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Coronary Heart Disease



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Coronary Heart Disease: Measurement, Management and Community Support

Introduction

Coronary heart disease (CHD), sometimes referred to as coronary artery disease, is a major cause of death and long-term health problems across the world. It occurs when the coronary arteries become narrowed or blocked due to the build-up of fatty deposits, known as atherosclerotic plaques, reducing the amount of oxygen-rich blood reaching the heart muscle (National Institute for Health and Care Excellence (NICE), 2023). As the disease progresses, individuals are at increased risk of developing angina, myocardial infarction (heart attack), heart failure and, in some cases, sudden cardiac death. Common symptoms include chest pain (angina), shortness of breath, fatigue, pain radiating to the left arm, neck or jaw, palpitations, dizziness, nausea and sweating. However, some people remain asymptomatic until they experience a myocardial infarction (NHS, 2024).

Cardiovascular disease causes approximately 20.5 million deaths worldwide each year, with coronary heart disease accounting for a significant proportion of these deaths (World Heart Federation, 2024). In the United Kingdom, around 2.3 million people are living with coronary heart disease, placing considerable pressure on the NHS and affecting individuals, families and communities (British Heart Foundation, 2025). This report will critically examine the risk factors associated with CHD, explore the methods used to measure and monitor the condition, evaluate current treatment and management strategies, discuss the impact of the disease on individuals and communities, and assess the role of health and social care services in supporting those living with coronary heart disease.

What is coronary heart disease?

Coronary heart disease is a long-term condition that develops when the coronary arteries, which carry oxygen-rich blood to the heart, become narrowed or blocked. This narrowing is primarily caused by atherosclerosis, a process in which fatty deposits made up of cholesterol, calcium and inflammatory cells gradually build up within the artery walls. As these plaques enlarge, the arteries become less flexible and blood flow is reduced. If a plaque ruptures, a blood clot may form and completely block the artery, resulting in a heart attack (Libby et al., 2021).

CHD develops over many years and is influenced by a combination of genetic, behavioural and environmental factors. Although age and family history cannot be changed, many risk factors are preventable through healthier lifestyle choices, making prevention a key public health priority. The NHS Long Term Plan identifies cardiovascular disease prevention as one

of its main priorities because reducing risk factors such as smoking, obesity and high blood pressure can significantly reduce illness and premature deaths (NHS England, 2019).

Early diagnosis is essential because treatment is more effective when the disease is identified before severe complications develop. Healthcare professionals therefore focus on identifying people who are at increased risk, encouraging healthy lifestyle changes and providing evidence-based treatments to reduce disease progression and improve long-term outcomes (NICE, 2023).

Signs and Symptoms of Coronary Heart Disease

The symptoms of coronary heart disease vary depending on the severity of the condition and the extent of arterial narrowing. Some individuals experience no symptoms during the early stages, while others develop noticeable symptoms as blood flow to the heart becomes increasingly restricted. Common symptoms include, Chest pain or discomfort (angina), often described as pressure, heaviness or tightness. Pain spreading to the left arm, shoulder, jaw, neck or back. Shortness of breath, particularly during physical activity, fatigue and reduced ability to exercise. Dizziness or light-headedness can also be caused, nausea or sweating especially during a heart attack. Irregular heartbeat (palpitations). If blood flow becomes completely blocked, an individual may experience a myocardial infarction (heart attack), which is a medical emergency requiring immediate treatment. Prompt recognition of symptoms and early intervention significantly improve survival rates and reduce long-term complications (NHS, 2024).

Risk Factors, Measurement and Monitoring of Coronary Heart Disease

Risk Factors for Coronary Heart Disease

The development of coronary heart disease is linked to combination of risk factors, some that can be changed and others cannot. Understanding these factors is essential because it enables healthcare professionals to identify individuals at high risk, implement preventative strategies and reduce the incidence of cardiovascular disease. According to the World Health Organization (2023), many cases of CHD could be prevented through healthier lifestyles and early intervention.

Non-modifiable risk factors

Non-modifiable risk factors are those that cannot be changed but should be recognised when assessing an individual's risk of developing CHD.

Age is one of the strongest predictors of coronary heart disease. As people grow older, the arteries naturally become less flexible and more susceptible to the build-up of fatty plaques.

Although CHD can affect younger adults, the risk increases significantly after the age of 45 in men and 55 in women (British Heart Foundation, 2025).

Family history and genetics also increase the likelihood of developing CHD. People with a close relative who developed heart disease at a young age are more likely to develop CHD themselves, as inherited genes can affect cholesterol levels, blood pressure and inflammatory processes. However, genetics alone do not determine whether someone will develop CHD, as lifestyle choices remain important.

Sex is another recognised risk factor. Men generally develop coronary heart disease earlier than women, although women's risk increases after menopause due to the reduction in protective oestrogen levels (NICE, 2023).

Certain ethnic groups, including South Asian, Black African and Black Caribbean populations in the UK, have a higher prevalence of cardiovascular disease. This increased risk is influenced by a combination of genetic predisposition, higher rates of diabetes and hypertension, and wider social determinants of health, such as deprivation and unequal access to healthcare (Office for Health Improvement and Disparities (OHID), 2024).

Modifiable risk factors

Unlike non-modifiable factors, modifiable risk factors can often be reduced through lifestyle changes and appropriate medical treatment.

Smoking is considered one of the most significant preventable risk factors for coronary heart disease. Chemicals contained in tobacco damage the lining of blood vessels, encourage plaque formation, increase blood pressure and reduce the amount of oxygen carried in the blood. Research shows that smokers are significantly more likely to experience a heart attack than non-smokers, while stopping smoking rapidly reduces cardiovascular risk (NHS, 2024).

High blood pressure (hypertension) increases the force exerted on artery walls, causing damage that encourages the development of atherosclerosis. Because hypertension often causes no symptoms, it is commonly referred to as a "silent killer." Effective treatment through medication and lifestyle modification significantly lowers the risk of cardiovascular complications (NICE, 2023).

Raised cholesterol levels are also recognised as a key risk factor for developing coronary heart disease. Elevated levels of low-density lipoprotein (LDL) cholesterol contribute to the formation of fatty plaques within coronary arteries. In contrast, high-density lipoprotein (HDL) cholesterol helps remove excess cholesterol from the bloodstream. Maintaining healthy

cholesterol levels through diet, exercise and statin therapy is therefore an essential aspect of CHD prevention (British Heart Foundation, 2025).

Diabetes mellitus, particularly type 2 diabetes, substantially increases cardiovascular risk because persistently raised blood glucose levels damage blood vessels and accelerate atherosclerosis. Individuals living with diabetes are approximately twice as likely to develop coronary heart disease compared with those without diabetes (NHS, 2024).

Other important modifiable risk factors include obesity, physical inactivity, unhealthy diets high in saturated fat and salt, excessive alcohol consumption and chronic stress. These factors often occur together, increasing the overall likelihood of developing CHD. Healthcare professionals therefore encourage individuals to adopt healthier lifestyles through regular exercise, balanced nutrition, weight management and stress reduction techniques.

Critical discussion of risk factors

Although some risk factors cannot be changed, research demonstrates that modifying lifestyle behaviours can substantially reduce the incidence of coronary heart disease. Public health campaigns such as NHS Better Health and the NHS Health Check Programme aim to identify high-risk individuals before symptoms develop, allowing earlier intervention.

However, lifestyle advice alone is not always sufficient. People living in deprived communities may experience barriers such as low income, poor access to healthy food, limited opportunities for exercise and reduced access to healthcare services. This highlights the importance of addressing wider social determinants of health alongside individual behaviour change (OHID, 2024).

Measurement and Monitoring of Coronary Heart Disease

Accurate measurement and ongoing monitoring are fundamental to diagnosing coronary heart disease, assessing disease severity and evaluating treatment effectiveness.

Healthcare professionals use a combination of clinical assessments, laboratory investigations and diagnostic imaging to provide comprehensive care.

One of the most widely used methods is the QRISK3 cardiovascular risk assessment tool, which estimates an individual's likelihood of developing cardiovascular disease within the next ten years. QRISK3 considers factors including age, sex, ethnicity, smoking status, blood pressure, cholesterol levels, diabetes, body mass index (BMI), chronic kidney disease and family history. The tool supports early intervention by identifying individuals who may benefit from preventative treatment before symptoms occur (NICE, 2023).

