# USE of the FAMILY HISTORY in RISK ASSESSMENT for CORONARY HEART DISEASE

ADDed value of the FAMily history in primary care study (**ADDFAM study**)

ADDFAM

# **ADDFAM**: *some logos!*

**ADDFAM**

PENINSULA
MEDICAL SCHOOL
UNIVERSITIES OF EXETER & PLYMOUTH

THE UNIVERSITY OF NOTTINGHAM

UCL

UNIVERSITY OF EXETER

**Nottingham Primary Care Research Partnership**

NHS

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# ADDFAM study

**Objective:** *to evaluate the CLINICAL UTILITY of incorporating the family history into the standard CHD risk assessment in primary care*

**Objective** (without technical jargon) **:** *to evaluate the usefulness of incorporating family history into CHD risk assessment in primary care*

**Design :** *cluster randomised controlled trial in General Practice comparing standard CHD risk assessment with CHD risk assessment ENHANCED by systematic family history collection*

# Risk calculation in standard arm

**Performed by team to ensure standardisation**

**Uses British Joint Societies Version II, (Framingham equation) for CVD risk**

Includes: Age

Gender

Smoking status *(most recent, however if stopped smoking in last 5 years)*

Systolic/diastolic BP *(ideally pre-treatment for hypertensives, current if unobtainable)*

Diabetic *(all patients in this study should be non-diabetic)*

# PREVENTIVE Lifestyle advice and medi

(Follow-up consultation with higher risk CHD patients)

**SMOKING: Brief smoking cessation intervention (NICE)**

•Advise quitting ‘giving up smoking is the single most important thing you could do to lower your CHD risk’ and assess motivation ‘how do you feel about quitting?’

•Offer specialist Stop Smoking service or NRT

**DIET: Advice tailored to lower cholesterol/increase heart health**

Low in saturated fat/increase polyunsaturates/fish oils

High in fruit and vegetables

High in wholegrains and foods with soluble fibre (pulses)

**EXERCISE: Brief exercise intervention (NICE)**

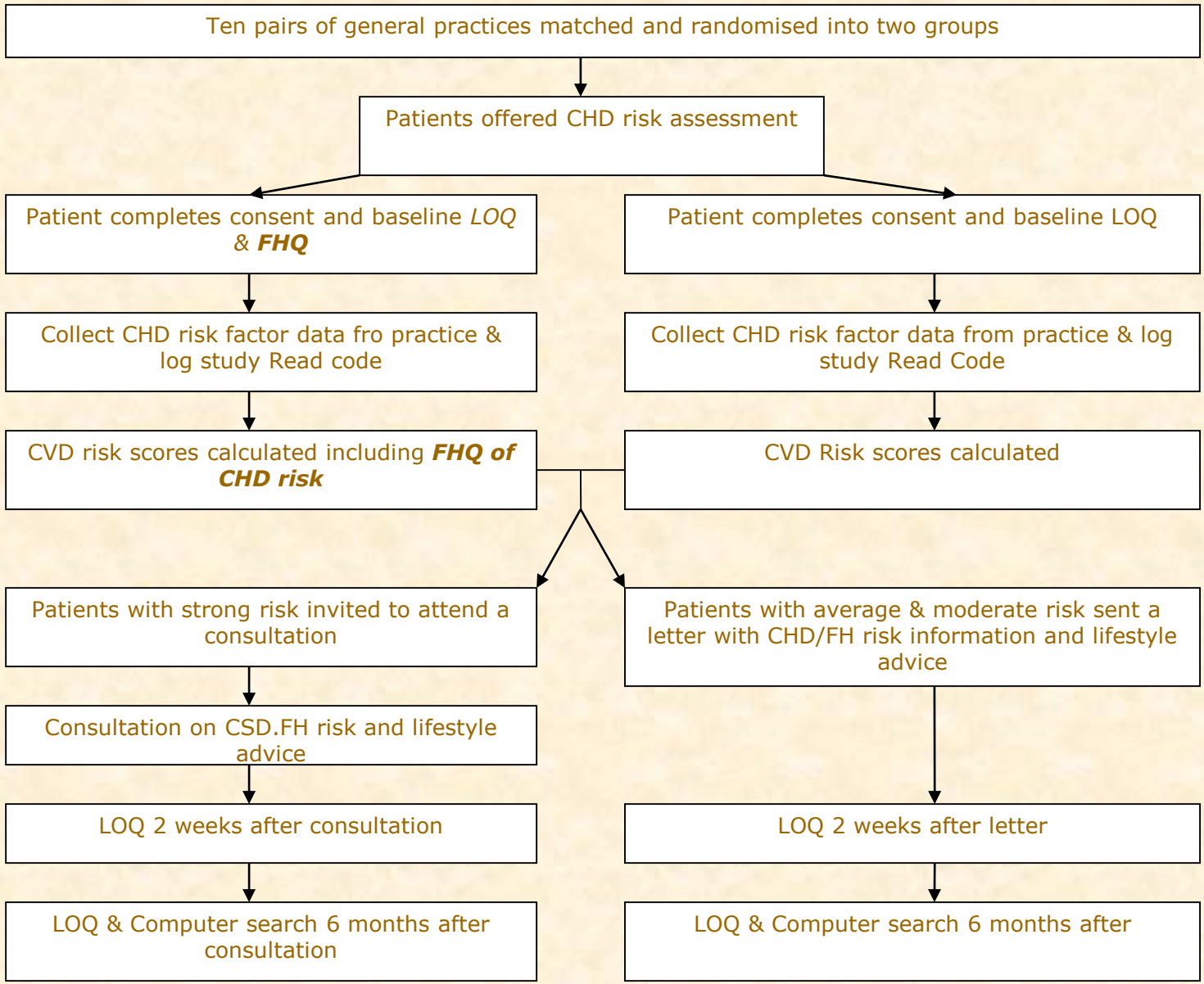
Advise 30 minutes of exercise, 5 times a week.

Set goals (‘what to you think you could do?’ ‘how many times a week?’)

Offer literature on local opportunities to exercise

**MEDICATION:** Statins recommended for >20% CVD risk (NICE), also aspirin

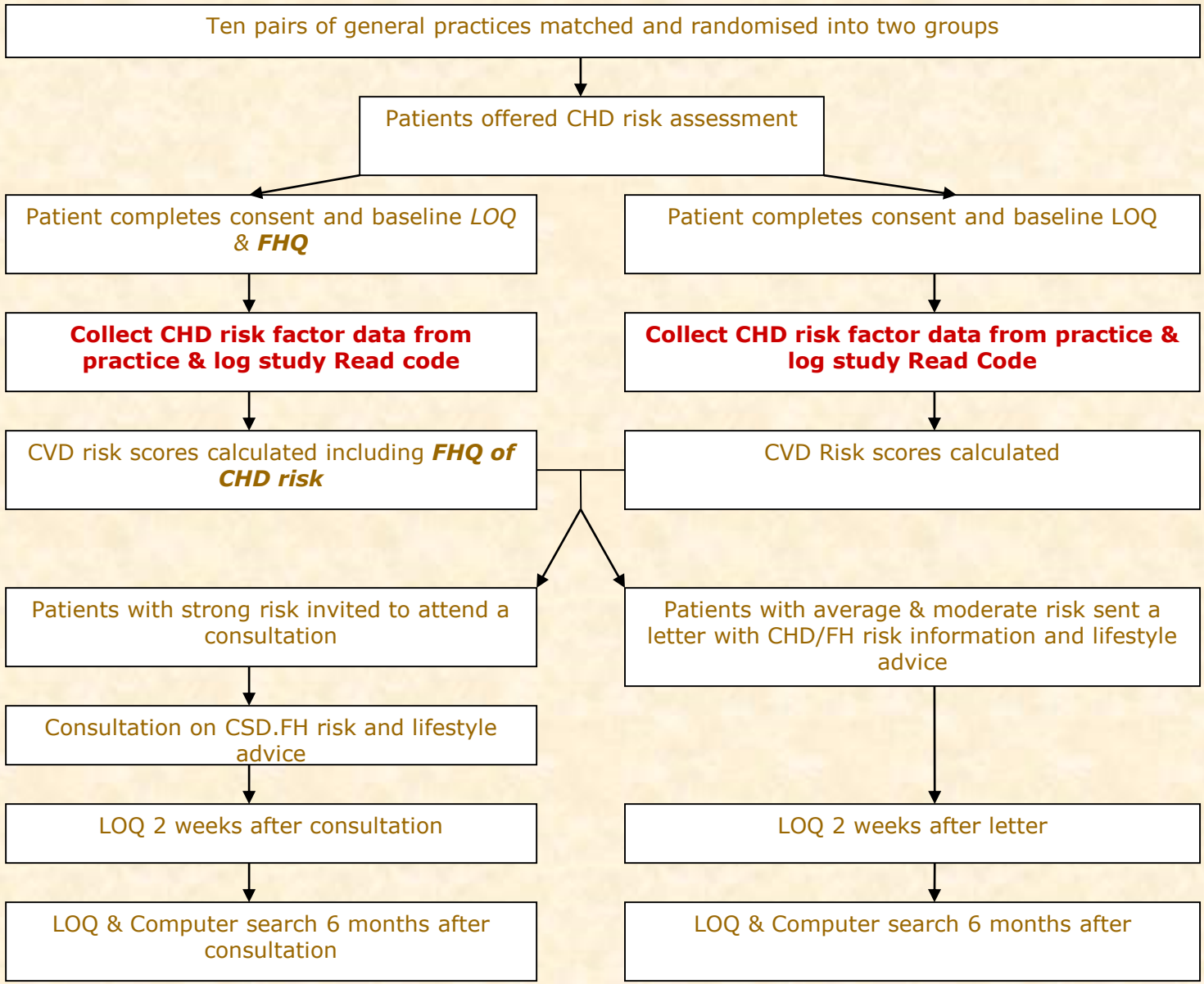
**Flowchart of progress through Phase 2 is detailed below** (from patient recruitment onwards):



