healthy hearts.

Focus on education to increase awareness and understanding of heart health, healthy behaviour, and symptoms of disease at an earlier age. Work with schools <u>http://www.healthylearningtorbay.co.uk/</u> and families, e.g. through Family Hubs and food security projects such as Local Motion.

Co-ordinate our communications on heart health so we all give the same messages about preventing and detecting heart disease.

Make activities inclusive for all ages – heart health is important for all of us, it doesn't start at 65, and increase the number of free activities that support healthy hearts locally.

Data Sources: Primary Care Mortality Database (PCMD), NHS Digital. Office for National Statistics (<u>ONS</u>) population estimates. Index of multiple Deprivation 2019 (gov.uk). Hospital Episode Statistics (HES), NHS Digital. OHID <u>Fingertips</u>.

For more information please visit our JSNA website: www.southdevonandtorbay.info or email: statistics@torbay.gov.uk