

Engagement with advice to reduce cardiovascular risk following an NHS Health Check

Dr. Caroline Burgess

Caroline.burgess@kcl.ac.uk



Faculty of Life Sciences and Medicine
Division of Health and Social Care Research

KING'S
College
LONDON

Background

The success of the NHS Health Check programme depends on identifying those at high risk of CVD and reducing risk through behaviour change

Higher risk individuals prescribed medication and/or advice about lifestyle change

Research is needed to understand the barriers and facilitators of behaviour change following an NHS Health Check

Aim

To understand the factors that influence engagement and adherence to lifestyle change interventions and medication in medium-high risk individuals



Methods

Qualitative study

Semi-structured interviews

Men and women assessed at medium to high risk of cardiovascular disease (>10%) in the next 10 years

Interview items drawn from literature on behaviour change and medication adherence

Framework analysis (Ritchie & Lewis 2003)



Results

22 participants (12 men, 10 women)

Age range: 49-75

4 non-UK white

Six themes emerging from the data

Experience and understanding of the health check

Beliefs about family disposition to cardiovascular disease

Ambivalence about taking medication

Life style change - attitudes and behaviour

Barriers to initiating or maintaining change

Enablers to change



Theme 1: Experience & understanding

Uncertainty about receiving a health check:

I don't really recall having any form of communication. I don't recall having a letter (ID7 Female aged 65)

Expectations

I think from what I remember it went along the path I expected.. There were no surprises there (ID20 Male aged 66)

Positive experience

I was very impressed by her. Good experience, quite informal and non-judgemental about the overweight (ID8 Female aged 70)

Negative experience

She looked at the screen the whole time. And ticked boxes on the screen. It was a bit patronising.. The inference that I sat on my bum all day! (ID21 Female aged 69)

Theme 1: Understanding of risk

He did mention my risk. I've got the piece of paper somewhere but I can't remember what it was. He suggested I went to the GP and discussed things, possibly cholesterol, I can't remember now (ID20 Male aged 66)
She (practice nurse) told me I was a "walking living time-bomb", that I was clinically obese. She was very harsh actually. It made me stop and think (ID22 Female aged 49)

I mean obviously being told that you've got high cholesterol is not like you've got a terminal disease... if you've got heart disease, it's not as bad as cancer, is it really? (ID7 Female aged 63)



Theme 2: Family predisposition to illness

Perception of high risk:

- *You see my brother, my dad, his dad, all died of heart attacks... but at least I'm trying (ID22 Female aged 50)*

I went along with that (the health check) because there is a heart problem... well my dad suffered with angina, my uncle died of his first attach when he was in his late sixties (ID3, Female aged 57)

Perception of low risk:

Because no-one in my family, we haven't got any heart disease, both my parents died of cancer.. (ID4 Female aged 62)



Theme 3: Ambivalence towards medication

Experience of side effects

- *The doctor said to take blood pressure tablets. Well I did take some and they made me so ill, I never took them anymore and I told them I wasn't taking them again (ID21 Female aged 69)*
- *My cholesterol was high so I went on statins, three or four different types, after a period of time I get muscle problems (ID2 Male aged 69)*

Awareness of media reports

- *You're bombarded from all sides. You get this leading professor saying you shouldn't touch them with a bargepole. Then you get someone else saying they'll prolong your life (ID7 Female aged 65)*

Compliance

If it's going to make me live longer, fine, that's the way I look at it. (ID4 Female aged 62)



Theme 4: Lifestyle change

Positive impact of the health check:

*So I've cut the sugar down by at least half to what I was taking. I eat more fruit, instead of going for a choccy biscuit (ID21 Female aged 69)
I've taken up swimming, 40 lengths each time. I've lost 7-8 kilos now (ID22 Female aged 49)*

I'm working with a personal trainer and I'm starting to run and swim. I'm losing the fat and retaining the muscles. And that makes me happy (ID17 Male aged 61)

I've lost about three and a half stone. And I've been able to maintain it. I feel a lot better in myself (ID14 Female aged 56)



Theme 5: Barriers to change

Communication

The borough is supposed to write to you and let you know what leisure centres are there that you're able to access, but I didn't get any of that (ID3 Female aged 57)

The pharmacist said that I should be contacted by some local fitness guy to be assessed and go to a gym or something for a proper assessment. But that never happened (ID20 Male aged 66)

Access

Because of my visual impairment I wouldn't be able to operate the machine because it's all digital, to see the numbers, so I need someone to go with me (ID3 Female aged 57)

Weather

I sit on the couch in the middle of winter sometimes, the weather is so miserable and you stay at home for a whole day or two (ID5 Male aged 70)
We go for a walk as long as it's dry, not pouring down with rain (ID10 Male aged 66)



Theme 6: Facilitators

Cost

- It helped me to be put on a programme for the gym where I wouldn't have to pay the full price (ID3 Female aged 57)*

Group support

The encouragement of Weight Watchers. I was only losing a pound or two at a time. But that's all you need to be doing (ID21 Female 69)

Continuity

If you're coming in for a review it's nice to see the same doctor if you can each time (ID7 Female aged 63)

Being a health professional!

You can't be telling people to do things if you yourself are not doing it, you have to set an example (ID14 Female aged 56)



Summary

People often respond positively to the health check by changing their behaviour

Some individuals appeared unaware that they have received a health check and may need more direct and clear information about this

Recall and understanding of risk is generally poor although the takeaway message that behaviour needs to change is taken on board

Timely communication following the health check regarding opportunities for behaviour change might improve initiation of behaviour change

Regular follow up and feedback could help maintenance of activities and behaviour change



Co-applicants / collaborators / researchers

Prof Martin Gulliford (PI)

Dr Hiten Dodhia

Dr Mark Ashworth

Teresa Edmans

Dr John Balasz

Dr Alice Forster

Karen Burgess

Frances Fuller

Dr Caroline Burgess

Dr Arun Gupta

Dr Eric Cajeat

Moira Habib

Dr Bernadette Khoshaba

Dr Lisa McDermott

Dr Anne-Marie Connolly

Jane Miller

Dr Victoria Cornelius

Dr Caroline Rudisill

Prof Alan Maryon Davis

Prof Charles Wolfe

Prof Brendan Delaney

Dr Alison Wright

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