PARTNERSHIP FOR PREVENTION

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Background

Cardiovascular disease (CVD) is the leading cause of mortality in the UK. South Asians (SA) residing in the UK have an excess risk of developing CVD compared with the local Caucasian population.

Primary prevention based on risk stratification will guide early intervention and thus decrease the risk of events.

Successful communication between healthcare providers and their patients from different cultural backgrounds depends on developing awareness of the normative cultural values of patients and how these differ from the cultural values of most western population.

Faith-based settings provide access to such personnel and a familiar and reassuring environment for targeting “hard-to-reach” groups with high CVD risk. These venues also provide resources such as space and volunteers who can help deliver the service (e.g. reliable translating).

In June 2008 a programme was introduced by the Royal Free London NHS Foundation Trust and H.E.A.R.T UK to develop a culturally sensitive CVD prevention programme at Hindu temples at 4 different locations in the UK.

Objectives of the screening Programme:

- Screen persons for modifiable CVD risk factors.
- To evaluate A “One stop shop” model for multifactorial risk factor management of CVD prevention in a culturally sensitive environment.

Subjects and Methods:

- A total of 1327 individuals of Gujarati Indian origin were screened (2008-2014).
- Measurements included anthropometry, blood pressure and lipid profiles with glucose (using point of care testing (POCT) and laboratory). Joint British Societies’ 2 risk charts were used to estimate CVD risk.

RESULTS

- Of the 1327 individuals screened 681 (51.3%) were males and 646 (48.7%) females.
- The median age of the population screened was 48.7 years.
- At least one modifiable CVD risk factor was present in 92% of the individuals screened;52% were hypertensive, 40% were obese, 75% had central adiposity and 12% had total cholesterol/high density lipoprotein cholesterol ratio > 6.
- A subset of 104 patients were assessed for Metabolic Syndrome (MS) by the International Diabetes Federation (IDF) criteria. The prevalence of MS was 37%.
- We also showed that overall agreement between results obtained by POCT analyser and laboratory was very good for the analytes in question.

Discussion

- A high rate of modifiable CVD risk factors particularly obesity and metabolic syndrome were found and appropriate interventions were applied.
- People with high risk were referred for repeat testing and follow up with their GPs.
- The location of the programme in a community venue allowed good access to the population and a guaranteed uptake. We also showed “One stop shop” model can improve patient management and optimise screening services.
- This study enabled the team to conduct a prevention programme in a culturally sensitive environment with full participation of the community.

Conclusion

“One stop shop” model can improve patient management and optimise screening services in a culturally sensitive environment.

References

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ACKNOWLEDGEMENTS

We thank the B.A.P.S. Swaminarayan Mandir Neasden and Willesden staff for their help and support.

Royal Free London NHS Foundation Trust