

HEALTH MANAGEMENT INSIGHTS

Coronary heart disease

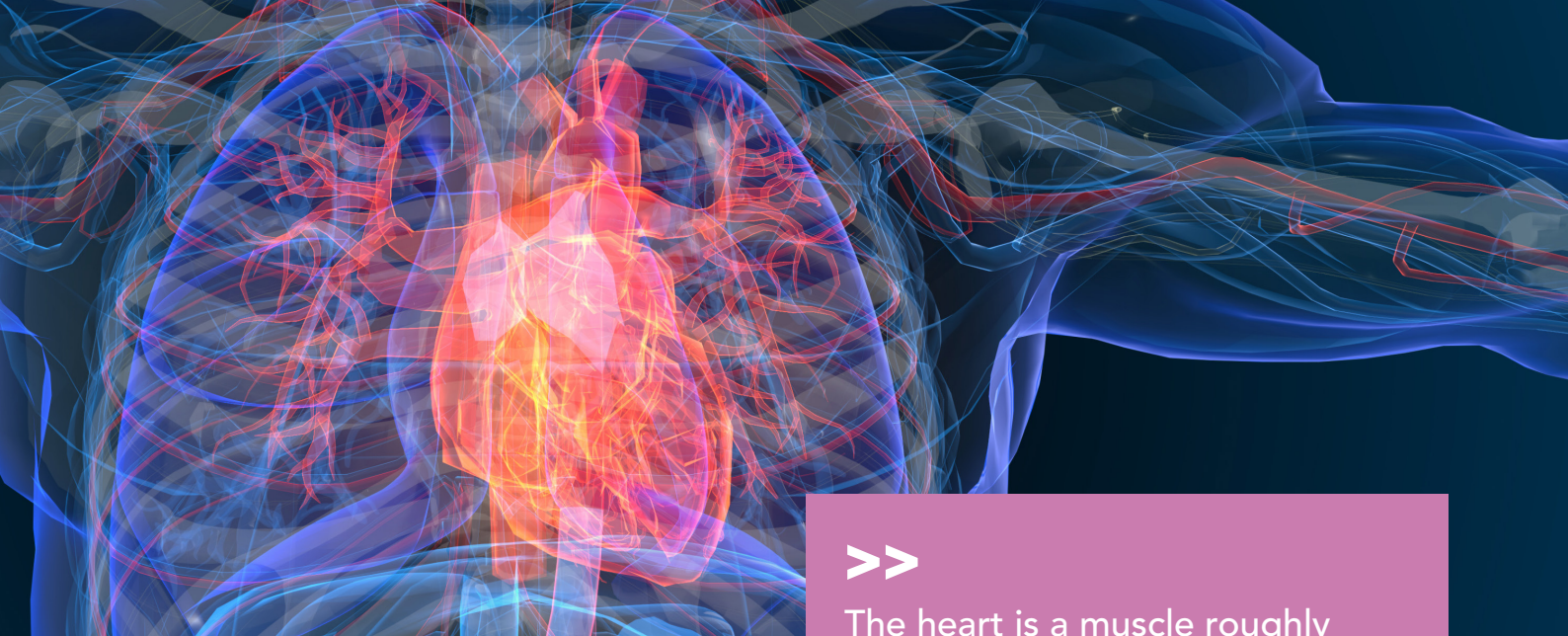
Coronary heart disease (CHD) is the second-biggest cause of death in the UK – behind Alzheimer’s disease and dementia - and is the leading cause of death worldwide.

Sometimes referred to as ischaemic heart disease, it is experienced when arteries are narrowed by the build-up of fatty material known as atheroma.

The arteries can eventually become blocked - leading to heart attack, angina and some forms of stroke.

Key takeaways for HR professionals:

- > CHD is responsible for around 63,000 deaths in the UK each year
- > Around one-in-eight men and one-in-13 women die from the disease
- > Deaths have declined substantially in recent decades
- > Lifestyle changes can be very effective in combating CHD
- > Medication and surgery can also be used to treat the condition
- > Smoking, high blood pressure and high cholesterol are among the risk factors
- > Age, family history and ethnicity can also increase risk
- > Prognosis (outlook) and physical and mental impact on the individual can vary, even between those with similar diagnoses
- > Treatment side effects can also be variable
- > An individual’s fitness to continue at work will depend on the nature and severity of symptoms, any side effects from treatment, and the nature of their role
- > Occupational health can offer bespoke advice, which is particularly relevant for those in safety critical work or those working alone
- > Equality legislation is highly likely to apply to a CHD diagnosis, giving the employer a legal responsibility to consider reasonable adjustments
- > Some workplace adjustments are simple and effective, such as ensuring regular breaks to manage fatigue, in other cases, redeployment, may need to be considered



Condition overview

Coronary heart disease happens when the heart's blood supply is blocked or interrupted by a build-up of fatty substances in the coronary arteries.

