

ONLINE

Primary Care Cardiovascular disease (CVD) education sessions



CVD remains the leading cause of premature mortality and morbidity and a key cause of health inequalities in the Black Country. There is an urgent need to move services upstream to tackle prevention and early diagnosis. This CVD education program aims to provide the redress to missed opportunities in CVD management, diagnosis and prevention.

See next page for the content of each session

Who should attend? These free sessions are aimed at healthcare professionals involved in long term care for cardiovascular, metabolic and renal conditions including, but not limited to, Pharmacists, Nurses, GPs, Physician Associates and Paramedics working in primary care in the Black Country. **Click the links below each session to register.**

13 March 2025

Lipid Management

🔊 Andrew Hartland ⌚ 12.30-1.30pm
<https://forms.office.com/e/0VZ75EyczJ>

9 April 2025

Heart Failure

🔊 Dr Joe Martins ⌚ 1.00-2.00pm
<https://forms.office.com/e/wt69CBLX3L>

8 May 2025

Chronic Kidney Disease

🔊 Dr Cherukri ⌚ 12.30-1.30pm
<https://forms.office.com/e/vibeZB5BAJ>

11 June 2025

Ischaemic Heart Disease

🔊 Dr Rumil Jaumdally ⌚ 12.30-1.30pm
<https://forms.office.com/e/Vqvk5SRW2w>

2 July 2025

Obesity

🔊 Dr Hartlands ⌚ 12.30-1.30pm
<https://forms.office.com/e/5rfi76d6HT>

18 September 2025

Lipids part 2

🔊 Prof Liz Hughes ⌚ 12.30-1.30pm
<https://forms.office.com/e/bq63hV6zQ7>

9 October 2025

Diabetes

🔊 Dr Ansu Basu ⌚ 12.30-1.30pm
<https://forms.office.com/e/pavUN6Yb88>

5 November 2025

Hypertension & AF

🔊 Dr Sunil Nadar ⌚ 1.00-2.00pm
<https://forms.office.com/e/Pvg7SJr4Jp>

4 December 2025

Public Health

🔊 Duncan Jenkins ⌚ 12.30-1.30pm
<https://forms.office.com/e/yNATyrtLV0>



Primary Care Cardiovascular disease (CVD) education sessions content

Lipid Management

- Basics of lipid molecules
- Major trials for LDL and triglycerides/other and basis for pharmacotherapy
- Familial hypercholesterolaemia types including polygenic
- QI- Search: QRISK > 10% -> no lipid lowering drugs prescribed -> schizophrenia / bipolar affective disorder
- Top 4 patients with highest cholesterol aim for 40% non HDL reduction

Heart Failure

- Aetiology and definition of reduced and preserved heart failure
- How 4 pillars of medications and GLP1 address these causes of heart failure
- Value of BNP testing
- QI- search preserved ejection heart failure -> T2DM or CKD
- Youngest 4 patients prescribe SGLT2i

Chronic Kidney Disease

- Pathophysiology of CKD from common causes ie HTN / diabetes / inflammatory
- ACR role
- Key medications for CKD including GLP1
- When bicarbonate is considered
- Role of secondary care
- QI- search ACR > 30 -> last BP > 130 systolic
- Highest 4 BP aim for BP under 130 / 80

Ischaemic Heart Disease

- Cause of plaque progression
- Key symptoms for angina including atypical angina
- Management of angina for primary care and considerations for medications/intervention by secondary care
- QI- Patient with 2 episodes or more of MI / unstable angina -> youngest 4 patients
- Interview patients for symptoms of angina, look to optimise medical care

Obesity

- Obesity - why obesity pandemic, obesity hormones, drugs to combat this
- Psychology of obesity
- Impact of obesity crisis ie diabetes/HF/HTN
- QI - BMI > 40 -> T2DM -> HbA1c > 58
- Review 4 patients to consider GLP1 start if eligible

Lipids part 2

- Lipids – cause of statin intolerance, risk of early statin start ie under 40
- Factors that increase plaque development
- Role of LpA
- Impact of lifestyle of cholesterol ie alcohol
- QI - LDL > 5 -> schizophrenia / bipolar / BAME -> age > 40 -> assess QRISK lifetime and statin start if appropriate

Diabetes

- Timeline of type 2 diabetes onset
- Diabetes cause for CV risk
- Rationale for CV benefit for SGLT2 and GLP1
- Key differences for choosing SGLT2 or GLP1
- QI T2DM -> CVD/Stroke/PVD -> CKD -> SGLT2 naïve
- Prescribe 4 patients SGLT2

Hypertension & AF

- Cause of primary vs secondary hypertension
- Key trials for intervention of blood pressure
- What targets to aim for considering European guideline
- Role of secondary care
- QI not on HTN register -> ever had BP > 180 systolic -> not on blood pressure medication
- Ask local pharmacies who will do ABPM by pharmacy first. Refer patient for ABPM

Public Health

- Role of population health review for CVD/DM/obesity/HTN
- Public health campaigns and evaluations
- Impact to schools and or local policy
- Smoking
- Work of public health for this area
- QI current smoker -> previous MI/stroke/PVD -> under 60
- 4 successful conversations to refer for stop smoking