Coronary heart disease: an end to the epidemic in sight?

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Abstract

A new report from the National Heart Forum argues that coronary heart disease could lose its position as the leading single cause of death in the UK if only knowledge we have now can be turned into effective policy action. Tackling health inequalities, largely due to relative poverty, must begin in childhood. National nutrition policies are needed to lower average blood cholesterol levels and unhealthy weight gain. Healthy choices in food and lifestyle must be available to all, not just the better off. Government strategies to tackle smoking must be matched by similar strategies for nutrition and physical activity. A failure to act, particularly to raise nutritional standards across the board, could result in an alternative scenario of huge and costly increases in the number of coronary care patients.

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Coronary heart disease (CHD) could be toppled from its position as the UK’s leading single cause of death in coming decades, if current knowledge about its causes and prevention are turned into effective policy action. However, this positive view of the future is set against an alternative scenario of huge and costly increases in the number of patients in coronary care wards if policy makers fail to act. The evidence and arguments to support this stark choice are set out in a major new report from the National Heart Forum – an alliance of 43 national medical, health and consumer agencies including many with a focus on food and nutrition, such as the British Dietetic Association, the British Nutrition Foundation and the National Association of Teachers of Home Economics and Technology.

Entitled Looking to the Future: Making Coronary Heart Disease an Epidemic of the Past (National Heart Forum, 1999), the NHF report is a thorough review of trends and risk factors, research into the causes of CHD, an examination of the evidence on prevention strategies, and of the wider social, demographic, political and economic trends affecting CHD rates. By reviewing the successes and failures of health policy to date in reducing high rates of CHD, the NHF sets out a new agenda for the coming millennium.

The report’s publication is a timely contribution to current public health policy development through national structures such as the National Service Framework on CHD, and locally focused Health Improvement Programmes, Healthy Living Centres, Health Action Zones and the public health work of the new Primary Care Groups.

Current and future trends

National trends in CHD deaths have declined steadily since the early 1970s, but the rate of decline – about 4 per cent annually – has not been as fast as in similar developed countries such as the USA and Australia, where prevention strategies were developed a decade earlier. But this overall reduction masks a threefold difference in CHD rates which has opened up over the same period. A halving of coronary death rates among professional men in social class I over the past 20 years has not been matched among men in social class V – where there has been virtually no reduction.

The NHF argues that if the same decline in rates could be achieved across all social classes,
as among the better off, a significant reduction in CHD could be a reality. According to Professor Klim McPherson, professor of public health epidemiology at the London School of Hygiene and Tropical Medicine and vice chair of the NHF, “If we implemented effective action, across all social groups, there is no reason to believe that deaths from CHD among people under 65 could not be virtually eliminated, preventing as many as 21,000 premature deaths every year.”

One of the most important social trends for heart disease in the future is the ageing population. By 2034, about a quarter of the UK population will be above retirement age. According to Professor Michael Marmot, professor of epidemiology and public health at University College, London, “When the baby boomer population reaches the age of 65 in the twenty-first century, we are likely to see a huge increase in the number of people suffering from coronary heart disease.”

The widening social class gradient in rates of coronary heart disease is a further cause for alarm. Now, one in three children in the UK grows up in relative poverty – a higher proportion than any other nation in Europe. Tackling health inequalities needs to begin in childhood – and a start should be made in addressing deprivation and its effects on health in later life, through educational achievement, risk factors such as nutrition, and the impact on later employment and financial reward. “Children who grow up in relative poverty will be at greater risk of coronary heart disease in later life,” says Professor Marmot. “They should be given a passport to health.”

The report reviews evidence on established risk factors and new concepts in heart disease causation, and assesses the implications for current prevention strategies and whether they need to change. Despite considerable interest in recent years in possible new causes, such as infections and environmental pollutants, the report concludes that evidence does not suggest that any dramatic changes should be made in the direction of current preventive strategies which focus on poor diet, smoking and physical inactivity.

A focus on diet

What does emerge from international studies is that a population’s susceptibility to CHD is dependent on the average blood cholesterol levels in that population. The dietary factors leading to high blood cholesterol levels are fundamental and necessary for a high level of CHD. Professor Gerry Shaper, formerly professor of clinical epidemiology at the Royal Free Hospital School of Medicine, highlights the importance of dietary factors: “We need to focus efforts in the UK on improving the nation’s diet to reduce blood cholesterol levels to a biologically normal level. We need national nutrition policies to lower average blood cholesterol levels and prevent unhealthy weight gain, particularly by reducing fat in the diet and increasing consumption of fruit and vegetables.”

