

Rukhsar Shahbaz

2426535

LCHS4008

Haira Mustasim

Heart disease

Introduction

Heart disease, also called cardiovascular disease (CVD), refers to a range of disorders that affect the heart and blood vessels. Examples include coronary artery disease, heart failure, arrhythmias, and heart valve disorders. The most common type is coronary artery disease, where fatty deposits build up in the arteries and reduce blood flow to the heart. People with heart disease may experience chest pain (angina), shortness of breath, fatigue, irregular heartbeat, or even heart attack. Globally, cardiovascular diseases cause around 17.9 million deaths each year. World Health Organisation In the UK, heart and circulatory diseases account for roughly a quarter of all deaths, with over 170,000 people dying each year from these conditions. British Heart foundation These figures show how serious and widespread heart disease is. Understanding its causes, effects, and how it is controlled is vital for individuals, families, and the health system.

Main Body

Consequences for Individuals and the NHS

Heart disease has major impacts on individuals, their families, and the NHS. For people affected, daily life may become more difficult. Chest pain, breathlessness, fatigue, and irregular heartbeat can limit physical activity. This can lead to a loss of independence and reduce the ability to work, care for others, or take part in activities they enjoy. Over time, repeated hospital visits, treatments, and the stress of living with a chronic condition can damage mental health, causing anxiety or depression. The

burden often extends to caregivers, who may face emotional strain and added financial costs in supporting someone with heart disease.

On the community level, a higher rate of heart disease can reduce overall productivity, especially in areas where many working-age adults suffer from cardiovascular conditions. This places economic pressure on society and local health services. For the NHS, the cost of treating heart disease is large. There are tens of thousands of hospital admissions each year for heart attacks, heart failure, and other cardiovascular conditions. British Heart Foundation Medical procedures such as angioplasty or bypass surgery, long-term medications, and cardiac rehabilitation all demand significant resources. According to a recent consensus, CVD-related care costs in the UK reach £12 billion annually, adding further pressure to the health system. Meanwhile, worsening trends make prevention and early detection urgent: since 2020, early deaths from heart disease in England have risen, reversing decades of progress.

How Heart Disease Is Controlled

Managing heart disease requires a mix of medical treatment, lifestyle change, and public health action. On an individual level, doctors prescribe medications to control risk and symptoms. These can include statins (to lower cholesterol), beta-blockers (to reduce heart rate and blood pressure), ACE inhibitors (to improve heart function), and anti-platelet drugs (to prevent blood clots). In more severe cases, surgical or interventional procedures may be needed, such as angioplasty (opening blocked arteries) or coronary artery bypass grafting (bypassing blocked vessels). Cardiac rehabilitation programmes are also particularly important. These include supervised exercise, education about heart-healthy eating, and psychological support to help patients regain strength and reduce the risk of future problems.

On a wider scale, public health strategies play a critical role. Prevention efforts tackle lifestyle risk factors like smoking, poor diet, alcohol misuse, and inactivity. According to UK public health policy, improving detection of high blood pressure, atrial fibrillation, and high cholesterol is central to reducing cardiovascular risk. GOV.UK Health authorities promote regular health checks, especially in underprivileged areas, to catch problems early. Community campaigns encourage healthy living, and regulations (for

example on food labelling) help to reduce unhealthy diets. Environmental factors are also addressed: improving air quality, increasing access to green spaces, and reducing social inequalities can all lower cardiovascular risk.

Factors That Influence Health and Well-Being

Several factors affect how heart disease develops and how people live with it. Biological factors include age (risk increases with age), genetics (a family history of heart problems), and gender. Lifestyle factors play a key role: smoking, poor diet (high in saturated fat, salt, and sugar), low physical activity, and excessive alcohol consumption all increased risk. Behavioural risk factors often lead to intermediate risks such as high blood pressure, raised cholesterol, overweight and obesity, all of which can damage the heart over time.

Social determinants are also particularly important. People living in deprived areas often have worse heart health: they may lack access to healthy food, safe places to exercise, or prompt medical care. Income, education, and health literacy influence a person's ability to understand their condition and follow treatment. Cultural norms can also shape attitudes towards diet, exercise, and seeking medical help.

Environmental factors additionally contribute. Air pollution, for example, is linked to higher cardiovascular risk. World health organisation Living conditions—such as poor housing or high-stress environments—can worsen both physical and mental health. Moreover, health inequalities matter: recent data suggest that early heart disease deaths in working-age adults have increased, particularly in more deprived groups. The standard Finally, support networks—family, friends, community groups—are crucial. People who have strong social support tend to manage their illness more effectively and keep better mental well-being.

Consequences for Health Equity

Heart disease does not affect everyone equally. In the UK, there is a clear pattern of inequality in who suffers and how they recover. People from poorer communities often face greater barriers to prevention and care. For instance, they may miss early

screening for blood pressure or cholesterol, or struggle to access healthy food and safe exercise spaces. These inequalities contribute to a growing gap in life expectancy between the richest and poorest areas.

The rise in early deaths among younger adults (under 75) is particularly alarming. In 2022, the premature death rate from cardiovascular disease in England reached 80 per 100,000, the highest since 2011. This reversal in progress suggests that social and economic factors—widening inequality, waiting times for treatment, and poor access to prevention—are undermining past gains.

Moreover, the burden of chronic heart disease places long-term strain on families and carers, especially in communities with less social support. Mental health issues can worsen, and the cost of long-term management (medicines, travel to clinics, lost working time) can deepen economic hardship. The NHS itself feels the impact: long waiting lists, high demand for cardiac services, and resource scarcity make it harder to deliver prompt, high-quality care. As noted by health leaders, controlling heart disease effectively requires not just clinical treatment but policies that reduce inequality and ensure fair access to prevention and care.

Conclusion

Heart disease is a major health challenge in both global and UK contexts. It affects millions of people, causes significant illness and death, and places a heavy burden on families and the NHS. While medical treatments—such as medications, surgery, and rehabilitation—are powerful tools, long-term success depends equally on public health and social strategies. Preventing heart disease means tackling risk factors like smoking, poor diet, and inactivity, but also addressing inequalities in access to care, education, and healthy living environments. Without action on all these fronts, rising early death rates and growing inequalities risk undoing decades of progress. To make real change, health systems, governments, and communities must work together. By combining clinical care with prevention policies and social support, we can reduce the impact of heart disease and help people live healthier, longer lives.

References

British Heart Foundation, 2024. *Heart and Circulatory Disease Statistics 2024*. British Heart Foundation.

British Heart Foundation, 2025. *Heart and Circulatory Disease Statistics 2025*. British Heart Foundation.

British Heart Foundation, 2025. Tackling the UK's biggest killers: A consensus for cardiovascular disease. *British Society of Echocardiography*.

Government Office for Health Improvement and Disparities, 2023. *Health matters: preventing cardiovascular disease*. GOV.UK.

World Health Organization, 2024. *Cardiovascular diseases (CVDs)*. WHO. World Health Organization

Standard, J., 2025. People's heart health in the UK declining rapidly in 'worrying trend'. *The Standard*. The Standard

Sky News, 2024. Heart disease warning as early deaths at highest rate in more than a decade.