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Full report coronary heart disease (1500)

(Introduction 150 words)

Coronary heart disease is a common long-term condition where the Arteries that carry blood and oxygen to the heart become narrowed and or blocked by fatty deposits called a plaque. This restricts blood flow to the heart muscles. If a blockage cuts off blood supply completely, it causes a heart attack. Common sense includes chest pain or tiredness. shortness of breath, extremely tiredness or feeling faint especially When active. it develops slowly over many years, caused by things like smoking high blood pressure high Choral history, diabetes and an unhealthy diet Lack of experience or family history.

It is also important to recognize that certain groups face higher risks due to factors beyond their control, such as age, gender, and ethnicity. For example, people of South Asian origin living in the UK are statistically more likely to develop CHD at a younger age and with more severe outcomes compared to other populations. This can be linked to both genetic predispositions and higher rates of related conditions like type 2 diabetes. Within these communities, additionally, social and economic circumstances play a major role. Individuals living in areas of high deprivation often have limited access to fresh food, safe spaces for exercise, and quality healthcare, which speeds up the progression of the disease.

CHD It's one of the biggest health problems in the UK and worldwide. it is the leading cause of death globally and kills around 64,000 people in the UK every year. That is one person every 8 minutes. It affects adults of all ages but it is most common in people aged 50 and over and men are the highest than women. This report aims to explain how CHD is measured and monitored, its impact on people, communities and the NHS, how it prevented and managed and what supports a service are available.

Core content and decisions are 1200 words.

How a CHD is measured and monitored.

Healthcare teams use several clear methods to check for CHD, track how serious it is, and watch for changes.

Risk assessment GPs use tools like the QRISK3 calculator to work out someone's chance of developing CHD over the next 10 years using details like age, blood pressure, cholesterol, weight and smoking status.

Diagnostic tests This includes blood tests to check cholesterol, blood sugar levels and ECG To record the heart rhythm. An exercise tolerance test to see how the heart copes with activities and scans like angiogram to look directly at the arteries.

Ongoing checks People diagnosed with CHD have a regular review with their doctors or nurses including blood pressure check, cholesterol test and decisions about symptoms and lifestyle.

Beyond these standard tests, newer methods are sometimes used in specialist settings to detect early signs of arterial damage. For instance, ACT Carry Calcium scan can identify small amounts of plaque before symptoms even appear, allowing doctors to intervene much earlier. This is particularly useful for people with a strong family history who might otherwise be missed by basic risk scores. Furthermore, modern monitoring now often involves digital tools patients may use home blood pressure. Monitors or smartphone apps to track their activity levels and symptoms between appointments. This data can be shared directly with their care team, making checkups more personalized and responsive.

In the UK, the UK Health Security Agency. UKHSA and NHS Digital run national. Surveillance, they collect data from GP practice, hospitals and death records, to track how many new cases occur, where rates are highest, and how well prevention and treatment programs are working this helps the NHS plan service and target support to areas that need it the most.

Consequences for individual, communities and the NHS.

Living with CHD changes daily life. People might find they get tired quickly so they cannot do the hobbies, work or activities they used to. they might feel anxious about having a heart attack or feel Frustrated about having to change their diet or stop smoking. If the condition gets worse, it could lead to severe complications. heart attack, heart failure, Abnormal heart rhythms or sudden death. Many people need long term medication, regular hospital visits, and might have to give up work or reduce day hours which causes financial stress too.

Emotionally and socially, the impact can be just as heavy as the physical symptoms. Many people report feeling isolated or embarrassed to join social events because they fear

symptoms appearing or being unable to keep up with others. This isolation can lead to low mood or depression, which in turn makes it harder to stick to healthy routines. Over time, the constant worry about future health crises can strain relationships with partners, children and friends. Even when family members are trying their best to offer support, some individuals also struggle with side effects from daily medications, such as muscle aches or dizziness, which further reduce their quality of life and willingness to keep up with treatment plans.

For the community.

CHD puts pressure on families who may need to provide care or support. It affects workplaces through staff illnesses or early retirement and reduces the number of people available to work. Rates are often higher in poorer areas where people are more likely to live in cold houses to have less access to healthy food. Or work in jobs with high stress, so CHD also widens health gaps between groups.

For the NHS.

CHD is one of the most expensive conditions for the NHS, costing around £9 billion every year. This pays for emergency heart attack hospitals operation like stents or bypass surgery, long term medication, specialized clinic and community support team emergency department treat thousands of heart attack cases every year and NHS staff were constantly to manage both new cases and a long term care individual needs is access to GPS, cardiologists, rehabilitation team teams and free uh prescriptions to stay well and avoid more serious illnesses.

How is CHD controlled and prevented?

Unlike type 1 diabetes, CHD can often be prevented or stopped from getting worse.

Public health prevention.

The NHS runs national programs to help people stop smoking, lose weight, eat better and get active, for example, free weight to lose a group smoking cessation service and advice on healthy eating.

Medical Prevention.

People at high risk are offered Statins to lower Cholesterol. Or medication to lower blood pressure.

Managing an exciting CHD.

Treatment includes medicines to improve blood flow and reduce strain on the heart. Procedures like angioplasty (Inserting a small tube, called a stent to open blocked. Arteries) Or coronary. Bypass surgery and cardiac rehabilitation. A program of supervised exercise and education to help people recover and stay healthy.

Lifestyle changes. Quitting smoking, eating less salt, and saturated fat. Being active regularly. Keeping healthy weight will make a huge difference.

There is no queue for CHD, but with good care and changes to daily habits, most people can live a long full life with a much lower risk of a heart attack.

Health and social care support services. A wide range of services work together to help people with CHD.

GP and practice nurse the first point of contact carry out risk checks are prescribed medication and recommend people to specialists.

Specialist heart team; Hospital cardiologists, cardiac nurses and surgeons provide expert diagnosis and treatment.

Cardio, rehabilitation Community teams run exercise classes, diet service, and mental health support after a heart attack or diagnosis.

Pharmacists help people understand their medicine, support side effects and give lifestyle advice.

Mental health support; counselors, and psychologists help people cope with anxiety, stress, and depression linked to their condition.

Local authority service; Provide free or low-cost leisure activities, community UH, low cooking classes, Support for people who want to quit smoking.

Charities organization; like the British Heart, a foundation, offer free information, support group financial advice and funding for new research.

Care coordination is vital here. Having so many services can be confusing if they do not communicate well. Many areas now have dedicated cardiac nurse specialists who act as a single point of contact for patients, helping them navigate appointments and access all the support they are entitled to. This joined-up approach reduces stress for patients and ensures no one falls through the gaps between hospital care, community services, and home support.

Conclusion 150 words.

Coronary Heart disease is a widespread, serious condition that restricts blood flow to the heart, caused mostly by lifestyle and health factors. It is monitored through regular checks, national data, collection and a diagnostic test and. While it cannot be cured, it can often be prevented or managed very well. It brings big challenges for individual communities, and the NHS, affecting daily lives, widening health inequalities, and costing massive amounts of care and treatment.

With better presentations. Early diagnosis and joint support from health and social care services. Many classes of CHD could be avoided, and people living with it can lead healthy, independent lives. As members raise continued focuses on prevention and fair access to care will be key to reducing Impact.