Join at
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#2431 031

NHS
North East and
North Cumbria

Following a healthy lifestyle – practical ways to help

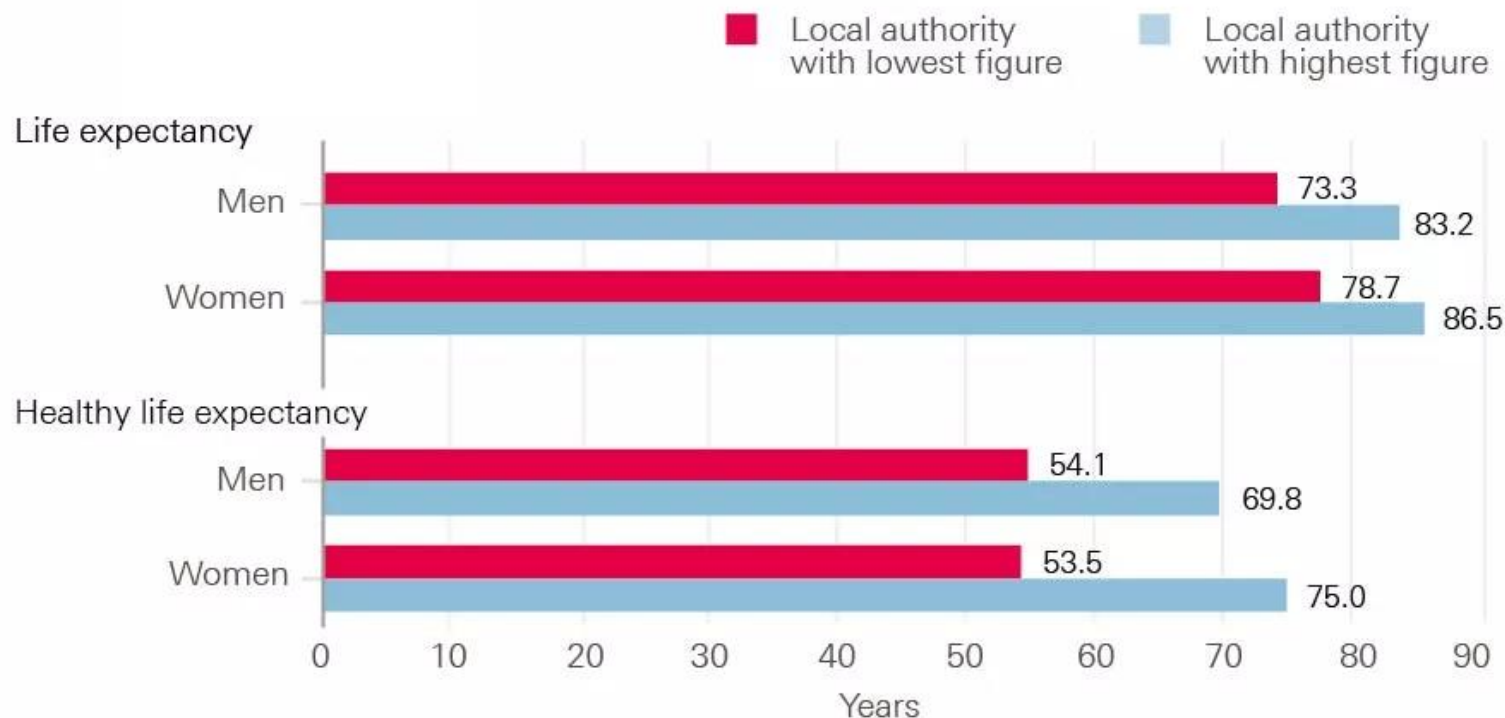Helena Gregory

North East and North Cumbria Integrated Care Board

January 2025

What's important to you?

Review answers

Family, health, professional performance, religion

Adventure and experiences

Hobbies

Hyrox

My family

Increasing

Ability to be part of life

Knowledge

sleep, good diet and exercise

Sleep

Spirituality

Health, Happiness and Family

Diet

Nature

chances

Good health

life

good

Pets

Financial

Famliy

Time for wellbeing

Health

Family

Good sleep

Peace of mind

Faith

My dog

older

quality

time with my family

Contentment

Staying healthy

Happiness

Work life balance

Holidays

Travel

Conyentment

Mindfulness

Walking

Promoting good health

Church

AGING WELL

Keep active and socialising

Fitness

Doing nice things with family and friends

Being healthy

Life expectancy vs. healthy life expectancy

Comparison of UK life expectancy and healthy life expectancy in local authorities (2015–2017)

Legend:
- Local authority with lowest figure (red)
- Local authority with highest figure (light blue)

Life expectancy

	Lowest	Highest
Men	73.3	83.2
Women	78.7	86.5

Healthy life expectancy

	Lowest	Highest
Men	54.1	69.8
Women	53.5	75.0

Years

Biggest risk factors for morbidity

German cohort study 2014

- Smoking
- Obesity
- Underweight
- Heavy alcohol
- Processed/ red meat consumption

https://bmcmedicine.biomedcentral.com/articles/10.1186/1741-7015-12-59

Polish modelling study 2024

- Smoking
- Body mass index
- Physical activity
- Diet quality

https://pubmed.ncbi.nlm.nih.gov/38483876/

England - Understanding the drivers of healthy life expectancy 2023

https://www.gov.uk/government/publications/understanding-the-drivers-of-healthy-life-expectancy/understanding-the-drivers-of-healthy-life-expectancy-

Figure 10: number of years of life lost, selected risk factors, England, 2019.

