

Bolton Council Public Health Bulletin May 2017

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Bolton Blackrod Farnworth Horwich Little Lever South Turton Westhoughton... all the family



In this month's issue:

This month has seen a slowing of publications at this politically restricted time but this month's selection includes..

The Burden of Stroke in Europe:

- Potential increase in number of people in UK suffering a stroke by 2035
- Associated costs to the health economy
- What is a stroke?
- Stroke prevention
- Bolton figures

Weighing it Up:

- Randomised control study in people referred for weight loss.
- Traditional primary care response versus commercial weight loss organisation
- Twice as much weight loss in participants in commercial programme

Cigarettes Plain Packaging:

- New legislation on cigarette packaging in force.
- Aims to stop young people from starting smoking
- Legislation in Australia has seen a decline in smoking since plain packaging in force

The Burden of Stroke In Europe

This month saw the publication of a comprehensive report which predicted that despite a reduction in the last two decades in the number of people having a stroke, the number of people having strokes across the UK is likely to rise by almost half (44 per cent) in the next 20 years as a result of an increasingly ageing population

The report *The Burden of Stroke in Europe* (available [here](#)) by researchers at King's College London is a comprehensive analysis of 35 European countries and was published by the Stroke Alliance for Europe (SAFE) and the Stroke Association to mark European Stroke Awareness Day and the UK's national awareness month.

The key findings from the report show that:

- throughout Europe by 2035 the number of strokes could rise due to our ageing population; as the population ages, more people will have a stroke, and more will survive with long-term disabilities,
- the number of new strokes across Europe is likely to increase by a third (34 per cent) and in the UK, this figure could jump by nearly half (44 per cent)
- the number of stroke survivors living in the UK is expected to rise by a third (32 per cent)
- accurate comparisons between countries are extremely difficult, and predictions for the future have a significant level of uncertainty.
- chances of getting the best quality care when you first have a stroke vary widely across Europe, and within individual European states. It also shows that we know very little about what care stroke survivors get after discharge from hospital.
- ensuring better access to the best acute stroke care for all and focusing efforts on improving support for stroke survivors in the months and years after they are sent home from hospital should be key priorities

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Juliet Bouverie, Chief Executive of the Stroke Association, said: *"The number of stroke survivors is set to rise by almost one million people, and that number in the UK is expected to increase by over 30%: that is one of the largest increases in Europe. These are shocking figures, and if they are borne out, health services will face a formidable challenge in tackling a stroke epidemic."*

'There are alarming variations in delivering even the basic levels of treatment and care for stroke patients across the UK. Without reorganisation of services stroke patients are less likely to receive the treatment and care which will save their lives and reduce disability. This could ultimately lead to greater costs on their Governments and economies.'

In the EU, the total cost of stroke in 2015 was calculated as €45 billion; 44% of this amount, i.e. €20 billion, was caused by direct health care costs (in-hospital care and drugs).

Most studies measuring the cost of stroke only look at direct health care costs. This hugely underestimates the total cost of stroke because it does not take into account non-health care costs including informal care (the opportunity cost of unpaid care provided by family or friends), or productivity lost due to death or disability.

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A study also by King's College ([here](#)) reviewed the current economic burden of stroke in England. The analysis considered both direct and informal costs associated with stroke. The total cost of stroke on England is a significant burden costing £7 billion to the economy including informal care and productivity losses each year and making up approximately 4% of direct NHS health care expenditures in England.

Total cost of stroke in England

Cost items	Cost
Diagnostic costs	9,600,000
Inpatient care costs	530,000,000
Outpatient care costs	46,200,000
Outpatient drug costs	507,200,000
Community care costs	1,741,100,000
Total annual direct care cost	2,834,100,000
Informal care costs	2,406,400,000
Income Lost due to mortality	483,700,000
Income lost due to morbidity	604,100,000
Benefit payments	686,600,000
Total annual indirect costs	1,774,400,000
Total	7,014,900,000

As the number of strokes and the number of stroke survivors is expected to increase over the coming decades, the economic impact of stroke will need more attention with regards to effective healthcare planning and resource allocation as well as the financial burden borne by stroke survivors and their family and friends.

What is a stroke?

A stroke is a serious life-threatening medical condition that occurs when the blood supply to part of the brain is cut off. Blood carries essential nutrients and oxygen to your brain, without blood brain cells can be damaged or die. This damage can have different effects depending on where it happens in your brain. A stroke can affect the way your body works as well as how you think, feel and communicate.

