DICKY TICKERS

TAKE HEART

Cardiovascular disease is New Zealand's No 1 killer, and health providers are under increased pressure to identify those at risk before the damage is done. By Rebecca MacFie

Ewan Henderson was 38 when he collapsed with a heart attack while spoiling his roses one Saturday morning in 2000. The sensation is one that will never leave him.

"I liken it to a fat person sitting on your chest and bouncing up and down. It comes in waves of heaviness."

When he got up off the ground, the Wellington currency trader told his wife, Joy, that he was going to walk down the road to the St John's Ambulance base 400m away, where he would ask them to check him over. Like most blokes, he didn't want to make a fuss. Moreover, he had tickets to the seven tournament that weekend and was keen to get to the stadium later in the day.

Fortunately, Joy thought the better of it and bundled him into the car to take him to Wellington Hospital, where a stent was inserted into his left pulmonary artery. He was advised to lose weight - he recalls weighing in the "high 90s" at the time - and alter his lifestyle.

There were clues that he had been at risk: his father died of a heart attack at 52, and his paternal grandmother at 54. He'd been getting palpitations while working at his computer, and after coming home from the seven the night before the heart attack, he'd experienced them again. He knew he was "a bit overweight", but didn't do anything about it. "I work in the financial industry, and it was the bohemian days then, and you're out with your clients and whatever, and life just goes on."

He hadn't been to his doctor for a check-up in a long time, and hadn't realised his cholesterol had gone from healthy levels of around four during his early twenties to the high seven.

Once out of hospital, he bought a bike and started cycling 35km three times a week, but the weight didn't budge. So he started swimming three times a week, building up to 4km at each session, and shed 20kg over three months. In the ensuing 10 years he stuck religiously to his swimming regime.

But other aspects of his life didn't change. He didn't eat breakfast or lunch, and would come home after an intensive day at work and eat a big meal and snack through the evening. He'd have five or six beers when he went to the pub. The weight crept back on.

In April last year, the fat person visited him again. The first sign of trouble was when he was in the pool one morning and noticed palpitations between lanes. A couple of days later, the same thing happened. He went to the doctor, but nothing showed up in the tests. Over the next fortnight he became increasingly weak and eventually his

"I SAID, 'I DON'T WANT YOU TO ALARM YOU, THERE'S SOMETHING NOT RIGHT, BUT I WANT TO FINISH WATCHING GRAND DESIGNS' ... SHE PUT ME IN THE CAR AND TOOK ME TO A&E."

Ewan Henderson on his heart attack
How safe are statins?

Cholesterol-lowering statin drugs have played a major role in reducing deaths from heart disease. They are among the most widely prescribed drugs in the world - 21 million Americans and 300,000 New Zealanders take them.

However, recent warnings about the possible side effects of statins have raised concerns. The US Food and Drug Administration has added new safety alerts to the prescribing information for statins, citing risks of memory loss, diabetes and muscle pain.

But Heart Foundation medical director Norman Sharpe says the benefits of statins have been proven in large randomised clinical trials. The possibility that statins lead to an elevated risk of diabetes is the most plausible of the various cited risks, he says, but this may be because some people are taking the drugs - and getting the cholesterol-lowering benefits - while continuing to eat an unhealthy diet and be overweight, and developing diabetes as a result.

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He cites a major report of 91,000 patients on statins that showed a very low risk of developing diabetes, and that for each new case of diabetes, nine patients avoided a death by heart attack, or invasive coronary inter-

"Clearly the treatment should be combined with a healthy eating approach."" Norman Sharpe says.

The outcome was a triple bypass, four months off work - and a profoundly changed attitude to life. Three mornings a week he attends a cardiac class run by Massey University lecturer in prescription sport James Rauker. Participants follow a carefully structured programme of aerobic and strength-building exercises, while having their blood pressure, pulse and other physiological indicators closely monitored.

Now aged 50, he swims his 4km two mornings a week. He doesn’t tense his ears any more than two beers at a sitting. He eats breakfast and lunch, and family meals are now smaller and healthier. They visit the Saturday markets to secure cheaper, fresher fruit and vegetables. Nothing is deep-fried and the once occasional treat of fish and chips is off the menu altogether. He puts "the fear of God" into the children about their risks of heart disease.

Because of the demands of his exercise regime - and because he discovered the pleasures of having time with the family during his four months of recuperation - he works shorter hours. Things that used to wind him up at work are now "water off a duck’s back".