Note: joint YLLs across risk factors shown on the chart are not additive.
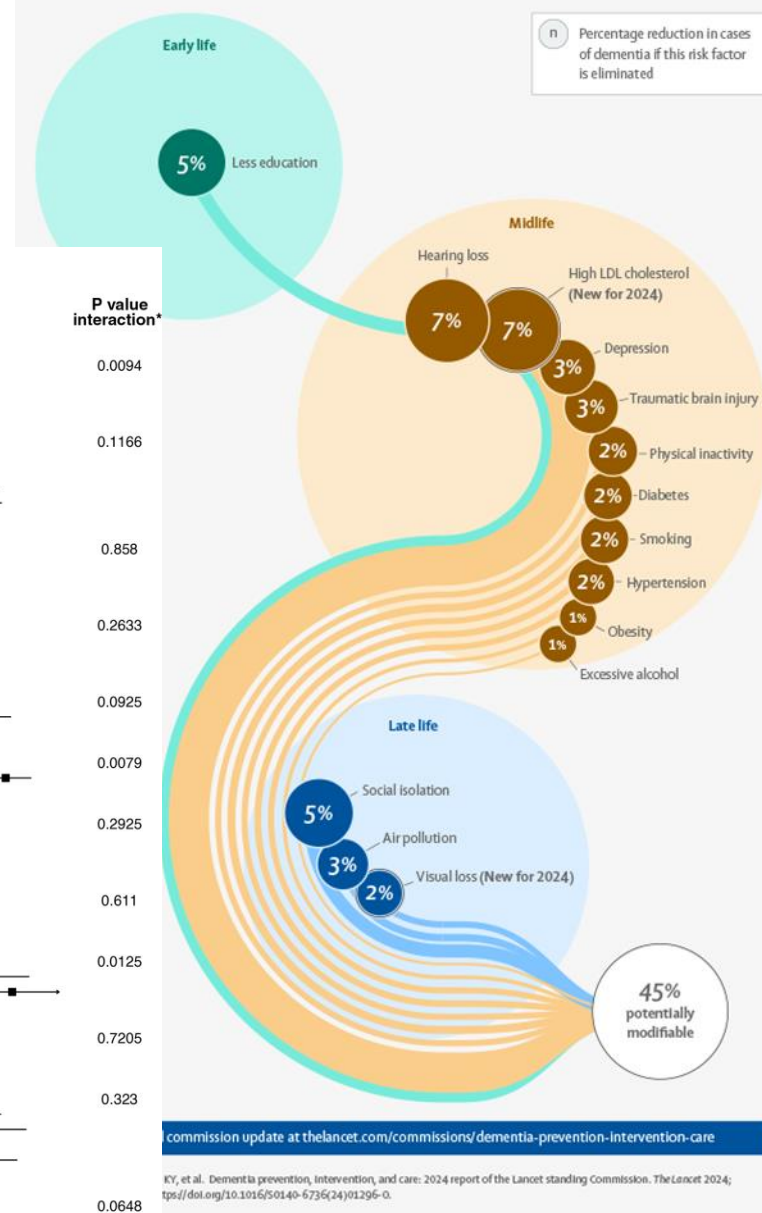
Intersectionality

https://pmc.ncbi.nlm.nih.gov/articles/PMC8006904/
https://www.thelancet.com/infographics-do/dementia-risk

