

LEVEL 4 ASSESSMENT SPECIFICATION

Name:	Esrath Jani		
Student ID:	2437565		
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Submission method:	All written assessments, where practical and possible, must be submitted via Turnitin unless otherwise instructed by the Lecturer. (Please DO NOT put this assessment specification into Turnitin or it will match many similarities with other students' submissions.) Alternative submission method (if applicable): Late submission of the assessment will result in a late penalty mark. Work which is submitted up to 1 week late will be capped at 40% for the first attempt and will be awarded a mark of 0% for re-assessment. Late submission penalties may be lifted only if there is an approved extenuating circumstances claim. Work submitted more than 1 week late will be considered as a non-submission and will not be marked. The work may be considered as a submission for reassessment if offered by an Examining Board or if there is an approved extenuating circumstances claim.
Academic honesty / referencing:	Academic honesty is required. In the main body of your submission you must give credit to authors on whose research and ideas your work is based. Append to your submission a reference list that indicates the books, articles, etc. that you have used, cited or quoted in order to complete this assessment.

Module Learning Outcomes (from module syllabus)

Understand different approaches and strategies used to measure, monitor, and control the incidence of disease in communities.

Investigate the implications of illness and disease in communities for the provision of health and social care services.

Understand the factors influencing the health and well-being of individuals in a health or social setting.

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List of Abbreviations

CVD / CVDs: Cardiovascular disease(s)

UK: United Kingdom

NHS: National Health Service.

BMI: Body Mass Index

FH: Familial Hypercholesterolaemia

LDL: Low-Density Lipoprotein

ACE inhibitors: Angiotensin-Converting Enzyme Inhibitors.

ARBs: Angiotensin II Receptor Blockers.

ECG: Electrocardiogram

PCI: Percutaneous Coronary Intervention

BHF: British Heart Foundation

WHO: World Health Organization.

H. of L. Library: House of Lords Library.

CVD Prevent: Cardiovascular Disease Prevention Programme.

Heart Disease Among Young Adults in the UK

1. Introduction:

Heart disease, or cardiovascular disease (Cardiovascular Diseases (CVDs), 2025), includes conditions of the heart and blood vessels such as coronary heart disease, arrhythmias, valve disease, and heart failure (Foundation, 2025). These disorders may develop gradually because of lifestyle and medical risk factors, while some are present from birth (Foundation, 2025).

Typical symptoms are chest pain or pressure (angina), breathlessness, pain radiating to the jaw, neck, shoulders or arms, dizziness or faintness, and nausea or cold sweats though some ("Coronary heart disease - Symptoms - NHS," 2025) people have no warning signs until a heart attack.

CVD remains the world's leading cause of death, with an estimated 19.8 million deaths in 2022 about 32% of all deaths ("Cardiovascular diseases (CVDs)," 2025.). In the UK, it accounts for roughly one in four deaths, around 170,000 annually (Foundation, 2025).

Worryingly, among 16–50-year-olds, heart attack rates have stopped falling in men and are rising in women by about 2% per year (Okoth, 2022)

2. Consequences for the community:

Heart diseases or disorders affect individuals, their families, and the community.

Approximately 7.6 million people in the UK are living with heart or circulatory disease (Foundation, 2025). When disease strikes in early or mid-adulthood, people may experience long-term tiredness, chest pain, reduced exercise ability, and limitations to study, work, childcare duties, or other caring responsibilities (Health Intelligence Team, 2025). Families may face distress and pressure on the household budget when a young wage-earner becomes unwell (Health Intelligence Team, 2025). The loss of years that could have been spent in healthy, productive work is particularly high for younger patients, and this is felt by families, local communities, and employers (Health Intelligence Team, 2025).

The broader economic cost is substantial. When we include healthcare use, time off work, early exit from the workforce, and unpaid care by family members, cardiovascular disease is estimated to cost the UK economy around £30 billion per year (Library, 2025). For young adults, those losses extend over many potential decades, further increasing the social and economic burden (Foundation, 2024).

3. Consequences for the NHS:

Heart disease imposes a heavy burden on the NHS, in 2023/24, there were over 218,000 hospital admissions for coronary heart disease in England (Library, 2025). Total NHS healthcare spending on CVD is estimated at £10-12 billion annually (Library, 2025). A young person with a heart attack may need emergency treatment, procedures such as angioplasty with stenting, several medicines over the long term, cardiac rehabilitation, and ongoing monitoring (Okoth, 2022)(“Coronary heart disease - Symptoms - NHS,” 2025.). Reports suggest that progress in reducing heart disease deaths has stalled, placing further pressure on already stretched NHS resources.

4. Control and Prevention of Heart Disease in the UK

The UK has multiple strategies to monitor, manage, and prevent heart disease.

4.1. Monitoring, management and prevention in the UK:

Public health surveillance and screening:

The UK monitors cardiovascular trends and risk factors from national datasets and audits. The NHS Health Check invites all adults aged 40-74 years every five years to assess blood pressure, cholesterol, BMI, and diabetes risk with a view to early detection and prevention of future events (Library, 2025). Primary-care audits, such as the CVD Prevent programme, enable the identification of patients who could benefit from either starting treatment or tighter risk control (Library, 2025).

