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NEW RESEARCH SHOWS PEOPLE PREFER NUMERICAL CHOLESTEROL TARGETS AND SPECIALISTS THINK THEY ARE IN THE BEST INTERESTS OF PATIENTS

Numerical targets help understanding and treatment compliance in those who have them

Hoddesdon, Hertfordshire, 24 March 2014: New research has revealed the public view that numerical health targets are likely to benefit patient health.¹ This calls into question the NICE draft Lipid Modification guideline² currently out for consultation which proposes removing some clearly defined numerical cholesterol targets (total cholesterol* less than 4.0 mmol/L or LDL 'bad' cholesterol less than 2.0 mmol/L in secondary prevention).³ Around half of people (49%, n=500) find health targets very useful in helping them to understand how well their condition is managed, and of those who have a specific number describing their health target (n=58), 43% said that this made them much more likely to take their medication as prescribed.¹

The research, funded by MSD, of 500 members of the general public aged 50 years and above, shows that nearly half of people (49%) find health targets very useful in helping them to understand how well their condition is managed, and 29% find health targets a little useful.¹ Forty-two percent of the public had heard of total cholesterol.¹ In contrast, only 7% had heard of non-HDL** cholesterol¹ – the measure being proposed to replace total cholesterol in the draft NICE Lipid Modification guideline², revealing a need for a considerable educational drive if this new measure is taken forward.

Jules Payne, Chief Executive of HEART UK – The Cholesterol Charity, “This new research demonstrates that patients see the value in numerical targets – they understand numbers and terms such as total cholesterol. There are benefits to having numerical targets, especially in those patients who have already been identified to be at high risk of a cardiovascular event. HEART UK gets many calls from people who are confused about cholesterol, and we fear that taking numerical targets out of the guidelines will confuse patients further”.

Eighty-seven percent of 100 healthcare professionals who have a special medical interest in Lipidology or Diabetes participating in the survey thought that patients understood the concept and purpose of working towards a cholesterol target³, and 88% believed that having numerical cholesterol targets has a positive impact on cardiovascular events.⁴

Professor Wasim Hanif, Professor of Diabetes and Endocrinology, Clinical Director Diabetes, University Hospital Birmingham, “People who have had a cardiovascular event, people with Type 2 diabetes, and those of South Asian origin are all at increased risk of a cardiovascular event. For many of these people a 40% reduction in non-HDL cholesterol, as suggested in the draft NICE Lipid

Modification guideline, won't be sufficient to lower their risk of a cardiovascular event. Some patients may need additional cholesterol lowering treatments and it's inappropriate to assume a 40% reduction is enough. Every patient is different and we need to be able to treat patients in the way that is best for them. Individualisation of patient care is an important consideration in the management of chronic disease and has an impact on compliance with medication. Keeping numerical cholesterol targets means that we can treat patients with their best interests in mind, ensuring we're working to lower their cholesterol sufficiently to reduce their risk further".

The findings of this research on the public perspective calls into question the recent trend to move away from some health targets, such as cholesterol. The Coronary Heart Disease (CHD) indicators in the GP Quality and Outcomes Framework (QoF) have been planned for retirement next month, and the recent draft NICE guidelines on Lipid Modification (CG67)² proposes removing simple numerical cholesterol targets, replacing them with a 40% reduction in non-HDL** cholesterol. The draft guidelines are currently out for consultation.² In this context, it is unclear how the clinician or patient can be confident that they are maintaining cholesterol at the appropriate levels and supporting the desired reduction in cardiovascular risk.

The Cardiovascular Disease Outcomes Strategy⁵ was launched in March 2013, with the Secretary of State stating at that time *"Today's proposals for those with cardiovascular diseases will bring better care, longer and healthier lives and better patient experience - which we must all strive to deliver"*.⁶ The Strategy clearly highlighted the importance of CVD risk factors, *'While there have been significant improvements in the detection and recording of risk factors in primary care, more could be done to identify and manage risk in primary care'* and ensuring *'people are treated as individuals rather than a series of diseases'*.⁵ This contrasts with some of the recommendations in the NICE Lipid Modification Guideline and the lack of clear incentives to manage risk factors. Furthermore, in less than a year from publication, the Minister for Public Health, Jane Ellison MP, recently stated that NHS England has *"no immediate plans to publish an annual report on progress in implementing the CVD Outcomes Strategy"*.⁷ This approach is in stark contrast to reporting arrangements for other important disease areas, such as cancer. The public perspective on risk factors, such as the importance of health targets, like cholesterol, needs to be reflected in developing guidelines, such as NICE, and government strategy and it is key that progress on the CVD Outcomes Strategy is measured.

In the UK:

- It is estimated that CVD is responsible for around 1 in 3 premature deaths in men and 1 in 5 premature deaths in women⁸
- Over 1.6 million men and over one million women are affected by chronic heart disease.⁸ Chronic heart disease is responsible for more than 88,000 deaths each year (an average of 224 people each day or one death every six minutes)⁸
- Most deaths from heart disease are caused by heart attacks⁸

- There are about 124,000 heart attacks each year⁸
- There are also around 152,000 strokes each year, resulting in over 43,000 deaths⁸

The research was conducted amongst 500 UK adults¹ and 100 healthcare specialists.⁴

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Notes to Editors

People looking for advice and support on their cholesterol can visit www.heartuk.org.uk or call the HEART UK helpline Mon-Fri 10am - 3pm on 0845 450 5988.

* Total cholesterol - The amount of cholesterol in the blood (both LDL and HDL).

** Non-HDL cholesterol – The total cholesterol level minus the HDL ‘good’ cholesterol.

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