Routine blood pressure monitoring is another essential assessment because hypertension significantly increases cardiovascular risk. Blood pressure measurements are obtained during GP appointments, NHS Health Checks and hospital assessments, while home blood pressure monitoring may be recommended for long-term management. Regular monitoring enables treatment to be adjusted when necessary and reduces the risk of complications such as heart attacks and strokes (NHS, 2024).

Healthcare professionals also perform blood tests, including lipid profiles and blood glucose measurements. Lipid testing measures total cholesterol, LDL cholesterol, HDL cholesterol and triglycerides, helping clinicians determine cardiovascular risk and evaluate the effectiveness of statin therapy. Blood glucose testing identifies diabetes or pre-diabetes, allowing early intervention to reduce further vascular damage.

An electrocardiogram (ECG) records the electrical activity of the heart and can identify abnormal heart rhythms, evidence of previous myocardial infarction and signs of reduced blood supply. Although resting ECGs may appear normal in some patients with CHD, they remain an important first-line investigation because they are quick, non-invasive and cost-effective.

When further assessment is required, healthcare professionals may request exercise stress testing, echocardiography, CT coronary angiography or invasive coronary angiography. Coronary angiography remains the gold standard for identifying narrowed coronary arteries because it provides detailed images of blood flow and accurately determines the severity and location of arterial blockages (European Society of Cardiology, 2024).

Critical evaluation of monitoring approaches

Each monitoring method has strengths and limitations. For example, QRISK3 is highly valuable for identifying individuals at increased cardiovascular risk but estimates probability rather than confirming disease. ECGs are inexpensive and widely available but may not detect mild coronary artery disease in symptom-free patients. Coronary angiography provides highly accurate diagnostic information; however, it is invasive, costly and carries a small risk of complications. Consequently, healthcare professionals use several complementary investigations rather than relying on a single diagnostic test. This multidisciplinary, evidence-based approach improves diagnostic accuracy and enables personalised treatment planning (NICE, 2023).

How Coronary Heart Disease is Controlled and Treated

Coronary heart disease (CHD) is a chronic condition that cannot usually be cured. However, it can be effectively controlled through a combination of lifestyle changes, medication,

medical procedures and long-term follow-up. The primary aims of treatment are to relieve symptoms, prevent disease progression, reduce the risk of heart attacks and improve quality of life. NICE (2023) recommends that treatment should be person-centred and tailored to everyone's symptoms, level of cardiovascular risk and overall health.

Lifestyle interventions

Lifestyle modification is considered the foundation of CHD management because it targets many of the modifiable risk factors associated with the disease. Individuals are encouraged to stop smoking, maintain a healthy weight, eat a balanced diet, increase physical activity and reduce alcohol consumption. These changes not only improve cardiovascular health but also reduce the likelihood of future cardiac events.

Smoking cessation is one of the most effective interventions available. Smoking damages the lining of blood vessels, promotes inflammation and increases blood clot formation, all of which accelerate atherosclerosis. Research shows that people who stop smoking significantly reduce their risk of another heart attack within the first year compared with those who continue to smoke (British Heart Foundation, 2025). Healthcare professionals therefore provide access to NHS Stop Smoking Services, behavioural support and nicotine replacement therapies to improve quit rates.

A heart-healthy diet is equally important. NICE (2023) recommends increasing the intake of fruits, vegetables, wholegrains, legumes, oily fish and unsaturated fats while limiting saturated fat, trans fats, salt and added sugar. These dietary changes help lower cholesterol levels, improve blood pressure and reduce inflammation. Weight management is also essential because obesity increases the workload of the heart and is closely associated with hypertension and type 2 diabetes.

Regular physical activity improves cardiovascular fitness and strengthens the heart muscle. The UK Chief Medical Officers recommend that adults complete at least 150 minutes of moderate-intensity physical activity each week, together with muscle-strengthening activities on two or more days. Exercise improves blood pressure, supports weight loss, increases insulin sensitivity and enhances overall wellbeing (NHS, 2024).