Risk factor control:

UK policy targets tobacco, diet, obesity and physical inactivity. Stronger smoke-free laws and tobacco taxes have reduced smoking over time (Lindson et al., 2024). The Soft Drinks Industry Levy ("sugar tax") and restrictions on unhealthy-food advertising to children aim to improve diet and weight (Library, 2025). For those at higher risk, treatment usually consists of statins and blood-pressure medications to avoid heart attacks and strokes (Library, 2025).

Clinical care:

Symptoms or events are followed by evidence-based pathways of care. Diagnosis involves ECG and blood tests (e.g., troponin); angioplasty with stenting is used to treat blocked coronary arteries, while bypass surgery may be required for complex disease (“Coronary heart disease - NHS,” 2025.). Long-term management combines lifestyle changes with medicines such as antiplatelets, beta-blockers, ACE inhibitors/ARBs, and lipid-lowering therapy (“Coronary heart disease - NHS,” 2025).

Cardiac rehabilitation:

This includes supervised exercise, recovery planning, education, and psychological support after a heart event. For younger adults, this often includes graded return to work plans, safe

exercise guidance, and practical strategies for lasting diet and lifestyle change. Completion of rehab reduces recurrence and improves quality of life (Library, 2025)

4.2. Factors that influence health and wellbeing in young adults:

Lifestyle:

Lifestyle factors such as smoking, high consumption of salt, processed foods, sugary drinks, alcohol use, and low physical activity significantly raise cardiovascular-disease risk (“Cardiovascular diseases (CVDs),” 2025)(Library, 2025). Additionally, prolonged sitting, poor sleep, and unmanaged stress have been linked with increased CVD risk among younger adults (Crea, 2021).

Medical conditions:

Hypertension, diabetes, dyslipidaemia and obesity can cause arterial damage from early adulthood; atherosclerosis can begin young and progress silently (Foundation, 2025).

Genetics:

Familial hypercholesterolaemia is a condition that causes very high LDL cholesterol since birth. It is estimated that 1 in 250 people in the UK could have FH (Foundation, 2025). If one parent has FH, each child has a 50% chance of inheriting it. Family based (cascade) testing is therefore crucial to identify affected relatives as early as possible and start treatment.

Inequalities by ethnicity and deprivation:

On average, young adults of South Asian and Black African/Caribbean origin have a higher risk of cardiovascular disease, (“Cardiovascular diseases (CVDs),” 2025) partly because of the higher prevalence of diabetes and lipid disorders, but also because of genetic and psychosocial factors). Deprivation also matters people in the most deprived are (Library, 2025) as of England are nearly twice as likely to die before 75 from CVD compared with the least deprived (Library, 2025). Access to healthy food, safe green spaces, high-quality primary care, and burden of financial stress all contribute to these gaps.

Mental health and family impact:

A heart event in one’s 20s-40s can be shocking. Many young survivors experience fear about future health, role changes at work and home, and uncertainty about finances. Research suggests around 40% of heart-attack survivors experience significant anxiety or depression afterwards (Steptoe, 2014). This can affect adherence to medicines and lifestyle change and therefore outcomes. Families also carry emotional and practical burdens, with evidence of stress, worry and caregiver strain among relatives of cardiac patients (Dorfman et al., 2023). Integrating mental health support and peer groups into cardiac pathways can improve recovery and wellbeing.

Practical steps that help

- Primary prevention: Health education in schools, colleges and workplaces; stop-smoking support; improving access to affordable healthy foods; and building environments that make walking and cycling easy (Library, 2025).

- Early detection: Earlier cholesterol and blood-pressure checks where there is family history; cascade testing for suspected FH (Foundation, 2025).
- Treatment adherence: Clear medicine plans, side-effect checks, and targets for LDL-cholesterol and blood pressure (“Coronary heart disease - NHS,” 2025).
- Psychosocial support: Cardiac rehab plus counselling, peer support, graded return-to-work, and financial advice where needed (Foundation, 2025; Steptoe, 2014)
- Reducing inequalities: Targeted outreach in high-risk communities and better access to primary care and prevention services (Foundation, 2025).

5. Conclusion:

Heart disease in young adults is a clear warning for UK public health. This report explained what cardiovascular disease is, outlined key symptoms, described the global and national scale of the problem, and showed how it burdens families, communities, and the NHS. We also summarised the UK response prevention policies, NHS Health Checks, evidence based clinical care, and cardiac rehabilitation. Risk in younger adults arises from a mix of lifestyle factors, genetics (including familial hypercholesterolaemia), and social determinants such as deprivation and discrimination; recovery is further shaped by psychological wellbeing and family pressures. Recent data show stalled progress in some groups, with myocardial infarction rates in young women rising by about 2% per year (Okoth et al., 2022). The response must strengthen life-course prevention, widen early detection (including targeted FH cascade testing), optimise treatment of hypertension, diabetes and dyslipidaemia, expand access to and completion of cardiac rehab, integrate mental-health support, and reduce inequalities through targeted outreach and primary-care access. A preventable heart event in early adulthood can cost decades of health and productivity; decisive policy and personal behaviour change can avoid much of this risk (Library, 2025; Organization, 2023) (Cheema et al., 2022).

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