

Cholesterol



HEART UK
THE CHOLESTEROL CHARITY

NEWS

June 2014



**LISA PLAYS HER
CARDS RIGHT AND
ENDS UP IN THE
RECORD BOOK!**

**HOW DOES
JBS3 ALTER
HEART RISK
ASSESSMENT?**

Exciting new developments . . . and a scorching fund-raising event!

Welcome to *Cholesterol News*. The last few weeks have been filled with many outdoor fundraising activities, including a firewalk.

Last year, I took up the challenge to do something slightly mad for HEART UK. So, together with Kate Gribbon from Genzyme, I did a firewalk on May 4 – it was probably the scariest thing I have ever done. We were both elated afterwards, not least because we raised more than £1,000 for HEART UK which made it so worthwhile. You can read more about our fundraising activities on pages 6-8. I am always very grateful to those who raise funds for us. Every penny really does count.

Our new report, *Cholesterol – A Forgotten Public Health Issue?*, was launched in April. The report, based on our audit of London Health & Wellbeing Boards' strategy assessments and strategies, highlights shortfalls in the emphasis being put on reducing



JULES PAYNE
Chief Executive

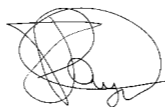
heart of the matter

cholesterol. The report has gone out far and wide. We are talking to key opinion leaders to encourage them to use the report to develop their strategies. Our ambassadors will be helping us with this engagement too.

The two most popular reasons for calling our helpline are diet and lifestyle advice, and concerns about statins. We have done a lot of work on our website to provide the support and information you may be looking for. Please let us know if you think we have

missed anything. There is still much confusion around diet, especially about healthy fats, so we have included an article about spreads (page 12). We have also just launched, with AstraZeneca, the My statin website, to help patients have a meaningful conversations with their GP if they are having difficulties with their statins.

The Joint British Societies guidelines (JBS3) have been launched. HEART UK is a key player in drawing up the guidelines to which 11 professional societies contribute. The guidelines recommend a radical change in how GPs communicate cardiovascular risk – instead of the usual 10-year risk, we are moving towards lifetime risk. I hope more people will discuss this with their GP, understand their lifetime risk and take any action required. Of course, we can help with this too with information and support. Please see page 5 for more information about this.



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What to do if you need some health advice

If you have any queries, questions or concerns related to heart health, cholesterol, diet or medication, call our cholesterol helpline where you can speak to one of our dietetic or nurse advisors, Monday to Friday, 10am – 3pm.

Advice is also available in Urdu, Punjabi and Hindi every Friday. Call **0845 450 5988** or email your question to ask@heartuk.org.uk

You can also join our

online community group **HealthUnlocked** and chat with others who have an interest in anything from cholesterol issues to heart conditions.

We now have more than 2,400 members so why not join them today? To ask questions, share experiences, offer advice and support to others, post your own blogs or generally keep in touch with like minded people, sign up at heartuk.org.uk/healthunlocked

Leave us a gift in your will



Friends, supporters and families. Is there a place for HEART UK in your will? Leaving a legacy is a wonderful gift to future generations, helping us prevent early deaths caused by high cholesterol.

For more information on providing the gift of a lifetime to support HEART UK, please contact us on **01628 777046** or email: development@heartuk.org.uk

'Inconsistent and patchy' strategies over cholesterol in London boroughs

HEART UK launched a new report, *Cholesterol – a forgotten public health issue?* on April 8 in the House of Commons, with Diane Abbott MP sponsoring and speaking at the event. The report is HEART UK's assessment of health and wellbeing strategies in London. It shows inconsistent and patchy attention being paid by London boroughs to heart disease, and cholesterol in particular.

HEART UK undertook the research, for the report, across all London boroughs to check whether prevention of cardiovascular disease, the leading cause of death and morbidity in London and the UK, was being sufficiently prioritised by local health and wellbeing boards (HWBs).

HWBs were set up in 2012 to drive cooperation between local authorities and clinical commissioning groups (CCGs). They have taken on responsibility for setting out the public health needs of local populations.

HEART UK's findings suggest that there was wide variation across the capital in how heart disease was being managed within boroughs. The report found that:

- Cholesterol is not a priority, with few HWBs setting out plans for specific reduction measures
- Even when a borough has assessed the needs of its local population and highlighted heart disease, many of the subsequent public health strategies do not include long term prevention measures.

The report includes recommendations to use data on future heart disease trends to shape health strategies; greater measures by local authorities to reduce rates of high cholesterol; and NHS Health Checks utilised as a strategic tool to help tackle CVD.

The research has been distributed widely, and HEART UK is urging HWBs to read the report and reflect on what they are doing to tackle cardiovascular disease and cholesterol. You can download and print this report from



● Diane Abbott launches our report with Jules at the House of Commons

Why we need to tackle FH

HEART UK has created a new video on familial hypercholesterolaemia (FH) which makes the case for action in diagnosing and treating the condition.

You can view this on the Policy & Public Affairs tab on our website; click on campaigning activities and the video entitled "Why we need to tackle FH" is at the bottom of the page.



the Policy & Public Affairs tab on our website.

RCGP online training

HEART UK has entered into a partnership with the Royal College of General Practitioners to develop a new online training programme in lipid management. The project is funded by Sanofi and we will be launching the programme before the end of 2014.

Recent political engagement

As part of our public affairs work, HEART UK engages with politicians and policymakers. We have recently

drafted parliamentary questions for MPs on issues including the Quality and Outcomes Framework, the Cardiovascular Disease Outcomes Strategy and familial hypercholesterolaemia (FH). David Amess MP included FH in his Easter Adjournment Debate in the House of Commons, calling on the Health Department to consider establishing a national programme for FH.

PASS licences

PASS is a software developed in

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Patient register for cascade testing

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the Netherlands that assists with the process of cascade testing and registering patients with FH. AstraZeneca (AZ) has purchased 50 PASS licences, which can help lipid clinics to establish a patient register. The HEART UK FH Implementation Team recently agreed with AZ a series of criteria for obtaining a PASS licence.

These criteria are aimed at helping ensure quality of delivery where licences are granted. Contact Slade Carter (sc@heartuk.org.uk) if you are interested in applying for a PASS licence.

Primary Care Cardiovascular Journal (PCCJ) series on FH

The third in this series of articles on FH has been published:

Professor Gilbert Thompson and Dr Mary Seed, *The management of familial hypercholesterolaemia*.

You will find this at www.pccj.eu. Type 'Gilbert Thompson' into the search box to access the article.

Focussing on South Asian community

Baldeesh Rai, HEART UK's very own South Asian expert has been involved in several health events recently giving culturally appropriate dietary and lifestyle advice to different South Asian communities as well as raising awareness of HEART UK.

Among these was a health event at a Sikh Temple in West London. There were more than 200 attendees of all age groups throughout the day. Those who came were offered BMI, blood pressure and dental check-ups. Our HEART UK stand was very popular as we had the only dietitian present among a range of other health professionals.

Sangat TV interviewed all the health professionals involved including Baldeesh.

HEART UK have also had a presence on Asian radio stations. Baldeesh



proved very popular with both Radio Blackburn whose audience is primarily from the Muslim community and also with Desi Radio which serves the Punjabi community.

Personal approach to heart risk

Despite the dramatic improvements in treatment in recent years, cardiovascular disease is still the leading cause of early death for people living in the UK.

The latest cardiovascular prevention guidelines from the Joint British Societies (JBS3) are the consensus recommendations from leading experts based on the latest research evidence.

The JBS1 guidelines (1998) introduced the coronary heart disease (CHD) risk prediction charts based on traditional risk factors.

In JBS2, published in 2005, the CHD risk estimation used in JBS1 was replaced with the calculation of an overall 10-year cardiovascular risk (CVD), which included stroke and peripheral artery disease (narrowing the arteries that supply the legs and feet) with statin treatment recommended if CVD risk was more than 20% – a chance greater than 1 in 5 of having a cardiovascular event within 10 years.

The recently-published American Heart Association Guidelines generated controversy by lowering the treatment threshold to 7.5% over 10 years.

However, 10-year CVD calculation is dominated by two risk factors we

can't change – age and gender, which means that middle-aged and younger individuals – particularly females – are often left out in the cold.

For example, a 30-year-old Asian woman who has both hypertension and diabetes will still have a low 10-year risk although her lifetime risk of CVD may be extremely high.

A lifetime or 30-year risk assessment addresses this problem by showing the value of earlier interventions in at risk individuals. The new JBS3 guidelines emphasise a personalised approach with early identification of risk factors and empowerment of individuals to make lifestyle changes to improve their long-term health.

The new JBS3 risk calculator (jbs3risk.com/JBS3Risk.swf) graphically illustrates how tackling risk factors can reap benefits over time and provides the individual patient with a personalised risk assessment.

This approach does not necessarily mean more drug treatment, as modest improvements through lifestyle changes at an early stage can translate into significant benefits in the longer term.

The clearest example of high lifetime risk but low 10-year risk is, of

course, a young person with familial hypercholesterolaemia (FH).

However, there are other conditions which also carry high lifetime risk. One such example is a 25-year-old man who has had Type 1 diabetes for 20 years. Similarly people with chronic kidney disease are at high lifetime risk of cardiovascular disease. Identifying people with high lifetime risk, despite low 10-year risk, is one of the most novel aspects of the JBS3 guidelines and hopefully will result in a more holistic approach to CVD prevention.

Cholesterol-lowering treatment with statins remains an important part of the preventive treatment recommended by JBS3 when 10-year risk exceeds the intervention thresholds as defined by NICE.

A treatment target of non-HDL-cholesterol of less than 2.5 mmol/L on a non-fasting blood test replaces the old "4 and 2" targets for total and fasting LDL-cholesterol. Once doctors and patients get used to the "new numbers" this should make monitoring simple and more convenient than ever.

You can find out more about the JBS3 guidelines at jbs3risk.com/

The conference for medical, scientific, student and patient attendees with an interest in cardiovascular disease, lipids, atherosclerosis, cholesterol conditions and nutrition.

Including:

Primary Care & Nurses Workshop:

"BACK TO BASICS: GOOD FOOD & HEART HEALTH"
Invitation to Specialist Cardiovascular and Lipid Clinic Nurses • Practice Nurses • Genetics Specialist Nurses • Dietitians • Nutritionists

Single day or full conference registration options available.

For more information:

Email: wheldonevents@btconnect.com Tel: 01543 503 322

Web: <http://heartuk.org.uk/conference>



28th Annual Conference

Wednesday 2 - Friday 4 July 2014

Warwick Arts Centre, University of Warwick, Coventry, UK

HOT TOPICS IN HYPERLIPIDAEMIA - THE IMPACT OF PERSONALISED MEDICINE

BOOK NOW!

Learn, update and network at this year's conference

Accreditation:
CPD approved - 12 credits
BDA endorsed

HEART UK Registered Charity No. 1003904

Cascade and genetic testing explained to patients

Our fifth patient support group meeting recently took place on May 8 in Newcastle-upon-Tyne, hosted by Dr Dermot Neely, HEART UK trustee and head of the lipid clinic at Royal Victoria Hospital, Newcastle.

The focus of this meeting was on family cascade genetic testing for familial hypercholesterolaemia (FH) and our invited guest speakers included a genetic counsellor and a patient with experience of genetic testing.

Dr Neely introduced the meeting with the usual cholesterol news, a review of recent headlines and events including latest findings on treatment with statins, and information about the forthcoming genetic service due to start in the North East.

Our first invited speaker was Susan Fairgrieve, principal genetic counsellor at Newcastle's Centre for Life, who gave a concise overview of family cascade testing for FH, what

it involves and how it will be carried out here in the North East. Our second guest speaker was Julia Wilson, HEART UK ambassador, who spoke to the group about her genetic diagnosis of FH, her experience of having her two sons tested at the Newcastle Centre for Life, and the positive effect this has had on the family.

There was also time for a question and answer session with Dr Neely, which ranged from concerns about statin side-effects, to gene therapy, HDL cholesterol and novel treatments. Helen Mackey, dietitian from the RVI, also provided a "guess the salt" content table for different foods. Our next Newcastle Patient Support Group meeting is planned to take place in the autumn and we are planning to hold more meetings across the rest of the country.

Check the HEART UK website for upcoming information; or if you are interested in attending or supporting patient meetings, contact Tina Dawson at td@heartuk.org.uk

Your Marathon efforts could raise £50,000 for us

UPDATE

World's greatest fundraising event one of our favourites

It's been a fun few months since the last issue of Cholesterol News. This period features one of our personal favourites – we all love the London Marathon!

What a privilege it is to work on the world's greatest fundraising event. We are in awe of our wonderful runners who pounded London streets on April 13.

The sun shone and we were all out in force at the halfway point to cheer our runners on. Among our team was David Witts, a talented young actor and one of our celebrity ambassadors, and Lisa Wright, who claimed a Guinness world record for running the marathon in a playing card costume. She finished in under four and a half hours!

Thanks to all our amazing runners we hope to raise around £50,000 for HEART UK. If anyone wants to run for us in the Virgin Money London Marathon 2015, please visit our website to register or email development@heartuk.org.uk

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● Winners one and all: Clockwise from below, Julie Cavin and family who raised more than £3,000; James Meldrum, just under £2,500; Lisa Wright who won a Guinness World Record; Kate Stuart, more than £3,000; Morag Thain, nearly £4,000; and Gordon Birrell, more than £4,000



Are you up for a challenge in National Cholesterol Month?

Please get involved and make our first National Cholesterol Month a real success!

To give everyone a chance to plan ahead and do something amazing to raise funds for HEART UK, and raise awareness as well, we have extended this year's campaign to all of October. So, now there's no excuse to get involved and "treat your heart" at the same time!

This year, we are launching The Great Cholesterol Challenge. We would love as many people as possible, up and down the country, to take part in the challenge! Simply start a healthy habit during October and get sponsored for doing it! There are many fun activities you can get involved in from "moving more" to "eating better" to giving up drinking or smoking, losing weight or organising your own



healthier cake sale or coffee morning.

If the Great Cholesterol Challenge isn't for you, why not get creative and come up with your own way to support HEART UK during National Cholesterol Month? There are plenty of ideas on our website.

Many other exciting activities are planned around National Cholesterol Month including a cholesterol testing event in Maidenhead, a fundraising lunch at HQ and involvement with our corporate partners too.

New partnerships formed to help our cause

◀ Continued from page 6

Details about The Great Cholesterol Challenge are on our website: greatcholesterolchallenge.org.uk For a fundraising pack or further information please email development@heartuk.org.uk



Please get involved

Decide what you are going to do, set up your Virgin Money or Just Giving page and pledge to do something – however small. The money you raise will help save lives . . .

Winner takes all

Congratulations to Pamela Booth who entered our free prize draw in the last issue of Cholesterol News. Pamela wins a fantastic hamper packed with delicious Mornflake cereals.

Workplace charity partnerships

We are always looking for new companies to adopt HEART UK as their official charity. Could you help us? If you work for a company that has a social corporate responsibility policy please give us an introduction and email development@heartuk.org.uk

Working with companies is not only a great way to spread the word about the dangers of high cholesterol to employees, but it also gives us a chance to raise funds – all helping to save lives.

Run Britain link-up

We have joined forces with Run Britain, one of the largest websites for road running in the UK. Wherever you live, you will find a race to suit you.

Simply log onto: runbritain.com/races?&onlineentry=1 and select HEART UK for your fundraising contribution.

Ambassador Tony comes up with the write stuff



Tony Drury, author and one of HEART UK's celebrity ambassadors, ran a creative writing masterclass at his local school in Leighton Buzzard and donated his fee of £250 to HEART UK!

The day, split between three masterclass sessions, two with Year 9 students and the third with a selection of Year 8 students from various middle schools was a great success. Tony was able to pass on constructive hints and tips on topics such as how to write opening lines

in stories, how to keep the reader interested, how to develop and write great plots, characterisation and how to make the most of creative ideas.

Tony has also written another gripping short story for HEART UK called Joanna's Choice. This is available from Amazon, as a download only, for 99p. For each book sold, HEART UK will receive a donation of 33p. Further information about Tony Drury's books see tonydrury.com

TAM Asset Management joins forces with us

We are delighted to have been selected by TAM Asset Management Ltd as one of their official partner charities.

TAM has launched an exciting range of ethical investments alongside a new initiative called "You Give, We Give" which allows their clients to donate a percentage of their annual gain on investments to charity. Investments can be made in ISAs, pensions and general investment accounts. What's more, TAM Ethical will match the donation.

Jules Payne, CEO of HEART UK, is pictured right with Lester Petch, CEO of TAM Asset Management Ltd, during the launch in May where she spoke about HEART UK's work and the importance of this valuable partnership.

For further information about the



scheme please visit tamethical.com HEART UK cannot accept any liability for the integrity or performance of TAM ethical products.

mailbag

You phone or write, our team replies. Our helpline is open Monday-Friday, 10am-3pm Call us on: **0845 450 5988** Or you can email your questions to: ask@heartuk.org.uk

Foods fortified with sterols/stanols are the best option

Q I normally buy the one-a-day plant sterol and stanol drinks to have with my evening meal at home but as I am often away on business I wonder if I could take it in the form of a supplement instead? I have seen quite a few products in the health food stores, do they work and if so how much should I have?

A HEART UK recommends you continue to use the food-based products that are fortified with plant sterols and stanols whenever possible. This is because plant sterols and stanols have been thoroughly researched and tested when eaten within the matrix of foods (spreads, yoghurts, dairy drinks) and have been found to be effective at lowering LDL-cholesterol. Unfortunately plant sterol or stanols, in the form of powders and other supplements, have much less evidence to support their efficacy.

This does not mean they don't work; just that there is limited evidence to show they do. This has been the subject of recent discussion by the European Food Safety Authority who evaluate and grant health claims.

You don't say where you go on business or how long you are away for,

How safe is it to smoke e-cigarettes?

Q My nephew smokes and is having difficulties giving up. He is thinking about swapping to e-cigarettes. What can you tell me about them, are they safe?

A Electronic cigarettes (or e-cigarettes) have been in existence for the last five years and are devices which resemble cigarettes, usually consisting of three parts: a battery, an atomiser and a cartridge containing nicotine. They produce a nicotine vapour which is less harmful than tobacco smoke, and can be used in public places where smoking is banned, although some places still prohibit their use. Although they may be safer than conventional cigarettes, their long-term effects and safety has yet to be fully established. They are currently regulated as a general consumer product, and not a medicinal product, which means they can be used and

so our suggestions may not provide the perfect solution. However, you could keep the mini drinks in a cool bag, hotel mini-bar or a chilled glove compartment in your car for a limited length of time. On days when you are away on business perhaps have the mini drink with breakfast before you leave or alternatively with a packed lunch. You might also find our online factsheets on "eating out" provide some helpful tips and guidance for eating on the go and in restaurants.

High cholesterol and getting insurance

Q I have been told I have a high cholesterol – will this affect getting insurance cover?

A We have a fact sheet on our website which lists the contact details and website addresses for "sympathetic insurers" which are insurance companies and brokers who are better informed regarding pre-existing conditions, such as coronary heart disease, familial hypercholesterolaemia (FH) etc.

You can download and print it from the Health & High Cholesterol tab on our website, click on Healthy Lifestyle then Healthy Living Resources where you will find our fact sheet 'Sympathetic Insurers'.

We constantly check and update our fact sheet to give the best choices of insurance company, but if anyone has experience of other insurance companies who are not listed on this sheet, please let us know by contacting ask@heartuk.org.uk and we can update it accordingly.

Not everyone with "raised cholesterol" will need a specialist insurance policy so it is a good idea to check with the larger usual providers first as their premiums will be lower. It is worthwhile talking to your GP or health care professional about your diagnosis before purchasing an insurance policy as they will be able to help you answer any medical questions. It is also important to list all past and present health conditions as leaving out any information may result in claims being rejected. If you're having problems finding insurance, the British Insurance Brokers' Association may be able to help at: biba.org.uk/CustomerHome.aspx

For those with FH, our booklet "Inherited heart conditions: Familial hypercholesterolaemia" has a useful section on insurance (pages 60 and 61) and can be downloaded at the following link: heartuk.org.uk/files/uploads/documents/HUK_InheritedHeartConditions_FH.pdf

You can also contact our Cholesterol Helpline on 0845 450 5988 for more information.

sold without the usual safeguards needed for medicines, so there can be a wide variation in device effectiveness, nicotine delivery and cartridge content. Clinical trials are in progress to test their safety and effectiveness, and until then there is no government advice or recommendation for use.

The Medicines and Healthcare Regulatory Agency (MHRA) have recently stated that all nicotine containing products, including e-cigarettes should fall within medicine legislation and are currently in the process of developing guidance. Many experts are also calling for further evaluation by NICE as part of their nicotine harm reduction strategy, of which e-cigarettes are currently not included. Further information from Action on Smoking and Health (ASH) ash.org.uk/files/documents/ASH_715.pdf

With thanks to Tina Dawson and the HEART UK team

My life as a HEART UK ambassador



● Ambassador extraordinary: Nigel Scott spreads the word during National Cholesterol Week

I first became inspired to offer my support to HEART UK, following a visit to their website while searching for patient information on cholesterol-reducing diets. I was immediately impressed by the resources available to both patients and healthcare professionals and the helpful advice offered by the dedicated HEART UK team.

Soon after I was invited to become an ambassador, initially offering my services during National Cholesterol Week, attending "cholesterol awareness" events at a local leisure centre and promoting the activities of HEART UK.

Last November I attended an ambassador day which, in addition to providing an excellent overview of the strategy of HEART UK and a training session on presentation skills, provided me with an opportunity to meet other HEART UK ambassadors and to appreciate the diversity in backgrounds.

Many ambassadors are either patients or carers with a personal association with various familial hyperlipidaemia conditions, while others are able to offer a variety of professional skills.

I am a retired clinical biochemist, so I have been able to offer support in reviewing information sheets, plus participating on both the HEART UK healthcare committee and the patients and supporters committee. My experiences have shown that HEART UK is very supportive of its ambassadors and encourages new initiatives and attendance at its strategic planning events.

I am particularly interested in working in my local community, highlighting the importance of cholesterol

awareness and promoting the benefits of a healthy diet and an active lifestyle in preventing coronary heart disease.

Currently I am involved in visiting GP surgeries and pharmacies promoting the resources of HEART UK and in organising community workshops. For this I have received excellent support and encouragement from the HEART UK team who have readily provided me with both literature and model presentations and slideshows. This has also enabled me to experience some of the excellent resources available to healthcare professionals, including on-line tutorials on cholesterol lowering plans.

A highlight of the year is the national conference in July in Coventry (see Diary, page 11). I am particularly looking forward to attending this event since, in addition to updating my knowledge on lipid disorders, it will also enable me to meet other ambassadors, patients and healthcare professionals.

NIGEL SCOTT

● If you have been inspired by Nigel's story and are passionate about our work why not become a HEART UK ambassador? We are always looking for more ambassadors to help spread the word about our vital work and to help with fundraising. There are many ways to get involved to suit both your interests and skills and any time you have to help would be much appreciated. A great way to start is to get involved with National Cholesterol Month this October and help spread the word; you can read about this on page 7-8.