Different types of stroke:

- Most strokes are caused by a blockage cutting off the blood supply to the brain, this is an **ischaemic stroke**
- Strokes can also be caused by a bleeding in or around the brain, this is an **haemorrhagic stroke**
- A **transient ischaemic attack or TIA** is also known as a mini-stroke. It is the same as a stroke, except that the symptoms last for a short amount of time and no longer than 24 hours. This is because the blockage that stops the blood getting to your brain is temporary.

Anyone can have a stroke including babies and children.

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Signs and Symptoms

The signs and symptoms of a stroke vary from person to person but usually begin suddenly. As different parts of the brain control different parts of the body, symptoms will depend on the part of the brain affected and the extent of the damage.

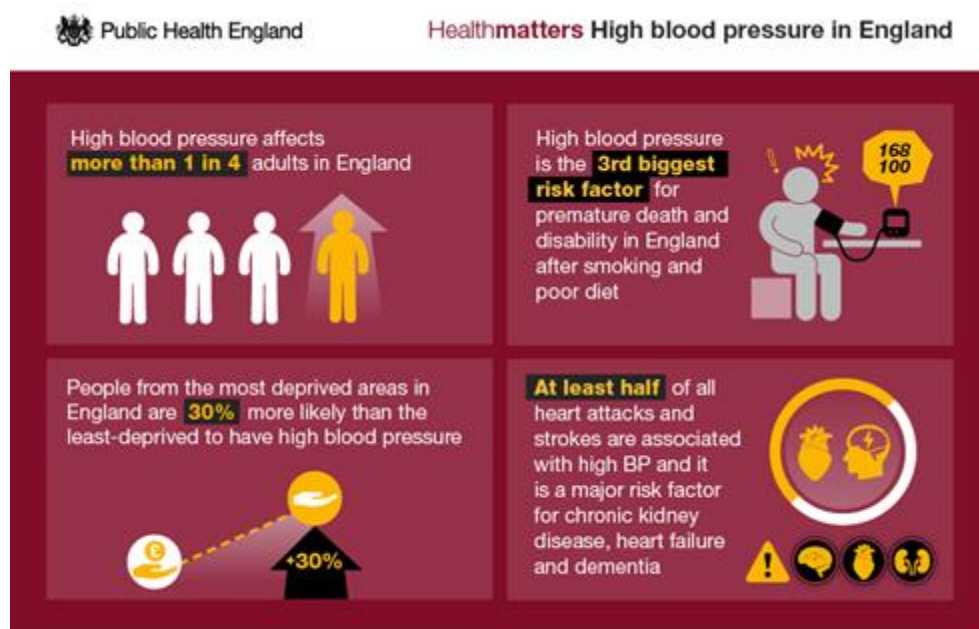
The main symptoms can be remembered with the word FAST:

- **Face**- the face may have dropped on one side, the person may not be able to smile or their mouth or eye may have dropped
- **Arms**- the person with suspected stroke may not be able to lift both arms and keep them there because of weakness or numbness in one arm.
- **Speech**- their speech may be slurred or garbled, or the person may not be able to talk at all despite appearing to be awake
- **Time**- it's time to dial 999 immediately if you notice any of these signs or symptoms

Prevention

The best ways to help prevent a stroke are:

- to follow a healthy lifestyle (eat a healthy diet, exercise regularly, and avoid smoking and drinking too much alcohol)
- to manage high blood pressure (as untreated high blood pressure is the biggest single risk factor for stroke)



In January Public Health England produced an edition of Health Matters which focused on combating high blood pressure [here](#)

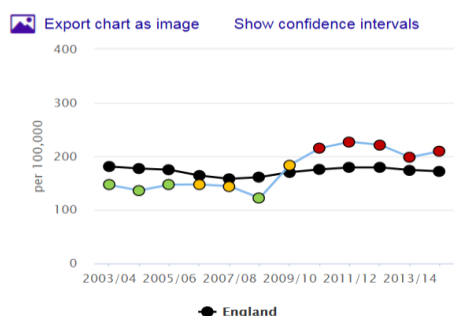
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The Bolton Picture

The table below shows all age admission trends for stroke. It shows that Bolton is significantly worse than the England average for hospital admissions (in the top 30 nationally).