CARDIOVASCULAR DISEASE

	HIC HR (95%CI)	MIC HR (95%CI)	LIC HR (95%CI)	P value interaction*
Tobacco Use				0.0094
Never	1	1	1	
Former	1.43(1.14,1.79)	1.20(1.07,1.35)	0.96(0.71,1.30)	
Current	2.58(1.98,3.36)	1.67(1.52,1.83)	1.26(1.04,1.54)	
Alcohol Use				0.1166
Never	1	1	1	
Former	0.76(0.50,1.17)	1.13(0.97,1.30)	1.26(0.88,1.79)	
Current Low	0.78(0.59,1.03)	0.74(0.66,0.82)	1.03(0.79,1.34)	
Current Moderate	0.73(0.52,1.02)	0.89(0.75,1.07)	1.21(0.73,2.00)	
Current High	0.80(0.52,1.23)	0.77(0.58,1.01)	1.15(0.64,2.07)	
Diet Score				0.858
Score >=5	1	1	1	
Score 3–4	0.99(0.79,1.26)	1.09(1.00,1.19)	1.01(0.78,1.31)	
Score <=2	1.11(0.72,1.72)	1.13(1.02,1.26)	1.14(0.88,1.49)	
Physical Activity				0.2633
High Active	1	1	1	
Mode Active	1.08(0.88,1.33)	1.08(1.00,1.17)	1.34(1.13,1.59)	
Not Active	1.39(1.03,1.87)	1.17(1.06,1.29)	1.28(1.05,1.57)	
Hypertension				0.0925
No	1	1	1	
Yes	1.52(1.24,1.86)	2.10(1.95,2.27)	1.89(1.60,2.22)	
Diabetes				0.0079
No	1	1	1	
Yes	2.32(1.81,2.97)	1.60(1.46,1.76)	2.14(1.80,2.55)	
Non–HDL Cholesterol				0.2925
Non–HDL <= 3.2	1	1	1	
Non–HDL 3.2–4.0	1.52(1.15,2.02)	1.08(0.98,1.18)	1.20(0.99,1.46)	
Non–HDL > 4.0	1.62(1.25,2.12)	1.25(1.14,1.37)	1.42(1.16,1.74)	
Waist to Hip Ratio				0.611
Low	1	1	1	
High	1.11(0.88,1.39)	1.25(1.16,1.34)	1.26(1.07,1.50)	
Education				0.0125
Trade/Coll/Univ	1	1	1	
Sec/HgherSec	0.88(0.71,1.10)	1.09(0.97,1.23)	1.82(1.31,2.52)	
None/Prim/Unk	1.18(0.89,1.58)	1.35(1.19,1.53)	2.25(1.59,3.19)	
Depression				0.7205
No	1	1	1	
Yes	1.17(0.90,1.52)	1.19(1.04,1.35)	1.10(0.87,1.40)	
Grip Strength				0.323
Quintile 5	1	1	1	
Quintile 4	0.94(0.73,1.22)	1.15(1.02,1.29)	1.22(0.72,2.06)	
Quintile 3	1.18(0.89,1.56)	1.16(1.03,1.30)	1.53(0.95,2.47)	
Quintile 2	1.28(0.93,1.75)	1.25(1.10,1.41)	1.22(0.76,1.96)	
Quintile 1	1.16(0.80,1.68)	1.41(1.24,1.60)	1.44(0.90,2.32)	
Household Air Pollution				0.0648
Clean	1	1	1	
Solid Fuel	1.00(1.00,1.00)	1.02(0.92,1.13)	1.23(1.01,1.49)	

*–Pvalue for testing interaction between country income and each exposure category

Risk factors for dementia — 2024 update

The 2024 update to the standing Lancet Commission on dementia prevention, intervention, and care adds two new risk factors (high LDL cholesterol and vision loss) and indicates that nearly half of all dementia cases worldwide could be prevented or delayed by addressing 14 modifiable risk factors.

n — Percentage reduction in cases of dementia if this risk factor is eliminated

Early life
5% Less education

Midlife
Hearing loss 7%
High LDL cholesterol (New for 2024) 7%
Depression 3%
Traumatic brain injury 3%
Physical inactivity 2%
Diabetes 2%
Smoking 2%
Hypertension 2%
Obesity 1%
Excessive alcohol 1%

Late life
Social isolation 5%
Air pollution 3%
Visual loss (New for 2024) 2%

45% potentially modifiable

commission update at thelancet.com/commissions/dementia-prevention-intervention-care

KY, et al. Dementia prevention, intervention, and care: 2024 report of the Lancet standing Commission. The Lancet 2024; tps://doi.org/10.1016/S0140-6736(24)01296-0.

ICET

The best science for better lives

Intersectionality

The combined effect of smoking and alcohol on head and neck cancers was **3.8 times greater** than the additive effect of each on its own.

The combined effect of alcohol and excess weight on liver disease was **1.6 times greater** than the additive effect of each on its own.
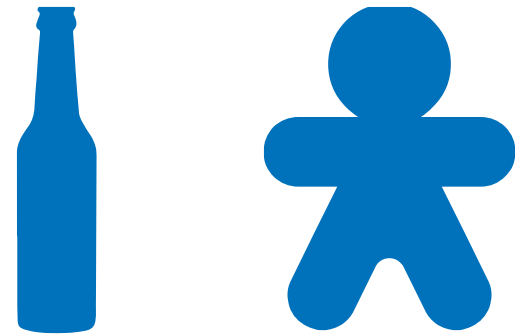
Staying healthy and keeping well

BRIEF

IN JUST 5 MIN a health care service provider can help a patient reduce noncommunicable disease risk factors by using the 5 "A"-s:

1 ASK and measure exposure to risk factor

2 ADVISE patients to reduce risk

3 ASSESS patients' readiness to change

4 ASSIST patients, support self-help

5 ARRANGE follow-up

https://www.dynamed.com/evaluation/brief-interventions-and-motivational-interviewing#GUID-C79F1E7B-FB65-41D0-9CCA-5B4B16C6288C

https://www.england.nhs.uk/long-read/health-coaching/

Lisa has been into her practice for a healthcheck and her cholesterol test came back 'a bit high' – you've identified her as higher risk of heart disease ❤.