The report also concludes that a traditional focus on health lifestyles and what the individual can do to reduce their personal risk had only limited success in reducing CHD rates. Interventions such as health checks and advice are generally adopted by better-off groups rather than the most disadvantaged, who are at greatest risk of CHD. Professor Pamela Gillies, research director at the Health Education Authority, and professor of public health medicine at Nottingham University says: “Initiatives to help individuals to give up smoking or achieve weight loss are important but only part of the picture. It is unlikely that large numbers of people will make lifestyle changes that are discouraged by the environment – such as poor access to food – in which they live. Healthy choices must become the easy and available choices – for the poor as well as the better off.”

A focus on the wider issues which influence what people eat, whether they smoke or lead a sedentary lifestyle, is at the heart of the NHF recommendations for prevention strategies in the future. Comprehensive strategies which tackle known risk factors, with policies aimed at the whole population and starting in childhood, are needed, according to Imogen Sharp, director of the NHF, and the report’s editor: “The government has already made a commitment to tackle smoking in its White Paper. Similar strategies are needed for nutrition and for physical activity.”

New government public health strategy

In July, the government published its eagerly awaited new public health strategy for England, Saving Lives: Our Healthier Nation (Department of Health, 1999). It sets out how the government proposes to promote healthier living and reduce inequalities in health, and includes targets to cut preventable
deaths from CHD and stroke, cancer, accidents and mental illness.

It is disappointing that the White Paper does not set out a specific national nutrition strategy. Instead, it partially addresses the issue of diet and health through the Social Exclusion Unit, by focusing on improving access to shops to combat the growth of “food deserts” in deprived areas.

Proposals for the Food Standards Agency (FSA) – which, as this article goes to print, are due to come before the House of Lords – do not set out a specific remit for the Agency on nutrition. This omission is a serious concern to the NHF and the many other agencies and organisations which are concerned about the risks of CHD and other chronic diseases arising from the poor national diet. While deaths attributable to chronic diseases from poor diet far outnumber those due to food poisoning, the proposed FSA remains primarily concerned with food safety rather than food standards. The NHF is continuing its efforts, along with other organisations, to advocate a stronger remit on nutrition for the Agency. It is also monitoring progress on the appointment of individuals to the board of the Agency, to ensure proper representation of public health expertise amongst those with responsibility for the Agency’s activities. Close attention is also being paid to the development of the administrative concordats between the Agency and the Department of Health, which are likely to shape any initiatives on nutrition policy.

School meals and children’s diets

School meals – another important lever to improve children’s diet – have come under government scrutiny again this year. The NHF has long campaigned – in association with teachers, caterers and health professionals – to raise the profile of school meals and emphasise the importance of nutritional standards in improving children’s long-term health. Following the government’s election pledge to reintroduce minimum nutritional standards, the Department for Education and Employment initiated a process of consultation early in 1999 on what the new standards should contain and how they should be introduced and monitored.

In its submission to the Department, the NHF has recommended that compulsory school meal standards should be based on nutrients rather than food groups. Without this basis, it will not be possible to safeguard the nutritional quality of food provided. These standards should be written into catering contracts and regularly monitored using simple validated tools such as the NHF’s School Meals Assessment Pack (National Heart Forum, 1997) – a computer package designed to help caterers assess the nutritional quality of the meals they provide. The NHF suggests that local education authorities, school caterers and schools should commission a dietitian or other appropriate health professional to help them implement the nutritional guidelines in their meal planning.

OFSTED, the government’s inspection agency for education, should extend its remit to include the school food service and monitoring nutritional standards in schools.

Finally, and importantly, nutritional standards need to be backed up by a whole school food policy which addresses the food offered in tuck shops and vending machines and which ensures that nutrition is taught in the curriculum. In response to the government’s recent consultation on proposed changes to the National Curriculum, the NHF and many other organisations concerned with children’s health have argued for food technology to be a compulsory element of design and technology teaching. The NHF would also like to see practical cooking skills complement theoretical teaching of nutrition in the classroom to build children’s confidence and competency in preparing nutritious meals.

All of these recommendations, together with others aimed at raising levels of physical activity and cutting smoking, must be part of a comprehensive new prevention agenda, to replace the existing piecemeal approach to public health policy. An effective strategy needs to begin with children, provide a proper focus on the disadvantaged and tackle the fundamental role of diet in the development of coronary heart disease.

References


National Heart Forum (1997), School Meals Assessment Pack, Broadcasting Support Services, London. Copies of Pack can be obtained by sending a cheque for £43.50 to SMAP, PO Box 7, London W5 2GQ.