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Assessment Component 2

Essay Cardiovascular Disease

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Table of Contents	
The Cover Pages.....	1
Introduction.....	2
The physiology and pathology of cardiovascular diseases.....	2.1
The case study Patient A.....	3
The Health Assessment	4
The Body Mass Index	5
Recommendation.....	6
Conclusion	7
References.....	8
Appendices; Patient A Life Questionnaire	9

Introduction

This report is a case study about the female Patient A baseline health status on her lifestyle questionnaire that she confirms on the day of the interview. The aspiration is developing health assessment to the Patient A to provoke her candidacy to get sickness by advising and to let her understanding what are causes, complications of being high risks factors, in appropriate intervention and recommendation to improved and to develop her basic daily healthy lifestyles.(Patients Review,2020) The information on Patient A baseline medicine evidence (BME) recorded by NHS (National Health Services) with her confirmation, can be connecting and leading to the considerable risk of CVD (cardiovascular disease) complication because of the Patient A food intake putting her in candidacy in an atrial fibrillation or stroke (BHF.org.) In giving support to the Patient A guideline information by helping to tackle the health problems that may occur or complication before getting worse. This support of her needs starting to the GP (General Practice) should be communicated professionally and be decided to do the referral to the specialists, dietician, Mental Awareness Support and different health campaigns guide physical,psychological support from the government to reduce the risk. (Public Health England 2020)

This report is also about the normal anatomy and physiology of the heart, the normal cardiovascular system, its function, and risk factors in (CVD) cardiovascular disease. The CVD disease which affects 7.6 m. of people in UK (United Kingdom) living with cardiovascular disease. (BHF,2020) it affects the people which may cause disability and sudden death. The fact that mostly women over 555,000 in the UK have had stroke.

The cardiovascular disease usually use as means of dysfunction of the heart and blood vessels ("cardiovascular disease-NHS") CVD with other dysfunctionality with coronary heart disease (CHD), heart attack, angina hereditary heart atrial fibrillation disease,hypertension,stroke, and vascular dementia disease.

The arial fibrillation (AF)is one risk factor of having high cholesterol and high blood pressure means that you are considerable risk category. Having diabetes (type 1 and type 2) In genetics line of keen of family with heart disease, or got stroke, being a smoker, or came from an Asian, Black Minority ethnic background (BAME) are also factors to have a CVD.

People with significant health inequalities for people suffering with severe mental disability (SMI) risking life of 53% in risk having CVD and 85%of risking early death.

In England (2019), the programme of the NHS (National Health Services) and supported by Department of Health England, It's the Long-Term Plan known that cardiovascular disease as clinical priority, aiming to improved work in advance to prevent and cure the person in advanced with the CVD,knowing the method of ABC means A F (Atrial Fibrillation blood pressure and cholesterol).

The approach such as NHS health check to those over 40 years of age diagnosed and traced with considerable risk and rapid check with ABC, the Plan is to evoke the high-risk factors of having heart attack strokes and dementia cases for 150,000 thousand people affected with the partnership with different volunteers and community sector and government organisation will be realising this vision (BHF,2019)

The case study: Patient A

Regarding these case study and the Personal Health Lifestyle Questionnaire the findings about Patient A, she was born on 1st of January 1976 (45 years old). She works every day in the city with a busy lifestyle. She smokes 40-60 cigarette sticks per day.

She shows moderate high blood pressure, and her BP is 140/90, shows that she has moderate high blood pressure with weight of 82kg =180.779 pounds resulting her for overweight, and her height is 160 cm=5.2 feet, along with her BP measurement she has 32.9 BMI which should normally of 18.5 -24.9.

These confirmations result in her answers are risk factors that can trigger CHD & a stroke, cardiac arrest. The Patient has poor eating habits; her breakfast is composed of 3 coffees & cakes regularly in- take of excessive sugars. The Patient A has also eaten chips with a lot of salts, fried chicken, hamburger, cold fizzy drinks and at the middle of the night, she's eating again chip and more junk foods, more sweets such ice cream, cakes again with drinks between 5 to 6 unit of alcohol every night. With her eating bad habit, she is not aware about her health she is categorize that she is High risk factor of having a Cardiac arrest, she never done any physical activity, increasing the risks to her family history that her father died with heart Stroke. In addition, according to her family genetical history that her father was 60 years old when the heart cardiac arrest happened and died that added main risk factors.