1. Ask – "what do you know about cholesterol?"

2. Advise – open invitation to describe risk factors of heart disease and how cholesterol can contribute.
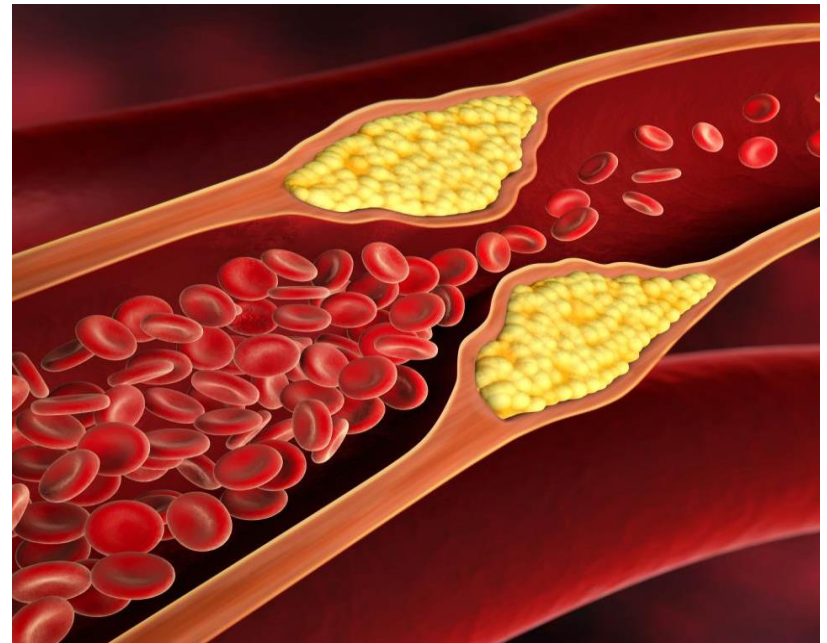
3. Assess – change cycle – "how does that land with you?"
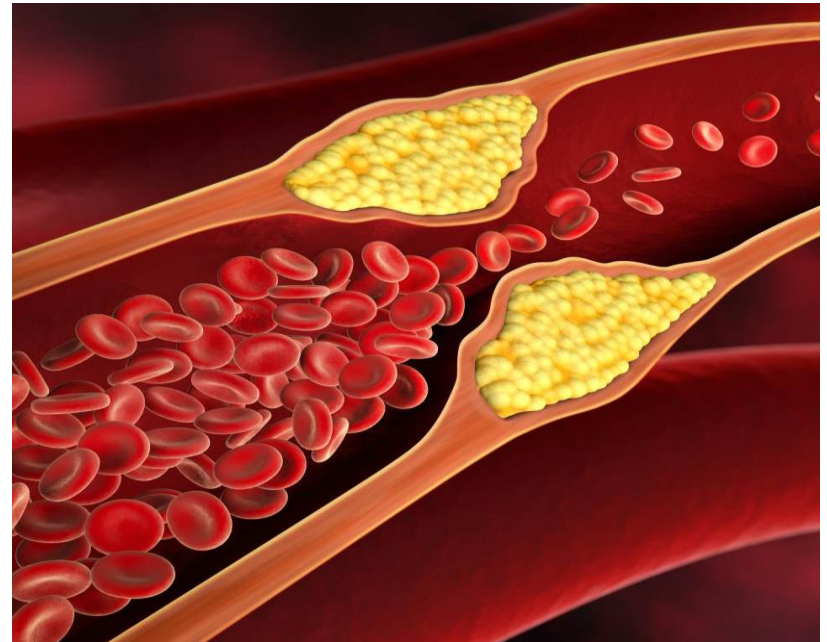
Advising

About you

Age (25-84): 38
Sex: ● Male ○ Female
Ethnicity: Pakistani

UK postcode: leave blank if unknown
Postcode: CA1 1BJ

Clinical information

Smoking status: ex-smoker
Diabetes status: type 2
Angina or heart attack in a 1st degree relative < 60? ☐
Chronic kidney disease (stage 3, 4 or 5)? ☐
Atrial fibrillation? ☐
On blood pressure treatment? ☐
Do you have migraines? ☐
Rheumatoid arthritis? ☐
Systemic lupus erythematosus (SLE)? ☐
Severe mental illness?
(this includes schizophrenia, bipolar disorder and moderate/severe depression) ☐
On atypical antipsychotic medication? ☐
Are you on regular steroid tablets? ☐
A diagnosis of or treatment for erectile disfunction? ☐

Leave blank if unknown
Cholesterol/HDL ratio: 3.5
Systolic blood pressure (mmHg): 163
Standard deviation of at least two most recent systolic blood pressure readings (mmHg): ____

Body mass index
Height (cm): 175
Weight (kg): 78
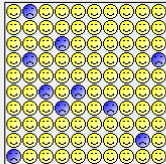
Your results

Your risk of having a heart attack or stroke within the next 10 years is:

| 9.6% |

In other words, in a crowd of 100 people with the same risk factors as you, 10 are likely to have a heart attack or stroke within the next 10 years.

Risk of a heart attack or stroke

Your score has been calculated using estimated data, as some information was left blank.

Your body mass index was calculated as 25.47 kg/m^2.

How does your 10-year score compare?

Your score

Your 10-year QRISK®3 score	9.6%
The score of a healthy person with the same age, sex, and ethnicity[*]	1.7%
Relative risk[**]	5.7
Your QRISK®3 Healthy Heart Age[***]	56

Lowering cholesterol, saving lives

HEART UK is the UK's only cholesterol charity, providing support, information and influencing services for families and health professionals.

🐟 Healthy diets

🍊 Low cholesterol foods

🍲 Tasty recipes

🩺 Medical treatments

🚲 Keeping active

🚬 Stopping smoking

Lisa has been into her practice for a healthcheck and her cholesterol test came back 'a bit high' – you've identified her as higher risk of heart disease ♥.

1. Ask – "what do you know about cholesterol?"

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3. Assess – change cycle – "how does that land with you?"