# Data to collect on MIQUEST search

- **Data to evaluate primary prevention**

**Flowchart of progress through Phase 2 is detailed below** (from patient recruitment onwards):



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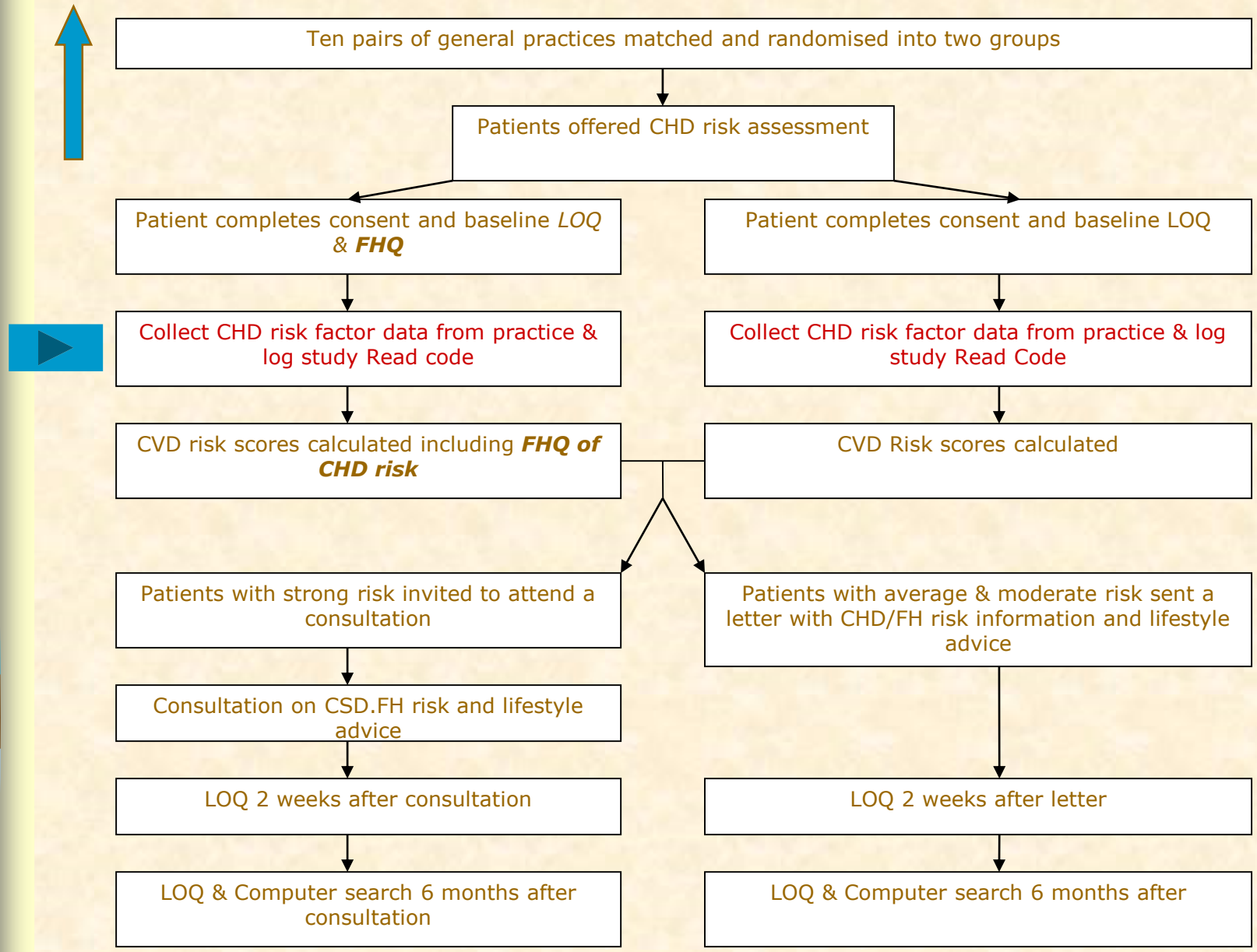

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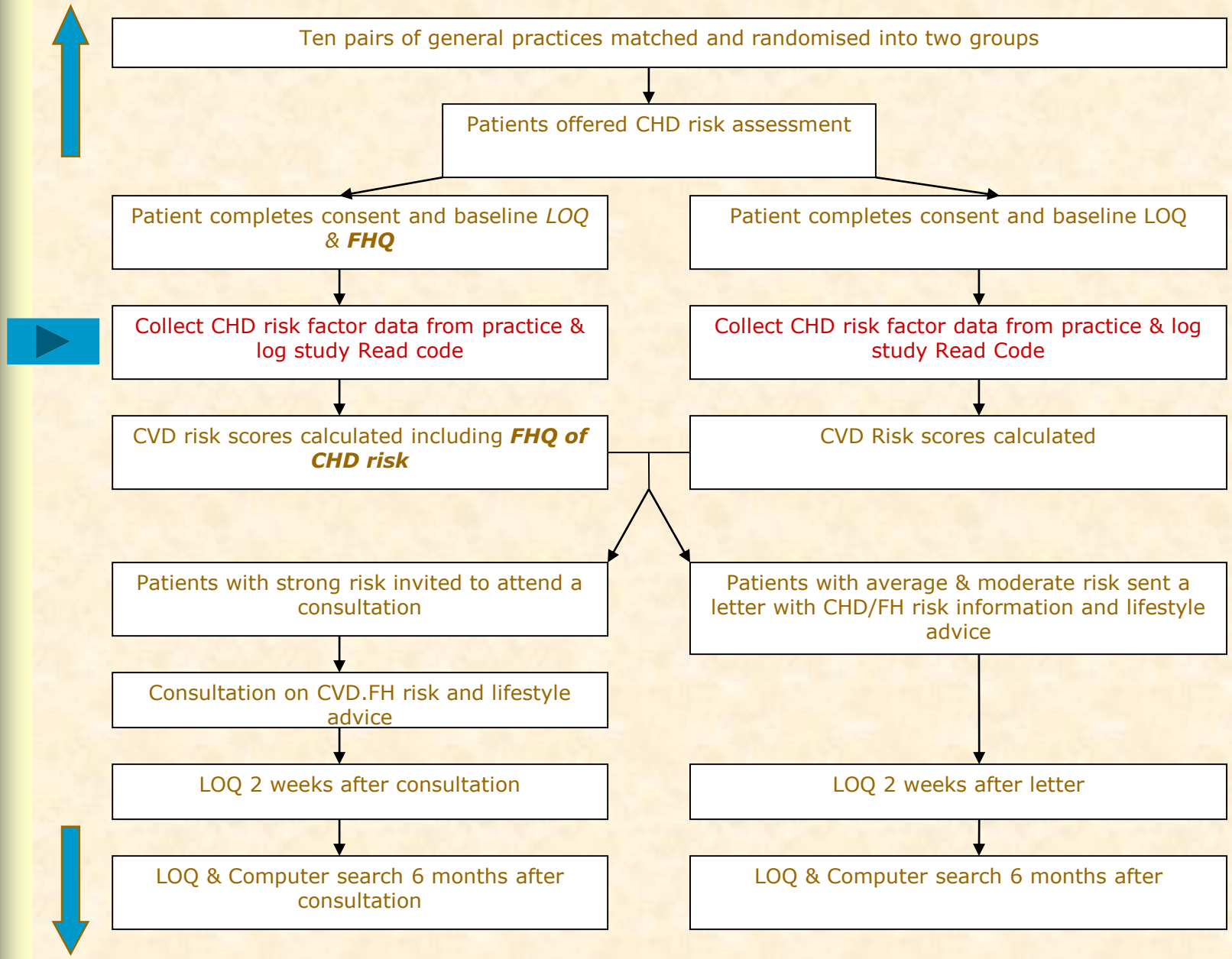
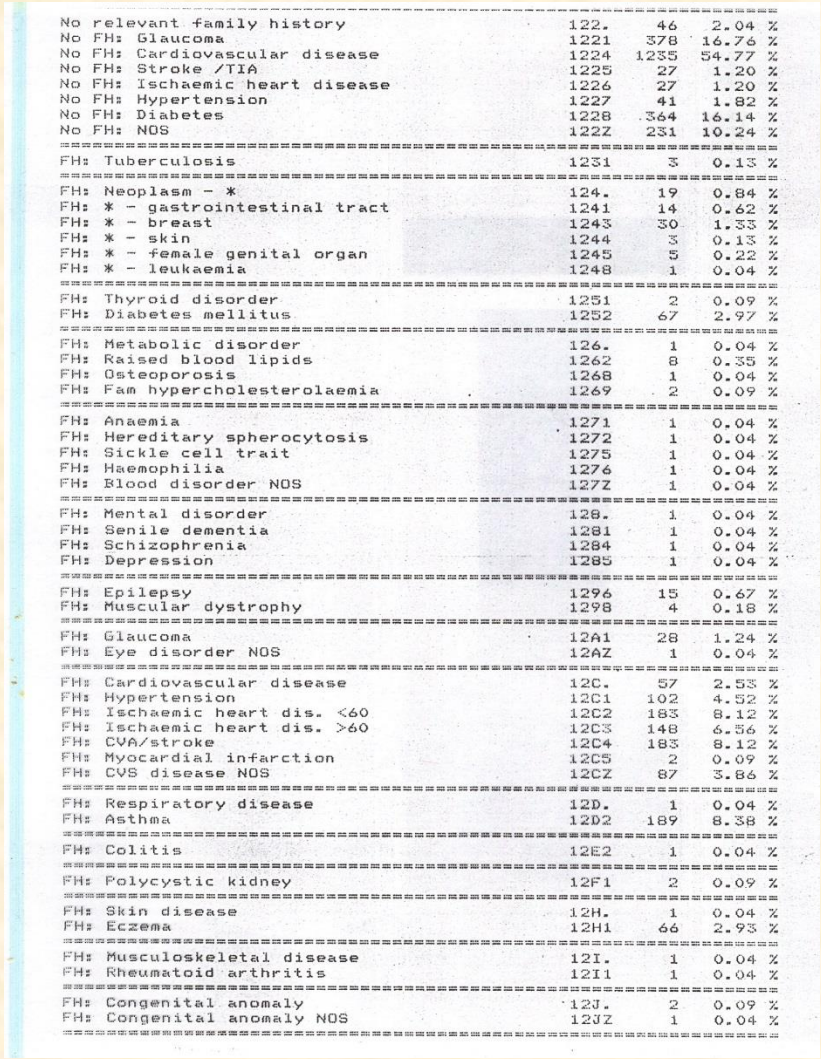