Health Assessments

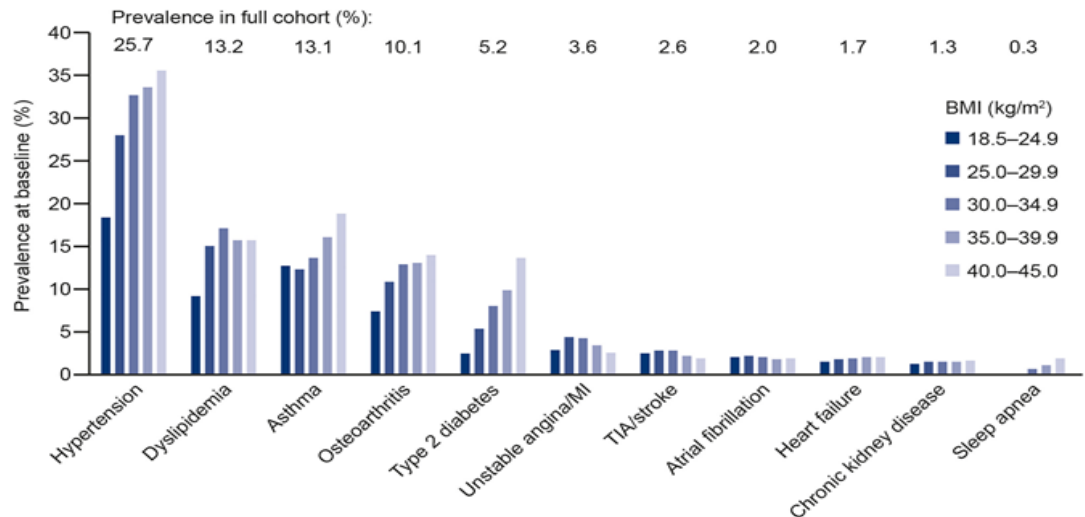
The normal heart which regulates the cardiovascular system in anatomy & physiology of the body makes the human in healthy status. The heart, blood and blood vessels are the main parts of the cardiovascular system, they should work in harmony to keep the blood flows being in regulates and to let the heart pump and send oxygenated blood and nutrients to the tissues, carrying waste and circulating deoxygenated blood back to the lungs. The normal healthy cardiovascular system with the support of the homoeostasis of the body which allows blood to transport and circulate the nutrients which the body needs, but if blood flows complicated by the food intakes, and as people get older, the heart is risks of various pathologies illness states can damages and can give a group of heart diseases known as CVD and the normal heartbeats is 60-100 bpm. (Ross Wilson ,1987)

The abnormalities of cardiovascular disease CVD affects the heart and blood vessels of the body. It is associated with fatty deposits inside the arteries which is called atherosclerosis and one major considerable risk of blood clots to the patients' CVD factors in the body were High blood Pressure, Smoking, High Cholesterol, Diabetes in activity overweight and family history.

In UK, the patient needs to be interview for the first time it is stepped to have gotten broad scope of contents records to come up with effectual person-centred care. Health assessment record for the patients pertinent positive and negative outcome, the past and medical history. The family history for connecting genetical sickness, personal and social history for psychological effects on her aspects and especially it is important to have the patient medical evidence.

The GP in UK are using the digital revolution which innovate in many ways worldwide the health care system. Since 1990's the general practice patients records (EHRs) Electronic Health Records the TPP System One (1) EMIS Health (2) INPS Vision (3) and 1Soft (4) compulsory with these are synchronise and order private organization using system. That such GP (general practice) are contracted to supply services to the NHS, but are not fundamental and these have the authentic models. Interworking with NHS is undertaken by the GP IT Future framework and the Accredited Services Register Digitalise or paperless information of the patients' records, diagnosis, and order connected to pharmacies electronic prescription and can be accessible their healthcare records online using GP.

Body mass index and risk of obesity-related conditions in a cohort of 2.9 million people: Evidence from a UK primary care database



Obesity Science & Practice, Volume: 7, Issue: 2, Pages: 137-147, First published: 07 December 2020, DOI: (10.1002/osp4.474)

This is the infographic by the student researcher in King London University primary care data base in Uk of risking Hypertension and other complication of health issue because highly percentage of shown above the elevated BMI research related to overweight. The BMI was presented in the beginning of 19 century by Belgian not clinician but mathematician Lambert Adolphe Jacques Quetelet however he invented the formula to bring the quick and simply way of measuring the degree of body fat of the population to help the governmental in giving resources. ,