- https://medicine.llu.edu/academics/resources/stages-change-model
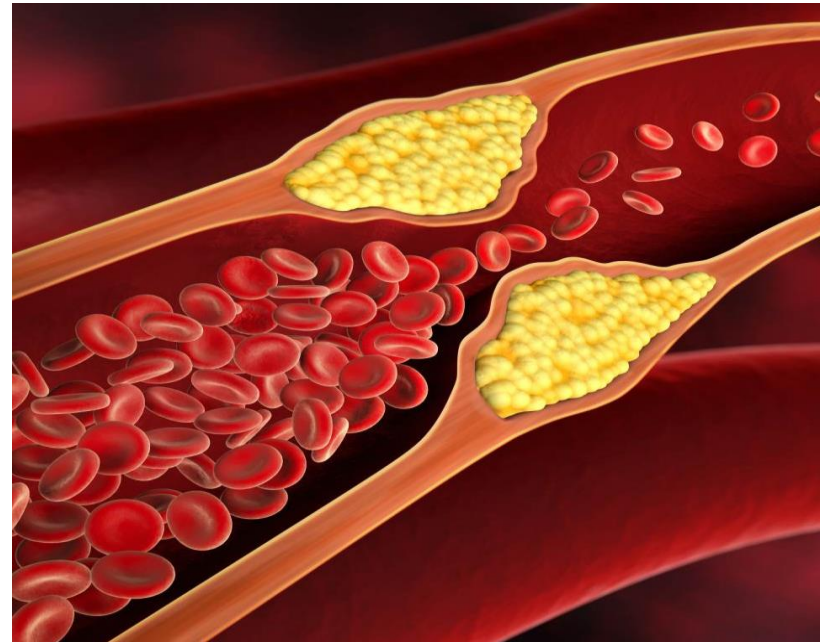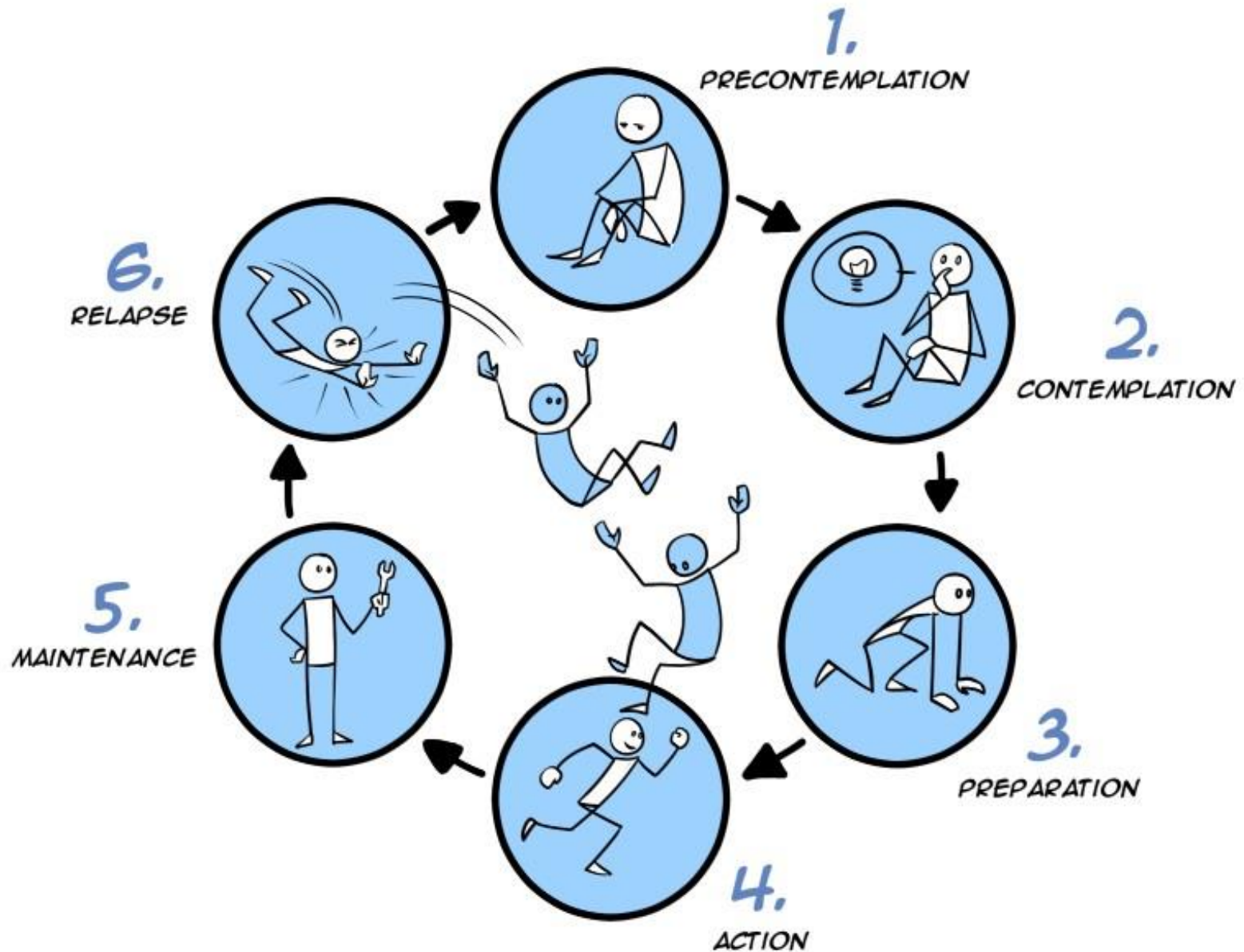
Lisa has been into her practice for a healthcheck and her cholesterol test came back 'a bit high' – you've identified her as higher risk of heart disease 💙.