Critical analysis of lifestyle interventions

Lifestyle interventions are highly effective in reducing cardiovascular risk, particularly when several healthy behaviours are adopted simultaneously. However, maintaining these changes over the long term can be challenging. Factors such as financial hardship, poor mental health, limited access to healthy food and unsafe neighbourhoods may reduce an individual's ability to make recommended lifestyle changes. This suggests successful

prevention depends not only on personal responsibility but also on wider public health policies and social support systems.

Medication

Medication plays a central role in controlling coronary heart disease and preventing complications. Most patients require lifelong medication alongside lifestyle modification.

Statins are prescribed to lower LDL (“bad”) cholesterol levels, reducing the build-up of fatty plaques within the coronary arteries. Large clinical trials have shown that statins significantly reduce the risk of heart attacks, strokes and cardiovascular mortality (NICE, 2023). However, some individuals experience side effects such as muscle pain or liver enzyme changes, meaning treatment must be regularly reviewed.

Antiplatelet medicines, including aspirin and clopidogrel, reduce the ability of platelets to form blood clots. These medicines lower the risk of heart attacks by preventing clot formation within narrowed coronary arteries.

ACE inhibitors help lower blood pressure and reduce strain on the heart by relaxing blood vessels. They are particularly beneficial for patients who also have heart failure or diabetes.

Beta-blockers slow the heart rate and reduce the heart’s demand for oxygen, making them effective in controlling angina symptoms and improving long-term survival following myocardial infarction.

Nitrates, such as glyceryl trinitrate (GTN), provide rapid relief from angina by widening blood vessels and improving blood flow to the heart muscle. Although effective at relieving symptoms, nitrates do not prevent disease progression and are therefore used alongside other treatments.

Critical analysis of medication

Medication has transformed the management of coronary heart disease and has significantly reduced mortality over recent decades. Nevertheless, medication is only effective when patients take it consistently. Poor adherence remains a major challenge due to side effects, complex medication schedules or a lack of understanding about the importance of treatment. Healthcare professionals therefore have an essential role in educating patients and reviewing medications regularly to encourage long-term adherence.

Medical and surgical interventions

Some individuals require invasive procedures when symptoms persist despite medication or when coronary arteries become severely narrowed.

Percutaneous coronary intervention (PCI), commonly known as coronary angioplasty, involves inserting a catheter into the blocked artery and inflating a small balloon to widen it. A metal mesh tube known as a stent is then inserted to keep the artery open and restore blood flow. PCI is widely used because it is minimally invasive, has relatively short recovery times and rapidly relieves symptoms (European Society of Cardiology, 2024).

For patients with extensive coronary artery disease affecting several blood vessels, coronary artery bypass grafting (CABG) may be recommended. During this procedure, surgeons use healthy blood vessels taken from elsewhere in the body to bypass blocked coronary arteries. CABG improves blood flow, reduces angina and has been shown to improve long-term survival in selected patients, particularly those with diabetes or complex coronary disease.

Critical analysis of surgical treatment

Both PCI and CABG are effective treatments, but they are appropriate for different groups of patients. PCI offers quicker recovery and fewer immediate complications, making it suitable for many people with localised disease. In contrast, CABG is a more invasive procedure requiring longer recovery but often provides better long-term outcomes for individuals with severe or multiple coronary artery blockages. Decisions should therefore be made collaboratively between cardiologists, surgeons and patients after considering clinical evidence, patient preferences and overall health.

Cardiac rehabilitation

Cardiac rehabilitation is a vital component of long-term CHD management and is recommended by NICE for most patients following a heart attack or cardiac procedure. Rehabilitation programmes are delivered by multidisciplinary teams and include supervised exercise, dietary education, smoking cessation support, medication reviews and psychological counselling.

Research demonstrates that cardiac rehabilitation improves physical fitness, increases confidence, reduces anxiety and depression, decreases hospital readmissions and lowers the risk of future cardiovascular events (British Heart Foundation, 2025). It also empowers patients to manage their condition independently through education and self-care.

Despite these benefits, attendance at cardiac rehabilitation programmes remains lower than expected in some areas of the UK. Barriers include transport difficulties, work commitments, caring responsibilities and limited awareness of available services. Expanding community-based and digital rehabilitation programmes may improve accessibility and reduce health inequalities.