Recommendations: Proposed lifestyle changes for a healthy lifestyle

The lifestyle is an enormous impact of the health in every person which is important to evoking the circulating and preventing to evolution of atherosclerosis and the illness of danger in a stroke. This study also shows that the starting point of the intake foods or DIET with insurgent effects food (olive oil, fish, vegetables, fruits, and wholemeal food) with daily exercises, physical activity and biochemical will lessen the risk of having stroke.(Stroke.org/Uk)

Physically –because the Patient A living in busy life city settings, mostly her days consuming in working time. Working entire day is already exhausted to have the reason not going to any physical activity such as gym, bicycle use instead driving or just walking even 30 minutes a day in moderate maximum 150 in minutes or 75 minutes minimum a week. The people within age 19 to 64 years old especially women should perform physical activities will do lessen the risk of heart stroke or heart disease. There's a public new campaign by the NHS through endorsed app which help people to introduce to healthy Nutritional diet to prevent being in CVD risk. (Public Health England, 2020)

Losing and keeping off 5% of the existing weight can have health benefits, such as lowering blood pressure and reducing the risk of developing type 2 diabetes and having stroke. On the case presentation, Patient A her habit eating habits has caused as risk factor patient developing CVA (cerebrovascular accident) and stroke. Most chronic condition such as CVA or Stroke the morbidity and mortality rate this person becomes in active. Therefore, to improve the quality-of-life expectancy on the prevention of CVA/Stroke, prompting physical activity is one of the current interventions, as the Patient which do not exercise the reasons are complex.

In nutrition, the implication of excessive saturated fatty acid complied the industrial formulation of process ingredients (such as oil,fats,sugar,starch,protein isolate) that no contain whole food and usually with food colour. fake flavours emulsifier and other fatty ingredients. Irresistible because of colourful lest cost fast foods and excessive marketing make them first working people choice to consumed. Most studies, repeating this daily process food will be in high-risk of hypertension, overweight, diabetes,obesity,coronary and cardiovascular disease, all types of cancer, breast cancer, and all cause of mortality. The more people entertain the longing of processed food intake the more be in imbalanced the diet because of less adhere to the dietary recommendations from international health agencies.

Previously, the WHO (World Health Organisation), the American Heart Association, UK, and other 8 various countries prove to limit the saturated fats of total fat energy intake to reduce the risk of being in CVD.Researcher discovered that baked goods, frozen meals, ice cream or crude palm oil, candies are produced with ingredients of palm seed oil, crude perfumed oil and low cost that similar to butter which most of 30% were used by the edible food industries but a burden of state health cost.

Smoking is one of the risk factors in CVD by stopping it will amend the thing what to with heart health. The Patient A smokes 40-60 sticks Of cigarette every day. NHS has organised campaign on Practices Nurses and anti-smoking education. There were 269 nurses using questionnaire in the GP has taken part on the activities of anti-smoking education .The results of the responses rate was 80%practice nurse to provide primary care as educators training to be effective in these roles role as smoker's educator. It was high trusted that for the nurse practice to be effective in their chosen role as smoker's educator. They must be supplied further training on the prevention of CVD .It has been reiterated that the nurse's role on helping smoker to give up, advice from the G P to the patient is less effective compared to patient personal determination to end up 70%of the nurses were interested in attending the seminars, listed information about smoking techniques for stopping and counselling skills were important aspect. It is recommended that if patient permanently stop smoking there is also less percentage of having CVD or stroke. Smokers are intended also to high-risk drinking behaviour.

In UK, student researcher of King College London confirms the alcohol consumptions in statical analysis data that the female gender at age 35 onwards are higher in adult consumptions of alcohol misused. The alcohol is regularly overwhelming substance with 58% drinking in weekend with many people drinking alcohol is the reason of being in hospital and resulting 6,500 per year, costing NHS£3.5B and calculating cost of £21 B for DH in 2016 to the government (Brenan et al 2016). (See info Charts upper page) Excessive consumption of alcohol consider already as addiction in the underlying condition that may cause of psychological, genetical environmental job mix factors that can a person be in out of control. The stressful job can be factor of day to day lives such as doctor or nurses are in high list, psychological problems like depression, anxiety drinking is escaping temporarily ease the feeling but then ending alcohol addiction, family history of dependency in alcohol are also factors. In addition, mostly doctors and nurses, clinician staffs have mental health support from the workplace, programme for mental awareness, stress just book for occupational health therapies for appointment. (NHS, 2019)

These recommended to prevent being in considerable risk factors should stop smoking have balanced diet, regular exercise keep healthy weight, cut down the alcohol by changing habits reading books, do physical activity intake and keep the medication.