Stroke all age admission trends NHS Bolton CCG

Directly standardised rate - per 100,000



Recent trend: -

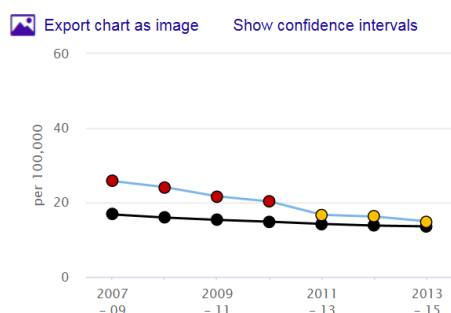
Period	Count	Value	Lower CI	Upper CI	Greater Manchester	England
2003/04	306	146.3	130.2	163.9	-	180.8
2004/05	281	136.1	120.4	153.2	-	177.1
2005/06	306	147.0	130.8	164.7	-	174.8
2006/07	311	147.5	131.3	165.1	-	164.0
2007/08	304	144.1	128.0	161.5	-	157.9
2008/09	261	122.0	107.4	138.0	-	161.0
2009/10	401	183.5	165.7	202.7	-	170.3
2010/11	474	215.1	195.9	235.6	-	175.4
2011/12	509	226.9	207.4	247.7	-	179.0
2012/13	510	221.5	202.5	241.7	-	179.1
2013/14	459	198.2	180.3	217.3	-	174.3
2014/15	493	209.5	191.4	229.1	-	171.9

Source: HES, Health and Social Care Information Centre, ONS

In respect of mortality from stroke in people under 75 years Bolton's rate has reduced from 2007/09 and has been similar to England since 2011/13

Stroke mortality rates, under 75 years (age standardised) NHS Bolton CCG

Directly standardised rate - per 100,000



Recent trend: -

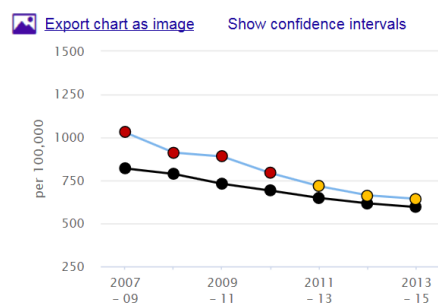
Period	Count	Value	Lower CI	Upper CI	Greater Manchester	England
2007 - 09	159	25.8	21.9	30.1	-	16.8
2008 - 10	153	24.1	20.4	28.3	-	15.9
2009 - 11	139	21.7	18.2	25.6	-	15.3
2010 - 12	132	20.3	16.9	24.1	-	14.8
2011 - 13	112	16.7	13.7	20.1	-	14.2
2012 - 14	110	16.2	13.3	19.6	-	13.8
2013 - 15	102	14.9	12.2	18.1	-	13.6

Source: ONS Mortality statistics

Death from stroke in the over 75s has been steadily declining since 2007/9 and is now similar to the England average.

Stroke mortality rates, over 75 years (age standardised) NHS Bolton CCG

Directly standardised rate - per 100,000



Recent trend: -

Period	Count	Value	Lower CI	Upper CI	Greater Manchester	England
2007 - 09	541	1,029.2	942.2	1,122.0	-	819.7
2008 - 10	494	911.7	831.2	997.7	-	787.5
2009 - 11	496	889.2	811.4	972.4	-	730.0
2010 - 12	449	792.0	719.7	869.5	-	690.3
2011 - 13	408	716.1	647.8	789.6	-	647.9
2012 - 14	379	663.3	597.9	733.8	-	616.4
2013 - 15	375	642.6	578.9	711.4	-	594.7

Source: ONS Mortality statistics

Source: Public Health Outcomes Framework

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These figures would indicate that although more people are suffering from a stroke which requires a hospital admission, survival rates are improving and there is a reduction in stroke being the cause of death.

As identified above an unhealthy lifestyle is a high risk factor for stroke. Bolton has high rates of alcohol admissions, smoking and excess weight and lower levels of physical activity than England suggesting that the rate of stroke admissions in Bolton will continue to increase as predicted in the *Burden of Stroke in Europe* report. Whilst accurately predicting the actual numbers likely to suffer a stroke in the future is difficult (due to variations in data collection and reporting across Europe), based on the predicted 44% increase, Bolton would expect to see 2,316 residents affected by stroke by 2035 an increase of 708 from 2015 figures.

Weighing It Up

Could GPs soon be referring into well known commercial weight loss organisations? The increasing prevalence of overweight and obesity needs effective approaches for weight loss in primary care and community settings. A recent study in the Lancet [here](#) suggests this might be an valuable approach to sustained weight loss.

The study- a randomised control trial- compared weight loss with standard treatment in primary care with that achieved after referral by the primary care team to a commercial provider in the community. During the trial 772 overweight or obese adults were randomly assigned 12 months intervention which followed national treatment guidelines (in Australia, Germany and the UK) or 12 months free membership of a commercial programme.

Participants referred to the community-based commercial provider lost more than twice as much weight during 12 months than those who received standard care. The greater weight loss in participants assigned to the commercial programme was accompanied by greater reductions in waist circumference and fat mass than in participants assigned to standard care. Similar weight losses were achieved in all three countries.

