

Sadiya Islam

2435367

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

LCHS4008

Hajra Mustasim

Assessment 2 Report on a Health issue

Heart disease includes a wide range of conditions that affect the heart and blood vessels, and it is still a leading cause of illness, disability, and death worldwide. These conditions include coronary artery disease, heart failure, arrhythmias, congenital heart disease, and disorders affecting the valves or structure of the heart. Heart disease continues to be a major public health concern because of its high prevalence, significant mortality, and the extensive burden it places on individuals, families, communities, and health-care systems. Several well-established risk factors contribute to the development of heart disease, including high blood pressure, smoking, diabetes, obesity, high cholesterol, excessive alcohol intake, and physical inactivity. Many of these risk factors are modifiable, and therefore prevention efforts often focus on promoting healthy lifestyle choices such as supporting a balanced diet, engaging in regular physical activity, avoiding tobacco use, managing stress, and attending routine health check-ups and improving long-term outcomes. Heart disease refers to a group of serious and often chronic disorders that affect the function of the heart and its ability to pump blood efficiently. Coronary artery disease, the most ordinary form, occurs when the blood vessels supplying the heart become narrowed or blocked due to the buildup of fatty deposits, leading to reduced blood flow. This can cause symptoms such as chest pain or pressure (angina), shortness of breath, fatigue, dizziness, palpitations, swelling in the legs or ankles, nausea, and occasionally fainting. The severity and type of symptoms can vary widely depending on the condition and the individual's overall health. Some symptoms may become more pronounced during physical activity, stress, or exposure to chilly weather, because heart disease often develops gradually, individuals may not notice symptoms until the condition has already become advanced, highlighting the importance of regular screening and early detection.

Heart disease is still a major global threat, causing about 17.9 million deaths worldwide each year, making it the leading cause of mortality. In the UK, around 7 million people live with cardiovascular disease, contributing to one in four deaths, proving its severe and widespread impact on population health. The economic impact of heart disease in the UK is extremely large, costing the world an estimated £30 billion annually. This includes the costs of premature death, long-term disability, informal care provided by families, and productivity losses due to illness. Around £12 billion of this total stand for direct spending by the NHS on healthcare services related to cardiovascular disease, including hospital admissions, medications, diagnostic tests, and specialist treatments. Heart disease is also one of the leading causes of hospital admissions and accounts for a significant share of healthcare resource use. High blood pressure alone is linked to approximately 12% of all GP visits and costs the NHS more than £2 billion each year. These figures illustrate the immense pressure placed on health and social care systems, as well as the importance of effective management and prevention strategies. Families often experience financial strain due to reduced income, increased medical expenses, and the need for ongoing care or support. Many family members take on caregiving roles, which can involve helping with medication management, attending medical appointments, helping with daily tasks, and providing emotional support. Caregiving can be physically and emotionally demanding, and caregivers may experience burnout, anxiety, sleep disturbances, and feelings of stress or helplessness, changes in employment may also occur due to these factors, these challenges place further pressure on local social care systems and unpaid carers. The heart disease not only affects the individual diagnosed but also has substantial ripple effects on their family members, social networks, and wider community.

Within the NHS, heart disease contributes to high demand for medical services at every stage of care. This includes initial diagnosis, ongoing monitoring, specialist treatments, and long-term management. Diagnostic services such as electrocardiograms (ECGs), blood tests, echocardiograms, angiography, and stress tests are often used to assess heart function and show complications. Specialist interventions, including angioplasty, bypass surgery, valve repair or replacement, and pacemaker implantation, require skilled clinicians and significant hospital resources. Long-term care often involves medications such as statins, beta-blockers, antihypertensives, antiplatelet agents, and anticoagulants, which must be watched and adjusted over time. Patients with heart failure or advanced disease may require repeated hospital admissions, rehabilitation services, and palliative care. The combined effect of these needs places considerable strain on both hospital and community services. One of the persistent challenges in the UK is the gap between prevention and treatment. Although an estimated 80–85% of cardiovascular disease cases are preventable through risk-factor modification, many high-risk individuals are still undiagnosed or undertreated. Large numbers of people live with undetected high blood pressure, high cholesterol, or atrial fibrillation, all of which significantly increase the risk of heart attack or stroke. As a result, the NHS often deals with the consequences of advanced disease rather than preventing its onset. This reactive approach increases long-term costs and places added pressure on an already stretched healthcare system. Addressing this gap requires stronger community-based screening, improved access to primary care, and greater public awareness of risk factors.