Long-term monitoring and self-management

Managing coronary heart disease requires lifelong monitoring. Regular reviews by GPs, practice nurses and cardiologists allow healthcare professionals to assess blood pressure, cholesterol levels, medication effectiveness and symptom progression. Patients are encouraged to monitor their own health by recognising warning signs, taking medication as prescribed, attending follow-up appointments and maintaining healthy lifestyle behaviours.

Current evidence suggests that combining medical treatment with patient education and self-management support produces better long-term outcomes than medication alone. This indicates the importance of person-centred care, where healthcare professionals work collaboratively with patients to develop realistic and sustainable management plans.

Consequences of Coronary Heart Disease and Health and Social Care Support

Consequences of Coronary Heart Disease on Individuals and the Community

Coronary heart disease (CHD) has far-reaching consequences that affect not only the individual but also their family, the healthcare system and society. The condition can lead to long-term physical disability, emotional distress, reduced independence and significant financial costs. Although advances in prevention and treatment have improved survival rates, CHD remains one of the leading causes of premature death and hospital admission in the UK (British Heart Foundation, 2025).

Physical consequences

The physical effects of CHD vary depending on the severity of the disease and how quickly treatment is received. Many individuals experience ongoing angina, breathlessness, fatigue and reduced exercise tolerance, making everyday tasks such as climbing stairs, shopping or working more difficult. Some patients develop heart failure because the heart muscle becomes weakened following repeated episodes of reduced blood supply or myocardial infarction. Severe cases may require repeated hospital admissions, complex surgical procedures or lifelong medication (NHS, 2024).

These physical limitations often reduce a person's independence and quality of life. Individuals may no longer be able to work, care for family members or participate in hobbies that were previously important to them. This demonstrates that the impact of CHD extends well beyond the physical symptoms of the disease.

Psychological consequences

Receiving a diagnosis of coronary heart disease can have a significant impact on mental wellbeing. Many people experience anxiety, depression, fear of another heart attack or reduced confidence when returning to normal activities. Research has shown that depression is common after myocardial infarction and is associated with poorer recovery, lower medication adherence and increased hospital readmissions (European Society of Cardiology, 2024).

Healthcare professionals should recognise these psychological challenges and assess emotional wellbeing as part of routine care. Providing early access to counselling, peer support groups and psychological therapies can improve recovery and encourage patients to engage with rehabilitation programmes.

Social and economic consequences

CHD also has considerable social and financial implications. Some individuals may need to reduce their working hours, retire early or stop working altogether because of fatigue or reduced physical capacity. This can lead to financial difficulties for both the individual and their family.

Family members frequently become informal carers, providing practical support with medication, transport to appointments and daily activities. Although this support is invaluable, caring responsibilities can place emotional, physical and financial strain on relatives.

From a wider perspective, coronary heart disease places substantial pressure on the NHS. It contributes to thousands of GP appointments, emergency ambulance callouts, outpatient consultations and hospital admissions each year. The economic burden also includes reduced workplace productivity, sickness absence and long-term disability, making CHD a major public health concern (Office for Health Improvement and Disparities (OHID), 2024).

Health inequalities

The burden of CHD is not distributed equally across the population. Individuals living in areas of greater socioeconomic deprivation are more likely to smoke, experience obesity, have poorer diets and develop hypertension or diabetes. These communities also experience higher rates of premature cardiovascular death.

Ethnic inequalities are also recognised. For example, people from South Asian backgrounds are more likely to develop CHD at a younger age than the general population, highlighting the importance of culturally appropriate prevention programmes and equitable access to healthcare services (OHID, 2024).

Addressing these inequalities requires more than treating disease alone. Public health interventions must tackle wider determinants of health, including education, employment, housing and access to healthy lifestyles.

Health and Social Care Support Services

Managing coronary heart disease effectively requires collaboration between a wide range of professionals. A multidisciplinary team (MDT) approach ensures that care is holistic, coordinated and tailored to the individual's physical, emotional and social needs.