Data from the study suggests that referral of selected participants by a primary health-care professional to a commercial weight loss programme that provides regular weighing, advice about diet and physical activity, motivation, and group support can offer a clinically useful early intervention for weight management in overweight and obese people that can be delivered at large scale.

A caveat to these findings is that the research was funded by a commercial weight loss organisation. The paper does discuss other studies and found that most referral to a range of self-help programmes (meal replacements, commercial weight loss groups, and diet books) showed that over 6 months all options resulted in clinically meaningful weight loss when compared with no intervention with no significant differences between options.



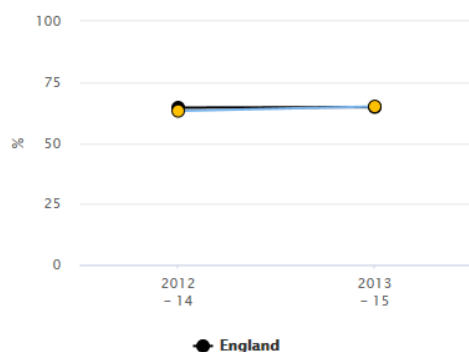
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The Bolton Picture:

As can be seen in the table below 65% of Bolton's adult population is overweight or very overweight. This compares favourably with the North-West average of 67%, but is slightly higher than the England average.

2.12 - Excess weight in Adults Bolton

Proportion - %



Recent trend: -

Period	Count	Value	Lower CI	Upper CI	North West	England
2012 - 14	-	63.2	60.6	65.8	66.1	64.6
2013 - 15	-	65.1	62.5	67.6	66.6	64.8

Source: Active People Survey, Sport England

Cigarettes- Plain Packaging

Following last year's legislation new rules came into force on May 20th which mean cigarettes and all tobacco products must be sold in plain green packets and carry graphic health warnings.

Why are packs changing?

Smoking is an addiction of childhood: two thirds of smokers start before they are 18 and the vast majority while still teenagers (ONS, 2012 [here](#)).

Every day hundreds of children in the UK start smoking (Hopkinson et al, 2013 [here](#)).

There is good evidence that standard packs are less attractive, particularly to young people (Moodie, 2012 [here](#)).

As well as being less attractive a review of peer reviewed research shows that standard packs make health warnings more effective and reduce the ability of the packaging to mislead consumers about the harms of smoking (see Moodie, 2012 above).

The new measures include

- Drab brownish-green packaging
- Larger health warnings on 65% of the front and back
- Graphic picture at the top of the packet
- Brand name in a standard typeface
- Minimum pack size of 20 cigarettes
- No more "misleading" information, like "low tar" or "organic"

Australia was the first country to introduce plain packaging in 2012. A 2016 review by the Australian government reported that standardised packaging was responsible for one quarter of the decline in smoking in Australia in the previous three years.

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The Cochrane Review team, led by researchers from London and Oxford, estimated that the number of people who smoked in the UK could go down by 0.5% by May 2018, although they said the current evidence was limited. Currently, about 17% of the UK adult population are smokers.



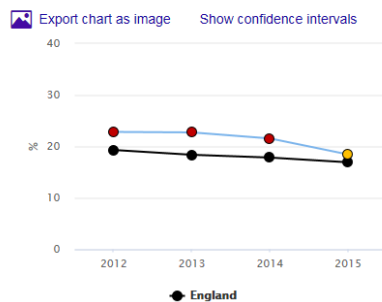
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The Bolton Picture:

The table below shows the trends in smoking prevalence in adults in Bolton. As can be seen the number of adult smokers has shown a steady decline over the past three years and is currently 18.5% of the adult population, this is marginally lower than the North west average and higher than the England average.

2.14 - Smoking Prevalence in adults - current smokers (APS) Bolton

Proportion - %



Recent trend: -

Period	Count	Value	Lower CI	Upper CI	North West	England
2012	-	22.8	20.5	25.2	21.1	19.3
2013	-	22.7	20.5	25.0	20.0	18.4
2014	-	21.6	19.3	23.9	19.6	17.8
2015	-	18.5	16.2	20.7	18.6	16.9

Source: Annual Population Survey (APS)

In terms of young people smoking, data from the Public Health Outcomes framework shows that 8.9% of 15 year olds in Bolton smoke, compared with a regional average of 8.% and an England average of 8.2%. The Growing Up in Bolton 2015 survey showed that 13% of secondary school respondents "have tried or used tobacco products in the past or use them now", and 5% of Year 10 pupils (14/15 year olds) currently smoke.

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