A process known as atherosclerosis sees the walls of the coronary arteries become furred up with fatty deposits over time. If some of this fatty material (atheroma) breaks off, it can block an artery and cause a heart attack.



The heart is a muscle roughly the size of a fist, which pumps blood around the body as it beats approximately **70 times per minute**. It draws its own supply of blood from a network of coronary arteries.

Other common heart conditions include heart valve disease, cardiomyopathy, heart rhythm disturbances and heart infections.

Risk factors

- > Smoking
- > Excessive alcohol consumption
- > High cholesterol
- > High blood pressure
- > Diabetes
- > Being overweight or obese
- > Family history
- > Ethnicity
- > Age
- > Chronic stress (from raising other risk factors such as high blood pressure)

CHD affects more men than women – and men tend to suffer earlier in life. Risk generally increases with age.

Symptoms

The main symptoms for coronary heart disease are:

- > Chest pain (a medical condition known as angina)
- > Shortness of breath, especially on exertion
- > Pain throughout the body
- > Dizziness, feeling light-headed or faint
- > Feeling sick (nausea)

However, not all patients experience the same symptoms - and some may experience none of the above before being diagnosed with CHD.

Treatment

Heart disease cannot be cured, but a number of measures can help to manage symptoms - and to reduce the risk of a heart attack.

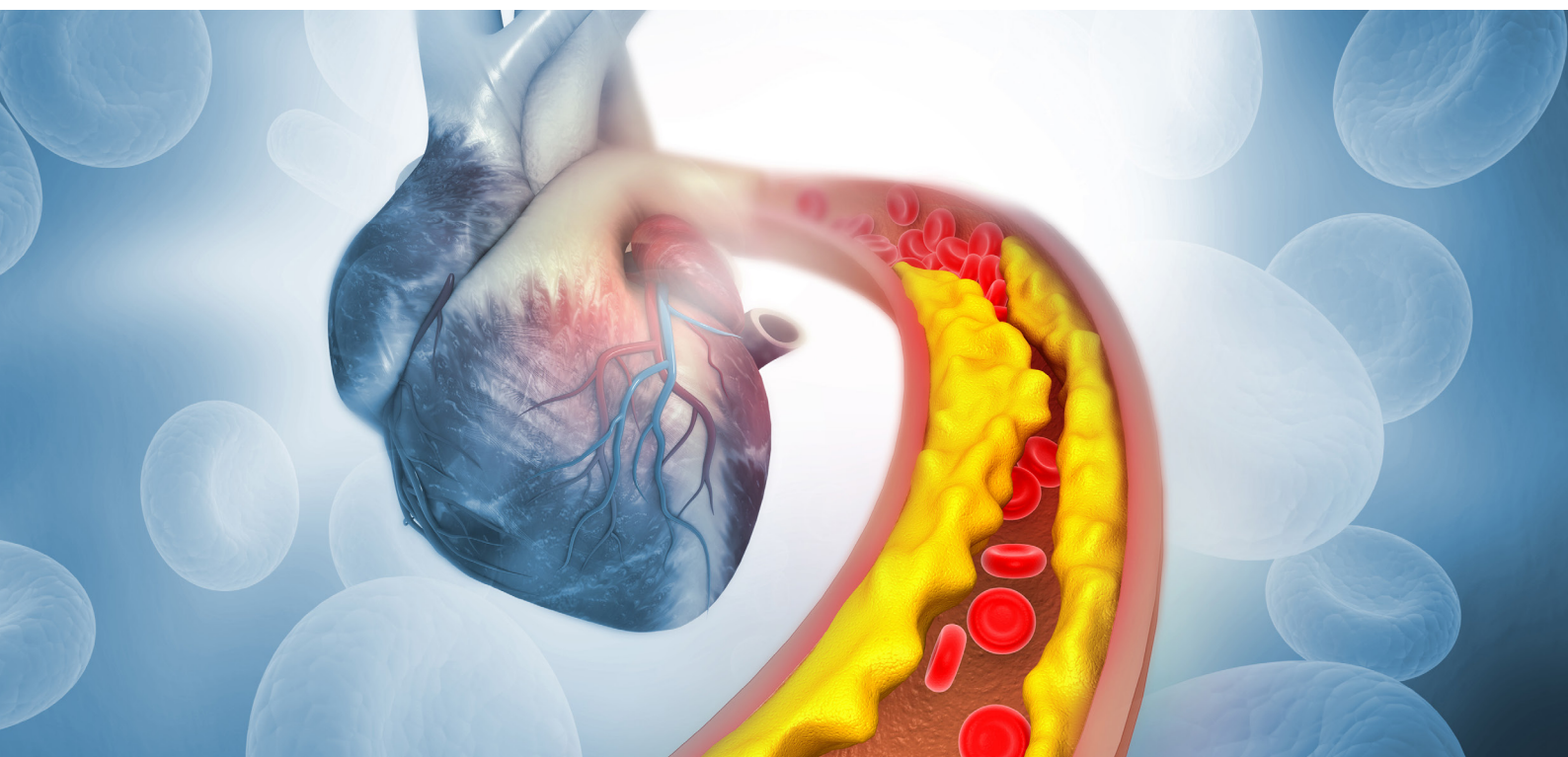
These include:

 <p>Regular exercise (after medical guidance)</p>	 <p>Stopping smoking</p>	 <p>Reducing alcohol consumption</p>	 <p>Dietary changes</p>
 <p>Medication, such as blood thinners, beta blockers, statins, nitrates and ACE inhibitors</p>	 <p>Angioplasty, using balloons or stents to widen arteries</p>	 <p>Devices such as pacemakers</p>	 <p>Heart bypass surgery</p>

Bypass surgery can relieve chest pain and generally sees a surgeon using a blood vessel from the arm, leg or chest to bypass a narrowed section of artery.

This invasive surgery usually involves cutting through the breastbone, but generally offers excellent relief and an improved quality of life.

Medication can be used to mitigate the various factors which can contribute to a heart attack – including thinning the blood to prevent clots, lowering blood pressure, lowering cholesterol and widening blood vessels.



Prognosis and recovery

The likely survival rate for coronary heart disease varies according to the severity of the condition, and it is possible to live a normal life – even after a heart attack.

Patients are usually put under the care of a cardiac rehabilitation team, receiving support and guidance as well as treatment.

An individual's prognosis can also depend on how closely they adhere to lifestyle change advice.

At work

Prognosis and the impact on physical and mental health can vary, even between individuals with similar diagnoses. Treatment side effects can also be variable, with some patients experiencing severe and long-term reactions. For example, beta blockers can result in fatigue.

Occupational health referrals should be considered, to obtain bespoke advice. This is especially important for those in physically demanding roles, those who undertake safety critical work such as climbing, working at height, driving or those who undertake very physically demanding work. They should also be considered for those who work alone.



Please note that DVLA Group 2 drivers need to advise the DVLA of this diagnosis and await authorisation before they can return to driving such a vehicle.



Depending on the job role, the occupational health doctor may wish to request a GP or specialist report.

Potential considerations to support an employee with CHD:

- > After absence, consider the benefit of a phased return-to-work with reduced hours and duties, with a gradual build up over a number of weeks, since fatigue and loss of confidence can be common
- > Workplace safety risk assessments should be reviewed where relevant. For example, consider lone-working, safety critical work, access to first aid and emergency care, mobilising around a building, egress in an emergency
- > Consider the need for restrictions and adjustments to work duties due to ongoing symptoms and/or safety risks, for example, blood thinners cause increased vulnerability to trauma so an employee might need to be restricted from activities where there is an increased risk of physical trauma (e.g. prison officer)
- > If restrictions or adjustments cannot be accommodated, and are needed long term, does redeployment need to be considered (or even ill-health retirement)?

- > Allow regular breaks and ensure a manageable workload
- > Consider whether regular or ad hoc home working may be beneficial
- > Consider a stress risk assessment, particularly if work stressors have been raised
- > Support attendance at ongoing medical appointments
- > If absent, keep in touch with your employee
- > Consider the impact of shifts and medication on fatigue, where relevant
- > DVLA Group 2 license holders require specific medical criteria to be met – and, as above, should not drive until authorised to do so by the DVLA
- > Most individuals with stable CHD can drive under a Group 1 licence, but certain criteria do need to be met. If in doubt, seek occupational health advice
- > It is advised that car insurance companies are made aware about a heart condition, where relevant
- > Employees with heart disease may have increased rates of sickness absence, which should be managed in line with relevant organisational policies, and this may include consideration of adjustments to sickness absence trigger points
- > Consider the possibility of secondary mental health issues such as depression and anxiety and the potential impact of loss of confidence. Offer your EAP if relevant
- > Access to Work may be able to offer advice and support, including a workplace assessment or help with transport to and from a workplace



Resources

[NHS: Coronary Heart Disease](#)

[British Heart Foundation: CHD](#)

[BHF: Work and a heart condition](#)

[Gov.UK: Access to Work](#)

Contact us to find out more.

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