General Practitioners (GPs)

General Practitioners are often the first healthcare professionals to identify symptoms of coronary heart disease. They carry out cardiovascular risk assessments using tools such as QRISK3, arrange blood tests and ECGs, prescribe medication and refer patients to cardiology services when necessary.

Following diagnosis, GPs continue to monitor blood pressure, cholesterol levels, medication adherence and lifestyle changes through regular reviews. They also encourage patients to attend NHS Health Checks and provide preventative advice aimed at reducing future cardiovascular risk.

Cardiologists

Cardiologists diagnose complex cases of coronary heart disease and determine the most appropriate treatment. They perform investigations including coronary angiography, interpret cardiac imaging and decide whether patients require procedures such as coronary angioplasty or coronary artery bypass grafting.

By working closely with other healthcare professionals, cardiologists ensure treatment plans are based on current evidence and tailored to each patient's clinical needs.

Cardiac nurses

Cardiac specialist nurses play an essential role in supporting patients throughout diagnosis, treatment and recovery. They explain medical conditions in understandable language, educate patients about medications, monitor symptoms and provide reassurance following cardiac events.

Their role also includes promoting healthy lifestyle changes, encouraging attendance at cardiac rehabilitation and identifying individuals who may require additional emotional or psychological support.

Dietitians

Dietitians provide personalised nutritional advice to help patients reduce cholesterol levels, manage body weight and improve cardiovascular health. They educate individuals about reading food labels, reducing salt intake and replacing saturated fats with healthier alternatives.

Personalised dietary interventions are often more successful than general advice because they consider an individual's cultural background, financial circumstances and personal preferences.

Physiotherapists and Cardiac Rehabilitation Teams

Physiotherapists contribute to cardiac rehabilitation by designing safe exercise programmes that improve cardiovascular fitness without placing unnecessary strain on the heart. They gradually increase exercise intensity while monitoring symptoms and promoting confidence.

Evidence consistently shows that cardiac rehabilitation reduces hospital readmissions, improves quality of life and lowers mortality rates following heart attacks (NICE, 2023).

Pharmacists

Community pharmacists help patients understand how to take their medications safely, identify potential drug interactions and encourage adherence to treatment. Many pharmacies also provide blood pressure monitoring and smoking cessation services, improving access to preventative healthcare within local communities.

Social workers and occupational therapists

Some individuals with advanced coronary heart disease require additional support to remain independent. Social workers assess care needs, arrange community support services and help individuals access financial assistance where appropriate.

Occupational therapists assess the home environment and recommend adaptations or equipment that enable people to carry out everyday activities safely.

Public Health Initiatives

The NHS Long Term Plan (2019) identifies cardiovascular disease prevention as a national priority, with a focus on identifying people at high risk before symptoms develop.

Programmes such as NHS Health Checks, CVDPREVENT and Better Health encourage early detection of hypertension, high cholesterol and diabetes while promoting healthier lifestyles.

These initiatives demonstrate that preventing coronary heart disease is more cost-effective than treating advanced disease. However, continued investment is required to reduce health inequalities and improve access to preventative services for disadvantaged communities.

Conclusion

Coronary heart disease remains one of the most significant public health challenges in the United Kingdom and worldwide. Although it is a leading cause of illness and premature death, many cases can be prevented or effectively managed through early diagnosis, evidence-based treatment and healthy lifestyle choices. This report has demonstrated that both modifiable and non-modifiable risk factors contribute to the development of CHD, highlighting the importance of prevention strategies alongside clinical management. Accurate measurement and monitoring, including cardiovascular risk assessments, blood pressure monitoring, blood tests and diagnostic imaging, enable healthcare professionals to diagnose the condition early and provide appropriate interventions. A combination of lifestyle modification, medication, cardiac rehabilitation and, where necessary, surgical procedures can improve symptoms, reduce complications and enhance quality of life. However, successful management depends on person-centred care delivered by a multidisciplinary team that addresses physical, psychological and social needs. Public health initiatives such as NHS Health Checks and the NHS Long Term Plan continue to play an important role in reducing cardiovascular disease through prevention, early intervention and tackling health inequalities. Continued investment in these services, together with patient education and equitable access to healthcare, is essential to reduce the burden of coronary heart disease and improve health outcomes across the population.

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