Vascular Screening Programme: Have we gone far enough?

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Cardiovascular disease (CVD) cost the UK economy £29 billion in 2004, a higher percentage than any other country in the European Union (Luengo-Fernandez et al, 2006). The analysis covered total health care costs with the largest cost (60%) attributed to health care, outpatient, emergency care and inpatient care with lost productivity accounting for a further 23%. When the costs of health care were broken down, hospital inpatient costs were almost £10 billion with drug costs adding a further £3 billion. These costs can only be reduced by long term prevention.

Article points

1. Implementation of the national service frameworks have already contributed to a successful and substantial reduction in cardiovascular deaths in the under-75s since 1996.
2. The government suggests that any further improvement in the Health of the Nation can only be delivered by a primary prevention programmes.
3. Identification of high risk patients and modifying risk factors may reduce high cost secondary care complications in patients with heart disease, stroke, diabetes and kidney disease.

Key words

- Vascular Risk
- Aneurysm
- Screening
- Peripheral arterial disease

An outline proposal delivered by the Department of Health (*'Putting prevention first - vascular checks: risk assessment and management'* DoH, 2008a) calls for a system of vascular checks to be carried out in primary care. This document advocates a 'predict and prevent' approach to identify vulnerability to vascular diseases such as heart disease, stroke, diabetes and kidney disease.

A second programme of vascular screening to identify men aged 65 with abdominal aortic aneurysms at high risk of rupture is predicted to save more than 1600 lives each year. At present £3 million has been set aside for pilot projects initially offering screening to 32 000 men in England with an overall target of 270 000 men a year and will be rolled out over the next 10 years.

Vascular checks: Risk assessment and management

The aim is to prevent up to 9500 heart attacks and strokes every year and save 2000 lives by screening all people aged 40 to 74 years in 2009–10 for vascular risk (DoH, 2008a) (*Figure 1*). In addition, at least 4000 people a year may be prevented from developing diabetes and a further 25 000 cases of diabetes or kidney disease may be detected earlier (DoH, 2008a). The programme, set to cost around £250m per year, aims to shift the emphasis to primary prevention of vascular disease (coronary heart disease [CHD], stroke, diabetes and kidney disease) and reduce high-cost secondary care treatment-dependent complications. This primary prevention programme will involve GPs, practice nurses, pharmacists and other community practitioners. The maximum impact is aimed within disadvantaged communities, in particular, ethnic groups that are disproportionately affected by vascular disease.

The handbook for vascular risk assessment, risk reduction and risk management, outlines the current state of knowledge regarding vascular assessment (National Screening Committee, 2008). CVD is defined as: CHD, stroke, transient ischaemic attacks, type 2 diabetes, peripheral arterial disease and chronic kidney disease. This suggests that information regarding risk reduction should be widely available to all, but there is a high-risk subset of the population who require more intervention to change lifestyle factors and consideration of pharmacological therapy (*see Figure 1*).

This document advocates a four-stage approach:

1. Risk surveillance
2. Risk communication

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