

NHS Health check – follow up letter

You have recently undergone an NHS health check. Part of this check involves estimating your risk of developing a heart attack or stroke over the next 10 years.

This involves using a risk calculator called **QRISK2** which takes into account your age, blood pressure, gender, ethnicity, smoking status, diabetes status, family history of heart disease, cholesterol, body mass index (which reflects a combination of your height and weight), and postcode.

Your cholesterol level is : xxxxx (see individual letter)

The risk is presented as an estimated percentage risk of developing heart disease or stroke in the next ten years. A risk of 10% means that if there were 100 people with the same age, blood pressure, gender etc. as you, then our best estimate is that 10 of them will have a heart attack or a stroke in the next 10 years.

Although QRISK2 is the most sophisticated available tool, it is only able to give an estimated risk. A high risk does not mean you are destined to have a heart attack or a stroke, and a low risk does not mean you are without risk. Lifestyle factors, such as diet and physical activity, which we know are important in preventing heart attacks and stroke, are also not directly included in QRISK2

What does this mean for me?

Your most recent score:

XX (see individual letter).

- If your score is between 10-20% we are advised to **OFFER** a medication called a **statin**. At this level the choice to take a statin is entirely up to you.
- If your score is greater than 20% we are advised to **START** a **statin**. This means that the evidence suggests that statin will provide a significant benefit in patients with a risk over 20%.

This letter is designed to help you make a decision on whether to take a statin or not.

Statins

Statins are a group of drugs that help prevent heart attacks and strokes. Examples include Simvastatin, Atorvastatin and Pravastatin. They mainly work by lowering cholesterol which is a type of fat in the blood that leads to blockage of blood vessels. They may also reduce risk of heart attack and stroke in other ways, for example by reducing inflammation.

What are the benefits of taking statins?

There is good evidence to show that statins can reduce risk of stroke or heart disease by about a quarter (25%) The benefit you will get depends on your individual risk and someone at higher risk is likely to benefit more than someone at lower risk.

For example, for 100 people with a 10% risk, about 10 of them will have a heart attack or stroke over the next 10 years. If all 100 take a statin for 10 years:

- About 3 people will be 'saved' from having a heart attack or stroke
- About 90 people will not have a heart attack or stroke – but would not have done even if they had not taken a statin
- About 7 people will still have a heart attack or stroke even though they took a statin.

By comparison, for 100 people with a 20% risk, about 20 of them will have a heart attack or stroke over the next 10 years. If all 100 take a statin for 10 years:

- About 5 people will be 'saved' from having a heart attack or stroke
- About 80 people will not have a heart attack or stroke – but would not have done even if they had not taken a statin.
- About 15 people will still have a heart attack or stroke even though they took a statin

What are the harms of taking statins?

Statins, like all medications, can cause side effects. Most people, however, tolerate them well and don't experience any problems.

The most common side effects include:

- Muscle aches and pains (about 10 out of 100 people but it is difficult to know exactly as muscle aches and pains are very common in people not taking statins)
- Inflammation of the liver that almost always reverses on stopping the medication (approximately 1 in 1000 people taking a statin for 4 years)
- A small increased risk of developing diabetes (about 1 in 200 people taking a statin for 4 years)

Very rarely these side effects can be serious. Some patients also report effects on memory and energy levels, although as with muscle aches and pains it is difficult to estimate how common this is as these are also very common in people not taking statins. There is no evidence that statins cause cancer or dementia or increase your risk of dying from other diseases.

What should I do now?

Whether you chose to take a statin or not, we would encourage you to take steps to improve your lifestyle where possible. In particular, the recommendations are:

- To stop smoking – there is more information online such as the NHS Quitline and Smokefree Leeds
- Eat a healthy diet
 - rich in wholegrain starches
 - low in sugar and saturated and unsaturated fat
 - with saturated and mono unsaturated fats replaced with olive oil or rapeseed oil
 - -at least 5 portions of fruit and vegetables per day
 - Keep physically active, aiming to do at least 150 minutes of moderate activity that makes you out of breath or 75 minutes of vigorous activity per week and muscle strengthening activities on 2 or more days a week
- Work towards achieving and maintaining a healthy weight
- Limit alcohol to a maximum of 14 units per week

Further details are available on the NHS Choices website under the 'Live Well' tab (www.nhs.uk/livewell)

For local services there is the [One You Leeds](#) website

As well as reducing your risk of heart attack and stroke, improving your lifestyle will also reduce your risk of developing other long-term conditions, including cancer.

If you would like to discuss starting a statin or any of the other information in this letter then please contact the practice to make a **routine** appointment with your usual GP: