

HEART UK - THE CHOLESTEROL CHARITY & FAMILIAL HYPERCHOLESTEROLAEMIA



Introducing HEART UK - The Cholesterol Charity and information about Familial Hypercholesterolaemia

HEART UK - The Cholesterol Charity - is proud to support the Bradford Primary Care Training Centre and Primary Care Cardiovascular Society (PCCS) vascular risk training events for health care professionals.



Why HEART UK?

We are the nation's cholesterol charity dedicated to supporting and informing patients, the public and health professionals.

We provide a range of information on raised cholesterol and vascular risk and how these can be managed by diet, lifestyle and medication.

We are committed to the early detection of families with inherited high cholesterol conditions including Familial Hypercholesterolaemia (FH).

That's why we provide information, advice & support through our

- telephone helpline on **0845 450 5988** (Tuesdays and Thursdays 10-4pm)
- website at **www.heartuk.org.uk**
- membership scheme for just £12 per year (nurses, dietitians, patients, public)

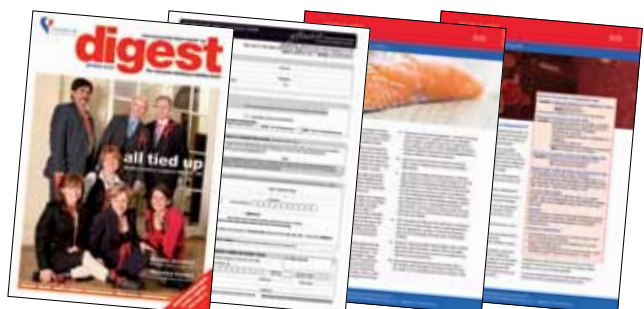
We are also committed to raising awareness about the risks of high cholesterol, lobbying for better detection of those at risk, funding research into improved treatment and supporting health professional training. It's also why HEART UK works with a variety of partners including Government, corporate partners and other charities to help promote healthier lifestyle options.

Want to keep up to date on vascular risk assessment, the latest heart health research, treatments for raised cholesterol and helpful diet and lifestyle advice?

Nurses, dietitians and related health professionals get all this and more when they join HEART UK... for as little as £12 per year, giving access to

- HEART UK's quarterly Digest Magazine delivered to your home or workplace
- Discount on CPD opportunities including HEART UK's annual conference
- Discounts on HEART UK literature
- Membership offers

To enquire about membership call **01628 777046** or download an application form from our website: http://www.heartuk.org.uk/index.php?/join_us/





Did you know?

That 1 in every 500 people has a condition called Familial Hypercholesterolaemia (FH). FH is one of the most frequently occurring inherited conditions. It is caused by a faulty gene resulting in exceptionally high cholesterol levels, usually between 8 and 12 mmol/l but sometimes is excess of 20mmol/l. High cholesterol levels start from birth and are present throughout life. Ordinary blood fats, or triglycerides, are generally not increased, or if they are, only moderately. People with FH are at high risk of early coronary heart disease (CHD).

More than 120,000 people in Britain have FH, a similar number to those who need insulin to control their blood sugar (Type 1 diabetes). However, unlike Type 1 diabetes, it is estimated that 80% of people with FH go undetected and untreated, sometimes with tragic consequences. Without treatment, people with FH may suffer heart attacks early in life, usually in their 40s or 50s, but often earlier and some are fatal. However with medication and support to control cholesterol levels, these heart attacks can be prevented, especially if treatment is started early.

Family Matters

FH is a genetic condition that can be passed from parent to child. Each family member has a one in two chance of inheriting the problem (like tossing a coin). Whenever FH is diagnosed, it is essential that all close relatives have their cholesterol levels measured so they too can start preventative treatments early, if necessary.

Symptoms of FH

As well as a very high cholesterol level and a strong family history of CHD, FH can sometimes be recognised by outward signs, 'lumps and bumps', which need the expert eye of a doctor for accurate diagnosis. Not everyone with FH has these signs. They may result from cholesterol deposited in the tendons at the back of the hands overlying the knuckles and in the Achilles tendon at the back of the ankles. The resulting swellings are called tendon xanthomata.

Cholesterol may also be deposited in the skin around the eye or eyelid. These deposits are usually yellow and are called xanthelasmas. Another visible sign often seen in people with FH is a pale or white ring around the inside of the outer rim of the iris, the coloured part of the eye. The ring is called corneal arcus. Only tendon xanthomata are specific to FH. Xanthelasmas and corneal arcus can occur for other reasons as we get older.

For more information on FH, please contact HEART UK helpline on **0845 450 5988**, email: ask@heartuk.org.uk or visit the charity's website at: www.heartuk.org.uk where you can download the NICE Guidelines for the Detection and Management of FH (published August 2008).

Diagnosis

Vascular risk assessments using risk estimation tools such as those based on the Framingham data cannot be used to diagnose people with familial hypercholesterolaemia (FH).

"In line with the recent NICE GUIDANCE, a diagnosis of FH should be made using the Simon Broome criteria. This can be done either at a GP's surgery or in a specialized lipid clinic.

In primary care adults who have raised total cholesterol concentrations (typically greater than 7.5 mmol/l) especially where there is a personal or family history of premature coronary heart disease should be assessed for the possibility of FH. A fasting blood test is then recommended for measurement of LDL-Cholesterol, levels greater than 4.9 mmol/l being suggestive of FH if secondary causes have been excluded.

To access the Simon Broome Criteria see NICE Clinical Guidance 71 or the HEART UK website.