

Module Code & Title: LCHS4008 Introduction to Public Health

Programme: Certificate of Higher Education Skills for the Workplace (Health and Social Care)

Assignment Title: Impact and Management of Heart Disease: A Comprehensive Overview

Student Name: Cathy Salumu

Student ID: 2441715

Lecturer's Name: Jolly Nwankwo

Table of Contents

Introduction.....	3
Main Body	4
Conclusion	7
References	8

Introduction

Heart disease refers to a list of disorders affecting the form and performance of the heart. Coronary heart disease is the most prevalent, and it develops when blood vessels that supply the heart are narrowed or blocked. This slows down the supply of blood with oxygen to the heart muscle and may cause chest pain, shortness of breath or a heart attack. Heart disease is commonly progressive and might not present any evident symptoms in the initial stages. As the disease advances, the individuals would complain of fatigue, irregular heartbeat, swelling in the legs and chronic chest pain. Globally, heart disease is the leading cause of mortality (Alvarenga and Byrne, 2016). Every year, millions of people are diagnosed, and the mortality rates remain high. It is also among the most prevalent health problems in the UK. Each year, thousands of new cases are reported, and it has a significant burden on people and families and the healthcare system.

Main Body

The impact of heart disease is significant to the individuals, families, communities and national health services. It occurs in both elderly and young people, but mostly in the elderly. Heart disease is a killer of life and a long-term health complication in a significant number of communities. Daily functions are usually a challenge to people living with this condition, as the symptoms of the condition, like breathlessness and fatigue, restrict their physical capacities. This may reduce their autonomy, influence work performance and bring emotional distress. Having a relative with heart disease can be a burden to the family. They might have to assist in medication, mobility, lifestyle changes and medical appointments. This continued burden may result in stress, economic pressure and the family routine reorganisation. Consequently, heart disease not only has an impact on the health of the individual who is diagnosed but also on their relatives (Andrade, Pinto and Arnett, 2015).

Heart disease also has further implications for the rest of the community. In regions where the prevalence of heart disease is high, the productivity will be affected since most of the individuals with the condition might not have the capacity to work on a regular basis. Towns where there is low access to healthy food, exercise and healthcare facilities tend to have an increased prevalence of heart disease. This forms a loop where there is an increase in the current health inequalities. An illness of more people in a community leads to more demand for local health and social care services. This puts strain on general practitioners, community nurses, emergency services and long-term care facilities.

In the case of the NHS, heart disease poses one of the greatest challenges in the long run. A significant part of the NHS is dedicated to the diagnosis, treatment and management of heart conditions. This encompasses emergency treatment, hospitalisation, surgery, medication, rehabilitation programmes and long-term follow-up (Dunbar and Braun, 2024). The cardiac units should be ready to handle emergency cases like heart attacks, which have to be treated immediately. Such crises put strains on ambulance and A/E departments. Simultaneously, the necessity to provide outpatient care to assist long-term patients in terms of regular check-ups, medication reviews, and lifestyle assistance is increasing. With the ageing population, the population with heart disease is ever-rising. This implies that the NHS will have to.

Heart disease needs to be controlled through a mixture of medical intervention, early diagnosis and lifestyle modification. Prevention is one of the most significant approaches. Promoting healthy lifestyles minimises the chances of people developing the disease. This involves eating in moderation, physical activities, non-smoking, and alcohol intake. These are the areas that are most commonly targeted in public health campaigns as they are feasible methods of reducing risk at the population level. More so, regular health check-ups are also used to detect those with high blood pressure, high cholesterol or early heart-

related issues. Catching the condition at its early stages gives medical practitioners a chance to prevent the occurrence of severe conditions.

At the clinical level, hospitals and cardiology specialists offer important interventions to those who are already diagnosed. The use of medication to enhance blood circulation, decrease cardiac workload or prevent blood clots is common in the treatment plans. Surgery may be required in more serious cases, like angioplasty or bypass surgery (Mann et al., 2018).. Cardiac rehabilitation programmes are significant after a cardiac event. These are structured programmes which assist patients to recover by undergoing supervised exercise, counselling and education. They promote prolonged behaviour change as well.

Wider strategies of public health are also central to the control of heart disease. Governments contribute to healthy living through better food labelling, active travel and less smoking promotion through legislation. The local authorities help by establishing parks, walking tracks and community exercise programmes. Such measures increase access to healthy decisions. Raising awareness is also a task of the community health workers, who should be able to assist vulnerable groups and inform people on how to lower the risk. Healthy eating and physical activity programmes are introduced in schools to enable the youth to acquire good habits at a tender age.