3. Assess – change cycle – "how does that land with you?"

4. Assist – "what do you enjoy doing?" "are there things getting in the way?"

5. Arrange – signpost – "would you prefer to speak to someone, look at online information, or both?"

Lisa has been into her practice for a healthcheck and her cholesterol test came back 'a bit high' – you've identified her as higher risk of heart disease 🫀.

3. Assess – change cycle – "how does that land with you?"

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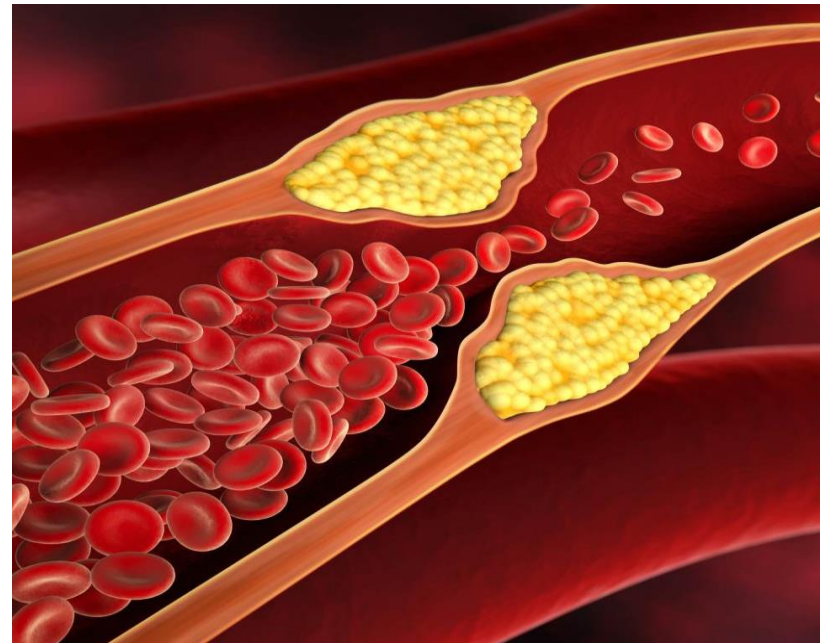
What would you say to someone who isn't interested in change?

- It can be hard to do X without support. How can I help?

- what makes her anxious

- I hear this is how your feeling now but please do come back if you change your mind so we can chat through what may help

- Positive engagement. Endure communication is both aye and we listen. Empower patient input

- They are disengaged and there are strategies to reverse this into precontemplation

- Ask why change isn't important

- Ask her what does she think that would help her?

- Revisit in the future, agree on planned time frame to review

- Do they have a friend or relative who has had a stroke?

- When might you want to discuss further?

- Make them aware of resources or support that they can come back to eg charity websites

- I understand, you can get back in touch whenever you feel ready

- The door is always open if you change your mind

- Let me know if you change your mind.

- What is important in your life

- If you would like help in the future please come back

- Do you know the benefits of lowering your cholesterol

- Ask her to consider some of the changes,

What do people think?

- From We Are Undefeatable 'Bridging the Gap' report 2024.

- Survey of just over 1000 people living with long term conditions and organisations supporting them.
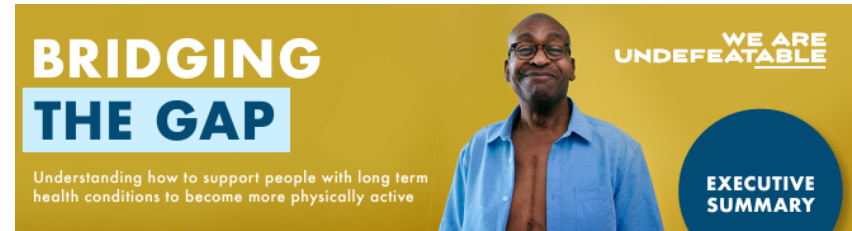
- https://weareundefeatable.co.uk/campaign-hub/about-the-campaign/campaign-insights/

ALMOST EVERYONE KNOWS IT'S KEY FOR PEOPLE WITH LTHCs TO BE PHYSICALLY ACTIVE

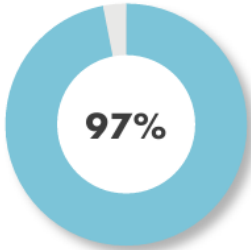% agree 'physical activity is important in managing or preventing long term health conditions'.
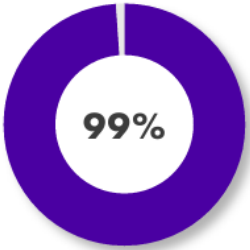
96%
People with LTHCs

98%
Family/friends/carers

100%
Health & social care professionals

100%
Charity/voluntary professionals

97%
Sport & PA professionals

99%
Government professionals

THE MOTIVATIONS EXPRESSED FOR BEING ACTIVE FALL INTO THREE CATEGORIES

42% cite physical health/fitness

"Weight loss, increase strength & stamina."