CONCLUSION

As a health care provider and as Social Worker, it is important to understand the complication of problems about the normal and dysfunctions of the human body. To solve the problem and how to interact the needs of our client not making them to risk their life, on medicines, foods, and health. It is safety to know for not having bad circumstances. Guiding the Patient, A in it is affecting the physiological changes status in place of work because of changing in mental awareness that that may affect the characters and manners due to the results of change, can aggressive or rude for the depressive response. Involving person in their own care will lessen the people with CVD. Having early intervention by consulting to the GP and nutritionist dietician, and psychologist will improve the Patient A physical aspect. IN addition of her behaviour of smoking may cause of loneliness or depression not just the busy atmosphere stress at work. The results of heavy smokers are also becoming alcoholic with this behaviour had the mental support of awareness of alcohol misused and preventing her to be alcoholic and prevention to addiction to smoke. Risk factors, obesity ,stress,depression ,food intake of processed food, excessive alcohol use can lead to have CVD or stroke that can be preventing this to happen by changing the lifestyles with support of Public Health and NHS services. With the support of Public Health England will be a better for ageing people a better place to live. (Public Health England 2021)

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Appendices.

LIFESTYLE QUESTIONNAIRE OF Patient A

Introduction: To order help us focus our Health Promotion activities on the practice, we would be grateful if you could fill in this short questionnaire. If you have already completed one on a previous visit, please return this questionnaire to the receptionist.

Name: Patient A

Date of Birth: 01/01/1976

Do you smoke?

Yes [X]

No []

If yes, do you –

smoke less than 1 cigarette/day

[]

1-9 cigarettes/day

[]

10-19 cigarettes/day

[]

20-39 cigarettes/day

[]

more than 40 cigarettes/day

[X]

smoke a pipe

[]

smoke cigars

[]

If no, have you –

never ever smoked

[]

given up smoking in the last year

Do you have high blood pressure?

Yes []

No [X]

Have you ever had a heart attack or suffered from angina? Yes []

No [X]

Have you ever had a stroke, "shock" or any weakness down one side?

Yes []

No [X]

Have any of the following – mother, father, brothers or sisters had –

a heart attack below the age of 60 Yes [X]

No []

a heart attack above the age of 60 Yes []

No []

a stroke Yes [X]

No []

trouble with extremely high cholesterol Yes [] No [] (hyperlipidaemia)

Important Notes:

The first keen of family history of the father died below the age of 60 with a stroke.

Practice Use Only

Health Education

Smoking 60 sticks cigarettes a day

BP 140 / 90

Height 160 cm

Weight 80 kgs

Body Mass Index total 32.9 with her weight, height, B/P results

EXERCISE

Healthy exercise usually involves activity that lasts for at least 20 minutes, raises your pulse, and produces hard breathing. In younger people this might be running, cycling or sport, or brisk walking for older people.

Do you take this type of exercise? – No or Never

daily []

3 times weekly []

once weekly []

once monthly []

seldom []

I cannot take exercise because of disability []

DIET

Please tick the one category which is closest to your usual eating pattern.

- I eat no meat, fish, or dairy produce ☐
- I eat no meat ☐
- I eat a mixture including daily fruit and vegetables ☐
- I eat a mixture including regular chips and fries ☒
- I eat frozen meals (e.g., TV dinners) 3 or 4 times/week ☒
- I eat snacks ☐
- I eat a special medical diet ☐

Please specify: Eating breakfast 1 to 3 times coffee. Eat mixture of fried chicken including regular chips and fries eating a lot of sugar cake at lunch time and still brings home take away for the dinner.

ALCOHOL

Please tick the statement which most closely describes your usual average alcohol intake. (1 unit is 1 glass wine, ½ pint beer or a single measure of spirit.)

- I never drink alcohol ☐
- I drink less than 1 unit per day ☐
- I drink between 1 and 2 units a day ☐
- I drink between 3 and 6 units a day ☒
- I drink between 7 and 9 units a day ☐
- I drink more than 9 units a day on average ☐

Alcohol 5 to 6 units of wine every night which is equivalent of 42 units a week

Advisable not to drink 14 units a week

Practice Use Only

- Health Education Alcohol ☐
- Alcohol Brief Intervention ☐

