

### Why are you getting this leaflet?

You are getting this leaflet because you have had a recent cholesterol blood test. As you may know cholesterol is only one **risk factor** for cardiovascular conditions such as heart disease and stroke. Along with other risk factors, we can now calculate the likelihood of you developing cardiovascular disease within the next 10 years. Your risk score and what you can do about it are shown on the front of this leaflet.

### What are the risk factors?

Risk factors are elements in your current health or family history that increase the risk of developing heart disease or stroke. The following is a list of some of those risk factors, and we have indicated those that may apply to you:

- Age (being older)
- Sex (being male)
- Smoking
- High blood pressure
- Diabetes
- Strong family history of heart disease
- Poor diet and excessive alcohol
- Lack of exercise
- Being overweight
- Ethnic origin

Unfortunately, the more risk factors you have, the greater your risk of developing cardiovascular disease.

### What does risk mean?

Whilst it may be shocking to hear your risk of developing a serious condition in such stark terms as a percentage value, it is important to realise several things about risk:

- **Risk is never zero** in anybody, whether young or old
- **Risk naturally increases** as we get older, regardless of other risk factors
- **Risk is a chance** of something happening, but this also means there will always be a chance of that something **not** happening
- **Risk can never be completely abolished.** Life itself is always risky!

A risk score of less than 10% (low risk) means that there is less than a one in ten chance of something like a stroke or heart attack occurring in the next 10 years.

A risk score of 20% or more (high risk) equates to at least a two in ten chance.

A risk score of 30% (very high risk) is roughly a three in ten chance.

### What can you do to lower your risk?

Whatever your risk score, it is always sensible to try and lower your risk.

You will not be able to change things like your age, your ethnic background or your family history, but there are **always** steps you can take to lower your risk in other ways. These include:

#### TICK

- Stopping smoking\*\*\*
- Eating more healthily
- Cutting down on fats in the diet
- Taking more exercise
- Reducing salt intake
- Drinking less alcohol
- Losing weight
- Good control of diabetes (blood sugar)
- Good control of high blood pressure

\*\*\*this is the single most important step in reducing risk

Please tick any of the boxes above that may apply to you and your lifestyle.

If your overall risk score or your cholesterol value is high, we may offer you a medication called a **statin** to lower your cholesterol and reduce your risk.

Current guidance suggests that patients with risk scores of 10% or more should be treated with statins. There is some controversy with this as some doctors feel there is a risk of over-medicalising the general population.

The decision of whether to start statins should take into account additional factors such as personal preference, potential benefits from lifestyle changes, other illnesses, existing drugs, general frailty and life expectancy.

You are receiving this leaflet because you have an increased risk score, and whether you decide to take a statin or not, we feel you should know about statins so that you can make an informed choice.

### What are statins?

These are a group of drugs that help to lower cholesterol. They are effective at reducing levels of cholesterol and other harmful fats in the body and help to reduce the risk of heart attacks and strokes.

Statins need to be taken regularly every day for the rest of your life to be effective. Although statins are generally safe, unwanted side effects may occur. These include headache, nausea, vomiting, diarrhoea, liver problems and rarely, but more seriously, inflammation of the muscles.

Statins can interact with some other drugs, and also grapefruit juice and are not suitable for people with liver disease, pregnant or breast feeding women.

Even if it is considered that statins may be helpful for you in terms of reducing your overall risk, your medical history, current medication and your own preferences all need to be taken into account to determine whether you should take statins or not.

It is important to say that even if statins are prescribed, they should not be used in isolation from other lifestyle changes and activities that will also help to reduce your overall risk. These will include some of the things mentioned above.

#### Will a statin work for you?

**Taking a statin is not a guarantee against a future heart attack or stroke. In fact, in most people, taking statins will not make any difference at all to what happens to you in the future.**

To give you an idea, consider **100** people with 20% risk but none of them is on a statin. After 10 years, **20** people will have had a heart attack or stroke (equating to the two in 10 risk). The rest, **80** people, won't have had a heart attack or stroke.

Now consider the same **100** people with 20% risk, but this time we give them a statin. After 10 years, we find that of the 20 people who would have had a heart attack or stroke, **15** have still had a heart attack or stroke, so the statin has made no difference to them. This

means that **5** people would have been saved from having a heart attack or stroke by taking the statin. The rest of the group, **80** people, would not have had a stroke or heart attack anyway so taking the statin has made no difference to them either.

Unfortunately, we cannot tell you which group you are in, so that is why starting a statin needs careful and individual consideration. If, after reading and thinking about this, you do want to start on a statin, or have questions, please book a routine appointment with the doctor.

If you decide that after reading this leaflet, you do not wish to take a statin, then you do not need to see us. Please try and stay healthy by making the lifestyle changes indicated above.

#### Other sources of information

British Heart Foundation  
0300 330 3322  
[www.bhf.org.uk](http://www.bhf.org.uk)

Patient UK  
Information Leaflets  
[www.patient.co.uk](http://www.patient.co.uk)

NHS Smoking Helpline  
0800 022 4 332  
[www.gosmokefree.co.uk](http://www.gosmokefree.co.uk)

QUIT  
0207 539 1700  
[www.quit.org.uk](http://www.quit.org.uk)

Blood Pressure Assoc.  
0845 241 0989  
[www.bloodpressureuk.org](http://www.bloodpressureuk.org)

British Dietetic Assoc.  
0121 200 8080  
[www.bda.com](http://www.bda.com)

Food Standards Agency  
020 7276 8829  
[www.food.gov.uk](http://www.food.gov.uk)

Diabetes UK  
020 7424 1000  
[www.diabetes.org.uk](http://www.diabetes.org.uk)



Written by Dr M Wong © July 2015 v2.4

## Cardiovascular risk

A patient information leaflet

**Patient name**

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**Your risk score**

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#### What you can do about this

- Read this leaflet
- Consider lifestyle changes
- Consider statin medication
- See nurse for more advice
- See doctor if wish to start statin
- Other .....

**Please bring this leaflet with you to any appointment**