"To be more healthy for my kids."

"Staying active also ensures sleep rhythm remains consistent."

28% cite symptom management

"To try & manage my back issues & prevent them getting worse."

"Being as physically active as possible means a reduction in stiffness & pain."

"I exercise regularly to prevent flare ups with my fibromyalgia & osteoarthritis."

25% cite better mental health

"A nice walk always helps clear the head."

"I regularly go out walking for two hours a day after work with my dog... it makes me feel better in myself."

"I also exercise to control my endorphins which help with my mood & mental health."

IT'S UNCLEAR THAT THE 'SYSTEM' RECOGNISES THE PHYSICAL BARRIERS FACED BY PEOPLE WITH LTHCs

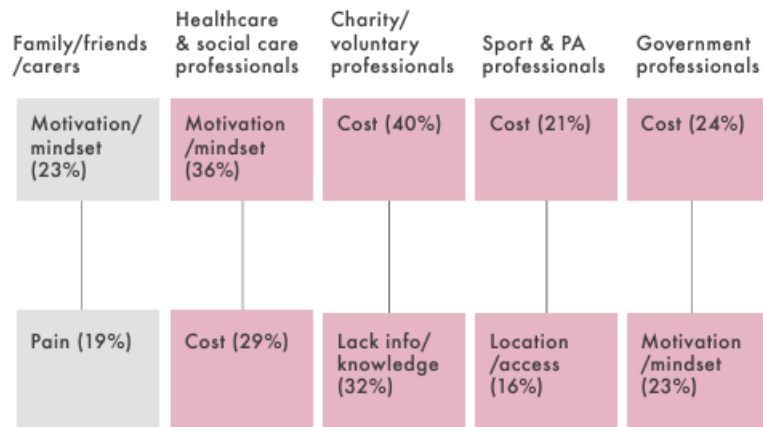**People with LTHCs cite top barriers to PA:**

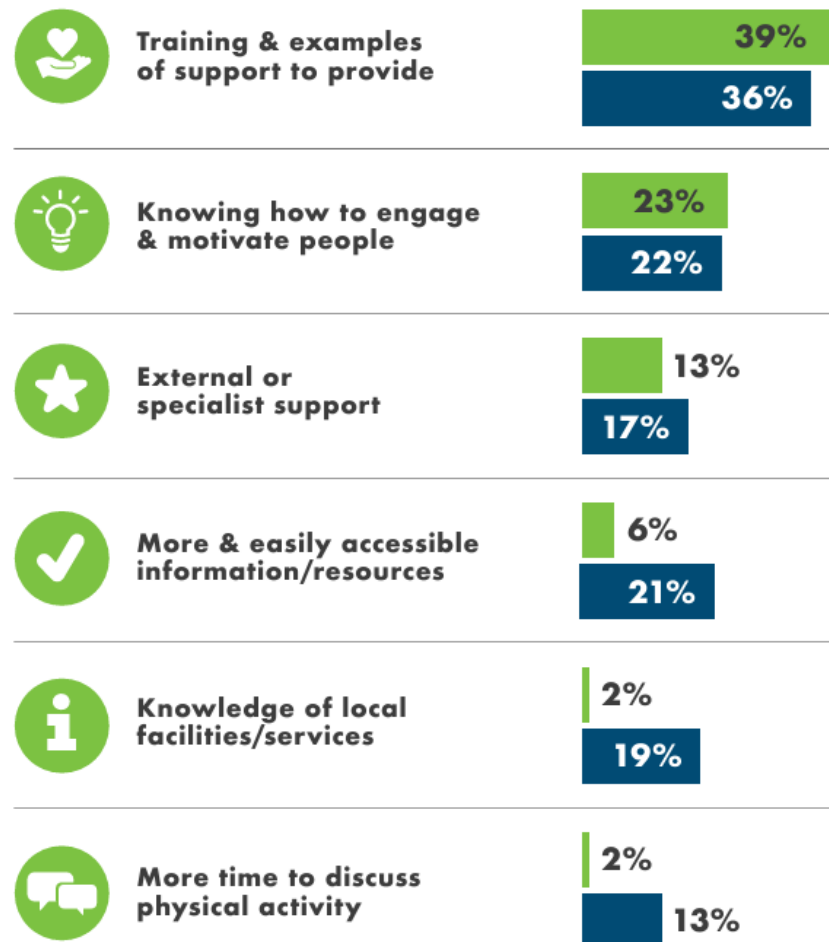**VS.**

What others think are the top barriers for them:

	Family/friends /carers	Healthcare & social care professionals	Charity/ voluntary professionals	Sport & PA professionals	Government professionals
1ST **Pain (21%)**	Motivation/ mindset (23%)	Motivation /mindset (36%)	Cost (40%)	Cost (21%)	Cost (24%)
2ND **Lack of energy (19%)**	Pain (19%)	Cost (29%)	Lack info/ knowledge (32%)	Location /access (16%)	Motivation /mindset (23%)

WHAT WOULD HELP YOU TO BE MORE CONFIDENT? THEMATIC GROUPING

- Family/friends/carers
- Professionals

Training & examples of support to provide
- 39%
- 36%

Knowing how to engage & motivate people
- 23%
- 22%

External or specialist support
- 13%
- 17%

More & easily accessible information/resources
- 6%
- 21%

Knowledge of local facilities/services
- 2%
- 19%

More time to discuss physical activity
- 2%
- 13%

We're here to help you

NHS

## Health and Wellbeing Coaches are part of your general practice team

We can help by:

- providing coaching support to help you manage your condition
- working with you to identify your health and wellbeing goals
- signposting you to helpful resources and peer support groups.