The burden of heart disease also extends to life expectancy and healthy life years. Individuals with cardiovascular disease often live shorter lives and experience more years of illness, disability, and dependency. As heart disease commonly occurs alongside other conditions such as diabetes, kidney disease, and respiratory disorders, the complexity of care increases, leading to multi-morbidities that require ongoing coordination across primary care, hospitals, community health services, and social care. This interconnection of conditions highlights the need for integrated care pathways and efficient communication between healthcare providers. Because heart disease is a long-term condition, managing it effectively requires a system-wide approach that prioritises early intervention and sustained support. In the UK, the approach to addressing cardiovascular disease includes a combination of population-level prevention strategies, early detection of risk factors, and comprehensive long-term management for those already diagnosed. Public health initiatives promoted by NHS England focus on lifestyle interventions such as healthy eating, regular physical activity, supporting a healthy weight, smoking cessation, and reducing alcohol consumption. These interventions aim to reduce the prevalence of conditions that contribute to heart disease, including high blood pressure, high cholesterol, and type 2 diabetes. At the same time, primary care networks and national programmes emphasise the early identification of key risk factors, known as the “A-B-C” approach: atrial fibrillation, blood pressure, and cholesterol. Routine health checks for adults aged 40–74 are designed to detect these conditions early and start prompt treatment. Programmes such as CVDPREVENT help check gaps in diagnosis and treatment at a national level, supporting improvement in primary care services.

The risk factors or diseases are shown, clinical management follows evidence-based guidelines to ensure consistent and effective treatment. Medications play a leading role in managing high cholesterol, high blood pressure, and blood clot risks, while specialist interventions such as angioplasty, bypass surgery, and valve repair are used in cases of severe disease. For individuals diagnosed with cardiovascular disease, structured care pathways including cardiac rehabilitation, patient education, and ongoing monitoring are essential for improving outcomes. Cardiac rehabilitation programmes focus on physical exercise, dietary advice, psychological support, and education to help patients manage their condition more effectively and reduce the likelihood of hospital readmissions. On a broader level, NHS England works with partner organisations to reduce inequalities by targeting high-risk communities, integrating services across local health systems, and using data-driven approaches to ensure resources reach those most in need. These efforts aim to strengthen prevention, improve access to high-quality care, and minimise variation in treatment across different regions.

The impact of heart disease on individuals and their families is significant. The diagnosis of a chronic heart condition often triggers a range of psychological responses, including anxiety, depression, stress, and fear of future cardiac events. Reduced physical ability can affect confidence and independence, while limitations on work and social activities may lead to isolation. Family members also experience emotional strain as they adjust to new responsibilities, provide support, and cope with concern for their loved one's health. Communication between patients, families, and healthcare providers is essential for effective disease management and emotional adjustment. Supportive communication helps patients understand their condition, adhere to treatment, and develop coping strategies, while poor communication can increase anxiety, confusion, and stress. Overall, the impact of heart disease extends far beyond the physical symptoms experienced by the individual. It affects daily functioning, mental health, family dynamics, financial stability, and community wellbeing. Addressing heart disease requires not only medical treatment but also psychological support, community resources, and strong social networks. Effective prevention, early detection, and long-term management can reduce both the personal and societal burden of heart disease. In conclusion, heart disease is a complex and multifaceted condition that affects individuals, families, and society on many levels. It reduces quality of life, increases health inequalities, carries a heavy economic cost, and places substantial demands on the NHS. A coordinated approach that strengthens prevention, improves early detection, and supports individuals living with the condition is essential for reducing the burden of cardiovascular disease and improving health outcomes for all.

1. World Health Organization (WHO)
(2017) cardiovascular diseases (CVDs) fact sheet.
Geneva: World Health Organization.
2. British Heart Foundation (BHF) (2023) UK Factsheet:
Cardiovascular disease statistics.
London: British Heart Foundation.
3. Havranek, E.P., Mujahid, M.S., Barr, D.A., et al.
(2015) 'Social determinants of risk and outcomes for cardiovascular disease',
Circulation, 132(9), pp. 873–898.
4. Gallagher, R., Sullivan, A. and Higgins, R.
(2011) 'Depression, anxiety and their relationship with quality of life in patients with heart failure',
Journal of Psychosomatic Research, 71(3), pp. 179–183.
5. Berg, A., Adolfsson, A., Ranerup, A. and Östlund, U.
(2010) 'Caregiver burden in partners of patients with chronic heart failure:
A qualitative study', European Journal of Cardiovascular Nursing, 9(4), pp. 249–256.
6. NHS England
(2022) cardiovascular disease prevention programme:
Improving detection and management of high-risk conditions. London: NHS England.