# The self-administered family history questionnaire

# Family history in British General Practice



| | | | |
|---|---|---|---|
| No relevant family history | 122. | 46 | 2.04 % |
| No FH: Glaucoma | 1221 | 378 | 16.76 % |
| No FH: Cardiovascular disease | 1224 | 1235 | 54.77 % |
| No FH: Stroke /TIA | 1225 | 27 | 1.20 % |
| No FH: Ischaemic heart disease | 1226 | 27 | 1.20 % |
| No FH: Hypertension | 1227 | 41 | 1.82 % |
| No FH: Diabetes | 1228 | 364 | 16.14 % |
| No FH: NOS | 122Z | 231 | 10.24 % |
| FH: Tuberculosis | 1231 | 3 | 0.13 % |
| FH: Neoplasm - * | 124. | 19 | 0.84 % |
| FH: * - gastrointestinal tract | 1241 | 14 | 0.62 % |
| FH: * - breast | 1243 | 30 | 1.33 % |
| FH: * - skin | 1244 | 3 | 0.13 % |
| FH: * - female genital organ | 1245 | 5 | 0.22 % |
| FH: * - leukaemia | 1248 | 1 | 0.04 % |
| FH: Thyroid disorder | 1251 | 2 | 0.09 % |
| FH: Diabetes mellitus | 1252 | 67 | 2.97 % |
| FH: Metabolic disorder | 126. | 1 | 0.04 % |
| FH: Raised blood lipids | 1262 | 8 | 0.35 % |
| FH: Osteoporosis | 1268 | 1 | 0.04 % |
| FH: Fam hypercholesterolaemia | 1269 | 2 | 0.09 % |
| FH: Anaemia | 1271 | 1 | 0.04 % |
| FH: Hereditary spherocytosis | 1272 | 1 | 0.04 % |
| FH: Sickle cell trait | 1275 | 1 | 0.04 % |
| FH: Haemophilia | 1276 | 1 | 0.04 % |
| FH: Blood disorder NOS | 127Z | 1 | 0.04 % |
| FH: Mental disorder | 128. | 1 | 0.04 % |
| FH: Senile dementia | 1281 | 1 | 0.04 % |
| FH: Schizophrenia | 1284 | 1 | 0.04 % |
| FH: Depression | 1285 | 1 | 0.04 % |
| FH: Epilepsy | 1296 | 15 | 0.67 % |
| FH: Muscular dystrophy | 1298 | 4 | 0.18 % |
| FH: Glaucoma | 12A1 | 28 | 1.24 % |
| FH: Eye disorder NOS | 12AZ | 1 | 0.04 % |
| FH: Cardiovascular disease | 12C. | 57 | 2.53 % |
| FH: Hypertension | 12C1 | 102 | 4.52 % |
| FH: Ischaemic heart dis. <60 | 12C2 | 183 | 8.12 % |
| FH: Ischaemic heart dis. >60 | 12C3 | 148 | 6.56 % |
| FH: CVA/stroke | 12C4 | 183 | 8.12 % |
| FH: Myocardial infarction | 12C5 | 2 | 0.09 % |
| FH: CVS disease NOS | 12CZ | 87 | 3.86 % |
| FH: Respiratory disease | 12D. | 1 | 0.04 % |
| FH: Asthma | 12D2 | 189 | 8.38 % |
| FH: Colitis | 12E2 | 1 | 0.04 % |
| FH: Polycystic kidney | 12F1 | 2 | 0.09 % |
| FH: Skin disease | 12H. | 1 | 0.04 % |
| FH: Eczema | 12H1 | 66 | 2.93 % |
| FH: Musculoskeletal disease | 12I. | 1 | 0.04 % |
| FH: Rheumatoid arthritis | 12I1 | 1 | 0.04 % |
| FH: Congenital anomaly | 12J. | 2 | 0.09 % |
| FH: Congenital anomaly NOS | 12JZ | 1 | 0.04 % |

# Genetic Risk in Primary care project

- **Data Collection *so far***
  - **302 FHQ returned from 12 practices & scored by Clinical Geneticist.**
    - *2 RURAL Nottinghamshire*
    - *4 INNER-CITY Nottingham*
    - *1 SUBURBAN Notttingham*
    - *4 INNER-CITY London*
    - *1 SUBURBAN London*
  - **INTERVIEWS returned from *111* patients**
    - *converted into pedigrees using progeny 2000 & scored by Clinical Geneticist*