Talk to the reception team to find out more.

Your health matters | **Help us help you**

Gareth Dixon
Health and Wellbeing Coach

You'll never walk (or play) alone.

THIS GIRL CAN
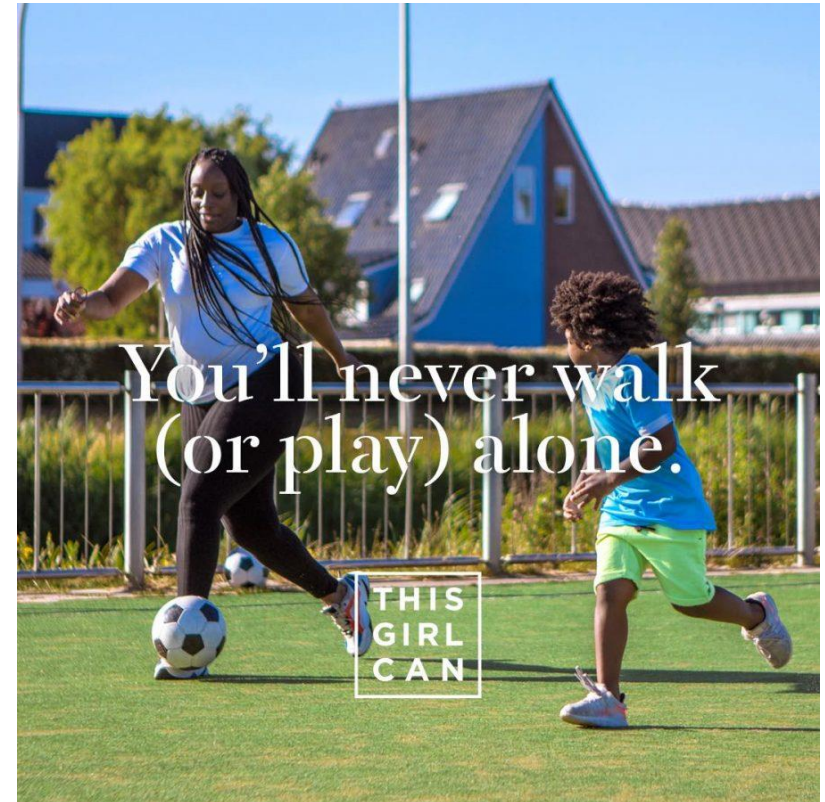
Easy ways to eat healthily

Eating for lower cholesterol

See what makes up a heart-healthy diet and the specific foods which can lower or raise your cholesterol.

Ultimate Cholesterol Lowering Plan©

This flexible 3-step plan gives you freedom to choose foods you like and build a diet that works for you.

Six cholesterol-busting foods

Some foods punch well above their weight in helping to lower cholesterol levels. We call them cholesterol busters!

- https://www.england.nhs.uk/personalisedcare/workforce-and-training/health-and-wellbeing-coaches/

- https://www.personalisedcareinstitute.org.uk/about-us-health-and-wellbeing-coaches/

Be wary of quick fixes

HOW TO SPOT FAKE NEWS

CONSIDER THE SOURCE
Click away from the story to investigate the site, its mission and its contact info.

READ BEYOND
Headlines can be outrageous in an effort to get clicks. What's the whole story?

CHECK THE AUTHOR
Do a quick search on the author. Are they credible? Are they real?

SUPPORTING SOURCES?
Click on those links. Determine if the info given actually supports the story.

CHECK THE DATE
Reposting old news stories doesn't mean they're relevant to current events.

IS IT A JOKE?
If it is too outlandish, it might be satire. Research the site and author to be sure.

CHECK YOUR BIASES
Consider if your own beliefs could affect your judgement.

ASK THE EXPERTS
Ask a librarian, or consult a fact-checking site.

IFLA
International Federation of Library Associations and Institutions
With thanks to www.FactCheck.org

- https://www.theguardian.com/wellness/2025/jan/08/health-misinformation-online-tips

- https://www.lib.sfu.ca/help/research-assistance/fake-news

What will you take away from today?

- Smoking cessation remains high on the agenda for CVD

- One size doesn't fit all all -what the individual wants & how they can make the change is very different for each patient

- Fantastic presentations.

- further reading, exploration of areas for lifestyle changes,
taking opportunities when able

- Reassured me I'm focusing on the right things. I'll check links/resources you recommended.

- Great information and useable for the team

- 'Doing something is better than doing nothing at all'

- Stage change model can be applied at work in many ways, thank you for this information

- Revisit the 5 As!

- Tailoring lifestyle advice to patient current situation

- Your presentation was amazing thank you. Thank you for the further reading

- Read up on websites suggested

- Lots of resources, and ways to be empathetic. Tips for myself too!

- Think holistically

- Great stats and practical ideas!

- Further reading points