

Editor's Briefing

CARDIOVASCULAR RISKS

Diseases of the heart and circulation account for around 160 000 deaths each year in the UK, with little change over recent years. In terms of mortality rates, the UK performs only modestly well in comparison to many other high-income countries. This relates to a mixed picture of cardiovascular risk in the population: although raised blood pressure and smoking rates in the UK are among the lowest in Europe, there are very high prevalence rates of raised cholesterol, overweight and obesity, heavy episodic drinking, and inactivity, all of which contribute to cardiovascular morbidity and mortality. This issue of the *BJGP* looks at some of these important aspects of cardiovascular disease, including detection and management of atrial fibrillation and stroke prevention, prevention and intervention in obesity, questions about treatment-resistant hypertension and patients' beliefs and attitudes which affect adherence to statins.

Taylor and colleagues point out that while there are about 1 million people in England with diagnosed atrial fibrillation (AF), there may be almost half a million undiagnosed cases! Optimum stroke prevention requires better detection of AF, perhaps involving mobile applications, better decision support for anticoagulation, and consistent application of national guidelines. It is extremely encouraging to read the article from John Robson's group which describes how a systematic programme, involving standardised data entry, peer performance review, and financial incentives can quickly and effectively increase opportunistic screening for atrial fibrillation through pulse regularity checks in general practice.

Obesity is always the elephant in the room when talking about risks for most diseases, and two excellent editorials provide some useful food for thought. Writing from British Columbia, Ilona Hale highlights the importance of very early intervention in preventing obesity: providing anticipatory guidance for parents during pregnancy and infancy about healthy feeding habits and avoiding overfeeding, to lay the foundations for a lifelong obesity-prevention strategy. Failure to share these messages may, she argues, represent a missed opportunity to permanently alter a child's weight and health trajectory. In the accompanying obesity editorial, Zakeri and Batterham set out the NHS England system for weight management, the health benefits of bariatric surgery, its risks and costs, and

referral criteria for specialist care. They provide useful guidance for commissioners and GPs, encouraging the development of a chronic disease, shared-care approach to management.

We travel to Berlin and Sydney, for some interesting new insights into patient beliefs and attitudes to taking statins, and to the patient factors which affect adherence to this important group of drugs. The systematic review finds that patients seem to have continuing concerns about the safety of statins, perhaps because of media attention, and about long-term dependence, and interestingly, some question the motives of clinicians in even prescribing them. These findings are reflected in the German qualitative study, which suggests that using computer programs for individual risk-benefit analyses, in the context of shared decision-making, can be useful, as well as utilising temporary discontinuation, switching statins or dosage reduction combined with individual therapy goals, as strategies to avoid discontinuation.

But don't stop reading! There is an important article about how patients' views of continuity of care have steadily declined in recent years, despite the contractual requirement for a named doctor, alongside the validation of an extremely promising instrument designed to capture a broad range of patient outcomes in primary care, the PCOQ, and an important reminder of the potential, as well as some of the difficulties, in establishing clinical leadership of new organisations within the NHS. You will also find what I believe to be the first ever 'netnographic' study to be published in the peer-reviewed literature, in this case describing the views of GPs on recent changes in health policy.

Life & Times, eclectic as ever, has something for everyone. There are reviews of some recent novels, new books about the difficult business of being a doctor, and about person-centred primary care. We have visited Dr Paul Williams MP in the Houses of Parliament, and Pablo Picasso in Tate Modern. And I'm sure you're as grateful as I am to our regular columnists, this month represented by Des Spence and Ahmed Rashid, for keeping us on our toes.

Roger Jones,
Editor

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