Please call Charlie Newton on 01628 777046 or email cn@heartuk.org.uk if you would like further information about becoming a HEART UK ambassador.

HEART UK gives the stamp of approval to Shredded Wheat

Shredded Wheat's recent advertisement features the health-conscious Henry Perky limbering up in his efforts to keep himself fit and healthy, and stumbling in a field of wheat which inspired him to create Shredded Wheat.

Low in saturated fat, salt, sugar and high in fibre, Shredded Wheat is a great breakfast for anyone wanting to look after their heart. And because it's so healthy, each box now includes the HEART UK stamp of approval.

We marked our new partnership at the O2 arena on April 12, when Shredded Wheat teamed up with HEART UK to help raise awareness of the dangers of high cholesterol and to encourage people to take action to lower their cardiovascular risk. Together we offered free cholesterol testing and a heart age assessment to visitors to the O2.

After the event Jules Payne, HEART UK CEO, commented on what a great event it had been: "Today we screened more than 400 people, helping them to understand their cholesterol levels and most importantly what that might mean for their heart health. Heart age is a great online tool – all you have to do is input information about yourself and it works out your heart age in relation to own age. Cholesterol is a big risk factor, but it's only one part of the story. By telling people about their heart age today we were able to communicate total cardiovascular risk in a very motivational way."



● Linda Main, left, and Tina Dawson from HEART UK talk to visitors at the O2 centre

Visitors to the O2 also made pledges to improve their heart health and tweeted these pledges to their friends and families. HEART UK dietitians Linda and Baldeesh and Tina, our cardiac nurse, were there throughout the day to support the event and speak to anyone with concerns about their results. Of the people tested on the day 34% had raised cholesterol and eight people were unaware they had cholesterol levels

over 7mmol/l. In all 17 people had a high total cholesterol to HDL cholesterol level above 6. All those with worrying results were advised to visit their GP.

Our grateful thanks to Shredded Wheat for funding this event and to BHR pharmaceuticals for supporting the cholesterol testing and to Unilever for the loan of I-pads. Too check out HEART AGE visit: heartage.me

Diary dates

July 2-4 2014 – HEART UK 28th Annual Conference:

Hot Topics in Hyperlipidaemia – The Impact of Personalised Medicine?
Warwick Arts Centre, University of Warwick, Coventry, West Midlands CV4 7AL

Our annual conference will cover the latest information on the prevention and treatment of hyperlipidaemia and atherosclerosis.

Topics include: Rare Disorders of Lipids; Back To Basics: Good Food & Heart Health;

Familial Hypercholesterolemia (FH) in Primary Care Symposia; The Polypill - Personalised Medicine for the Masses?; Statins – Collateral Damage or Benefits?; HDL – Where We Are Now?; Hypertriglyceridaemias – Do They Matter and What Should we do About Them?; National and International Guidelines (UK, US And IAS); Hypercholesterolaemia; Focus On Lifestyle; South Asians – Why Are They at Risk?

Info: **Natasha Dougall**, phone: **+44 (0) 1543 503 322**; fax: **+44 (0) 1543 466 890**; email: **wheldonevents@btconnect.com**
See more at: heartuk.org.uk/news-and-

events/meetings-conferences/heart_uk_annual_conference

November 14-15 2014 – *Issues and Answers in Cardiovascular Disease*
East Midlands Conference Centre (EMCC), Nottingham

This conference brings together GPSs, GP educators, GPs, GP registrars, practice nurses and other professionals.

Info: **Jane Boyle** on **jboyle@sherbornejibbs.co.uk** or register at **www.issuesandanswers.org**

Right and wrong fats to eat in food

Remember when you chose just to spread your butter thinly, thickly or not at all, writes **Linda Main**. I recall heating the butter in front of an open fire to get it to spread easily. Times change and with them our choices, but have those changes been for the better? Do we really know what we are spreading on our bread? We use the term “margarine” quite freely but most of what we spread on our bread does not meet the definition of a margarine. So here are a few definitions to get us started.