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The good news behind the decision to introduce the four-stage management system for cardiovascular risk assessment is that the average life expectancy in New Zealand is growing - the average male rate is increasing by four to six hours a day - and there is now proof that the rate of mortality from coronary heart disease can be brought down (see graph). Sharpe says the rate in New Zealand has fallen 70% since the 1970s. The same success is unlikely to have been reported in the UK, where Oxford University research shows the death rate from heart attacks in England has halved in the past decade. Half of that decline in deaths from heart attacks can be attributed to a decline in the actual occurrence of attacks - showing, says Dr Mike Jakes, head of the Oxford University, that prevention does work.

Rayner attributes the improved rate here to less smoking, improvements in diet and nutrition - particularly the switch from saturated to unsaturated fats - a slight increase in fruit consumption (mainly in the form of juice) and a slight recent decline in salt consumption. Drugs for high cholesterol or raised blood pressure will also have had a beneficial effect, Rayner reports. He says they came into use long after the decline in deaths started. Here, the story is similar, with Sharpe attributing these falls in death rates to improved primary prevention and medical treatment, including modern drugs.

But the terms of the battle are changing. For men, he says, and is likely to go on into an upward trend in the epidemic of obesity and diabetes, both of which are linked to heart disease. The same trend is evident in the UK, with more people developing heart disease, slowing, particularly among younger people. A recent New Zealand nutrition survey shows that the prevalence of obesity among men jumped from 17% in 1976 to 27.7% in 2006 - an extraordinary 63% increase. Among women it went from 20.6% to 27.8%.

For Maori and Pacifica the figures are alarming. The Maori and Pacifica men are obese, as are 48.3% of Maori women, 54.2% of Pacifica men and 59.5% of Pacifica women.

More than 7% of people over 15 are reported as having type 2 diabetes. Compared with exercise, plays a relatively minor role in controlling cholesterol. But Mann points out that it is still important for weight reduction, and may be beneficial in reducing triglycerides - the most common form of fat in the body - and in reducing the risk of developing diabetes. "And to change your diet or exercise, you do not have to change your lifestyle completely," says Sharpe. "Coronary disease used to be a white-collar disease, now a blue-collar disease. Now it's a low-socio-economic disease."

Marama Parore, general manager of the "One Heart, Many Lives", a Pharmac programme that aims to increase the survival rate of Maori and Pacifica men, says the health sector tends to categorise this group as "hard to reach", but it is the health sector itself that is "hard to use" and failing to meet the needs of these people. For the past three years her programme has been running cardiovascular screening sessions in "hotspot" areas, setting up teams staffed with specially trained nurses to run community events and workplaces. She says they attract large groups, and of those identified as being at risk, 96% have gone to see their GP by the time her team made a follow-up call a fortnight later.

"So here's a group of people who are interested if you provide the service in ways that make sense to them and are convenient for them and don't frighten them," says Parore. "You have to reorientate your thinking, and many parts of the health sector just can't see themselves as service deliverers." Sending a letter out to a Maori person who lives in Ngongotaha won't cut it. You have to go out into that community, introduce yourself and do the hard yards on the ground, and then you might get people coming to you."

She says the programme has worked in sustainable lifestyle changes for many, as well as increased use of statins (which are generally under-prescribed to Maori and Pacifica). But there's a long way to go, she stresses.

"And we have to take the long view. We have to be looking out five, 10, 20 years. We know that roots of heart disease start in adolescence, and the Glackman report tells us very clearly we need to be working in that space."

Although Parore has shown that big gains can be made by reaching out to those most who need it, she says there are limits to success if the environment continues to encourage people to live dangerously unhealthy lifestyles.

"It is so mistimed that these are more fast-food and poke shop and liquor outlets in South Auckland than in Remuera. We have got to do something about the obesogenic environment. We can't ignore it."

"When I'm out there in the community doing heart checks with nurses and I see a 35-year-old guy who weighs 245kg. I think 'that didn't happen by accident!' And there are hundreds of these 'hundy club' boys out there."

Meanwhile, Evan Henderson says part of him accepts he won't have old bones. "I'll be surprised if I get to 70. Even if I get to 60 I'll be doing well." But what's worked for him is his renewed determination to keep the "fat person" from jumping up and down on his chest ever again.