The health and well-being of individuals with heart disease are informed by a number of factors. A lifestyle is one of the most prominent factors. High intake of saturated fats, salt and sugar also predisposes one to heart disease and may aggravate the disease when diagnosed. Lack of physical activity is also a cause of poor heart health. After years of poor habits, many people struggle to alter the way they do things. This causes emotional stress and frustration, and these may have an impact on their mental well-being. Another predisposing factor is smoking. It destroys blood vessels, accelerates blood pressure and causes heart attacks in risk. Smokers usually encounter further wounds in an attempt to quit, despite their awareness of the health dangers (Prabhakaran, Anand and Reddy, 2022).

There are also psychological factors. A lot of individuals who have heart disease have anxiety, or a feeling of depression or fear of physical activity. A heart attack or a dangerous diagnosis can leave an emotional long-term impression. This emotion can decrease the intention to adhere to treatment programs or be healthy. The family members and carers might also become anxious or stressed, particularly when the condition demands constant attention or abrupt hospitalisation. In such cases, there should be good emotional support that will enhance well-being.

Health outcomes are heavily dependent on social support. At times, individuals with strong family ties, friendly friends and supportive communities are able to cope with their condition well. They will be more inclined to visit the doctor and adhere to therapy and healthier decisions (Xiao, 2017). Conversely, the state of being lonely or socially isolated may

aggravate the state and jeopardise the emergence of complications. Cultural beliefs or low health literacy in certain communities can impact symptom awareness and subsequently postpone treatment. This can be supported by community outreach programmes and education done in easily accessible and culturally relevant methods.

Well-being is also affected by healthcare factors. Regular access to medical care is essential to keep track of symptoms, modify medication and prevent emergencies. In situations where healthcare services are hard to reach, people can miss significant appointments and develop aggravated symptoms. Mental and physical health may also be affected by long waiting times or the absence of specialist support. Effective communication between patients and healthcare professionals enhances knowledge and contributes to self-management. Health education on diet, physical activity, drugs and symptoms is used to assist patients in managing their illness.

There is also the influence of environmental factors. The absence of green spaces and unsafe neighbourhoods may also decrease the ease with which people can remain active as a result of pollution. Outdoor physical activity may also be impacted by weather conditions (Xiao, 2017). Communities with high heart disease rates can enjoy the benefits of public health programmes that enhance the environment.

In general, the aetiology of heart disease is a complicated combination of biological, psychological, social and environmental determinants. The improvement of the well-being of patients and the burden of the disease reduction in society requires addressing all these areas. Individuals, families, community control, healthcare professionals and national health services need to work together to be effective.

Conclusion

Heart disease is among the most critical health challenges to the population in the UK and globally. It influences people, households and society, and it puts a great strain on the NHS because of the large volumes of patients in a hospital, emergency treatment and prolonged care. The impacts of the disease are far-ranging, such as diminished quality of life, disability, and emotional stress in the long term. Management of heart disease entails proper prevention, early diagnosis, available therapy and good health policies of people. Lifestyle modifications are vital, along with medication, clinical care and providing community programmes and health services that are readily available. Heart disease cannot always be prevented, but by working together, one can reduce the risks as well as increase the chances of being well, even when one is infected already.

References

- Alvarenga, M.E. and Byrne, D. (eds.) (2016) Handbook of Psychocardiology. Singapore: Springer.
- Andrade, J.P., Pinto, F.J. and Arnett, D.K. (eds.) (2015) Prevention of Cardiovascular Diseases: From Current Evidence to Clinical Practice. Cham: Springer International Publishing.
- Dunbar, S.B. and Braun, L.T. (eds.) (2024) Preventive Cardiovascular Nursing: Resilience Across the Lifespan for Optimal Cardiovascular Wellness. Cham: Springer International Publishing.
- Mann, D.L., Zipes, D.P., Libby, P. and Bonow, R.O. (eds.) (2018) Braunwald's Heart Disease: A Textbook of Cardiovascular Medicine. 11th edn. Philadelphia: Elsevier.
- Prabhakaran, D., Anand, S. and Reddy, K.S. (eds.) (2022) Public Health Approach to Cardiovascular Disease Prevention and Management. Boca Raton: CRC Press/ Taylor & Francis Group.
- Xiao, J. (ed.) (2017) Exercise for Cardiovascular Disease Prevention and Treatment: From Molecular to Clinical. Singapore: Springer Nature Singapore.