- **Butter** – made with 80-90% milk fat and 10-16% water, no more than 2% milk solids
- **Margarine** – made from 80-90% vegetable or animal fat – in the UK all margarines must be fortified with vitamins A and D
- **Spreadable fats** – this term covers a huge range of products with a fat content of between 10% and 90%. It includes butter, margarines, fat spreads, and blended spreads which can contain mixtures of milk fat with vegetable and other animal fats. They may be fortified with the fat soluble vitamins A and D, but this is voluntary.

Most spreadable fats have the % fat content as well as the origin and amount of each of the constituent fats on the packaging. Did you know for instance that some olive oil spreads contain as little as 7% olive oil? Or that some spreads have double the salt of others.

Nutritional claims and when they can be applied legally

The term “reduced fat spread” – can be used by spreadable fats with a fat content of 41-62% fat. “Low Fat”, “Light” and “Lite” – can be applied to spreadable fats with a fat content less than 41%

Additional health benefits

Cholesterol News readers are well aware that some functional spreads now contain added plant sterol and plant stanols. Two to three portions (a portion is two teaspoons) of these spreads, if eaten everyday as part of a cholesterol-lowering plan, can help lower cholesterol by a further 7-10%.

Some spreads now also promise to give additional benefits such as immune

FOLLOW THIS GUIDE		
Quality counts	Choose less	Choose more
Fats	Saturated fat fatty meats processed meats lard, dripping, goose fat dairy fats (cream, butter full fat milk, cheese) palm oil coconut oil	Unsaturated fat vegetable oils nuts seeds spreads and foods made from these
Carbohydrates	Processed carbohydrates Sugar-sweetened beverages Confectionery White bread, pasta, rice Biscuits, cakes Heavily-processed breakfast cereals	Whole grains and unprocessed carbohydrates Any whole grain such as wholemeal bread, brown rice, brown pasta, wholemeal chapatti Lentils, beans, peas Fruit and vegetables
Proteins	Fatty and processed meats bacon, ham, burgers, sausages, fatty cuts, crackling	Lean fresh meat White and oily fish Vegetable proteins such as: Soya, Quorn Nuts Lentils Pulses

health and bone health if eaten daily. These health claims relate to the added nutrients, and provided an agreed amount of these nutrients is present in the food, the claim is legal.

However, if you are already having a healthy diet you may not need the additional nutrients on offer. The amount needed to make a health claim is 15% of the nutrient reference value (NRV). For example, you would have to eat a whole 28g (enough for spreading on 4-5 slices of bread) of Clover Strong Bones to get an additional 121 mg of calcium – just 15% of the NRV.

Should I be eating butter?

Recent media has suggested that saturated fat may not be that bad after all. But the recent scientific evidence behind this has been heavily criticised, and with good reason. Nutritional studies are incredibly difficult to conduct because they require people to change their dietary habits for significant periods of time and such research can be hugely costly. And it's not as simple as supplying a new food, like you would a new

medicine. By changing what people eat you can completely alter the nutritional make-up of the diet. Interpreting this research can also be very difficult. So please take it from HEART UK – there is a huge amount of data, all of which when put together clearly demonstrate that lowering saturated fat intake does indeed influence cholesterol levels.

However, lowering saturated fat results in a reduction in energy (calories). Under normal circumstances these calories are replaced by other foods either unsaturated fats or carbohydrates; most likely by a combination of the two. Beneficial cholesterol reduction occurs when saturated fat are replaced by polyunsaturated fats and to a lesser extent by mono-unsaturated fat. Replacement of saturated fat with overly processed carbohydrates such as white bread, sugary drinks or confectionery offers no benefit.

So when choosing what to eat it is important to consider not only types of fats you eat but also the **quality** of proteins and carbohydrates in your diet too.