## Healthy living - healthy ageing

Healthy lifestyles, dementia and chronic diseases


## Healthy living - healthy ageing

## The five healthy behaviours



## Healthy living - healthy ageing

## The six healthy behaviours



Wanless report (2004): 'Securing good health for the whole population'
'.....health services are unsustainable in their current form unless members of the public are fully engaged and take responsibility for their own health.'

In making choices about health....

## 'first choose your philosophy'

McKee, Raine Choosing Health? Lancet 2005;365:369-71

## There is a difference between

 preventive medicine therapeutic medicineTreatment has been delegated to healthcare professionals
Prevention is the responsibility of each individual person
It is my decision whether or not I smoke,
...what diet I take,
...how much I drink,
...what my body weight is,
...whether or not I take exercise......
... whether or not I take a preventive medicine

## The five healthy behaviours



## TARGET:

## non-smoking!

A major cause of
lung and other cancers
heart disease
hypertension
respiratory disease
renal disease


## BUT....

Regular smoking in Wales .....
25\% of adults
$19 \%$ of 15 -year-old boys
$28 \%$ of 15 -year-old girls.
"Smoking in Wales: current facts". The Wales Centre for Health

## TARGET:

## A BMI below 25

Overweight is a major cause

in about 60\% of diabetes and about 14\% of cancer in men and about 20\% in women strongly associated with early death

## BUT....

In Wales, overweight is 57\% of adults; 21\% obese $19 \%$ of 15 -year-old boys overweight $28 \%$ of 15 -year-old girls overweight .......and increasing!

## Exercise

## TARGET:

1/2 hr moderate activity, X 5/wk
'Heavy gardening or fast walking' OR develop a more active lifestyle

Inactivity is a factor in:

heart disease,
diabetes,
cancer,
ostoeporosis, dementia

## BUT....

In Wales
Only 30\% claim to fulfill the criterion 12\% take no regular exercise

## TARGET:

Within the guidelines
With food and one alcohol free day each week

## Benefit:



## BUT in Wales....

Alcohol-related deaths have doubled since 1992.....
45\% of subjects admitted drinking above the guidelines** $27 \%$ admitted 'binge' drinking during the past week**

## TARGET:

five a day!

Poor diet is a factor in:
heart disease,
diabetes,
cancer, ostoeporosis,

## BUT....



In Wales .....
only one third of adults claim to fulfill the 'five a day' criterion

## TARGET:

five a day!


Diabetes
Vasc.dis. Cancer
Dementia
Death 0.97
1.00
0.70 0.84

## TARGET:

five a day!


Diabetes Vasc.dis. Cancer Dementia Death
Fruit and veg 0.90
0.97
1.00
0.70
0.58 0.84
$0.87 \quad 0.82$
0.84

## Benefits of the five healthy behaviours

## The five healthy behaviours.....

- non-smoking,
- a low body weight
- a healthy diet
- regular exercise
- a low alcohol intake


## Benefits of the five healthy behaviours

## The five healthy behaviours.....

- non-smoking,
- a low body weight
- a healthy diet
- regular exercise
- a low alcohol intake

Reductions in:

- Diabetes
- Heart disease
- Stroke
- Cancer
- Dementia
- Death


## The 30-year Caerphilly cohort study

## The source of evidence:

HEALTHY BEHAVIOURS at baseline in 1979
Non-smoking Body weight Diet Exercise Alcohol intake
Recorded for 2,500 men aged 45-59 yrs
OUTCOMES during the following $\mathbf{3 0}$ years
Diabetes, vascular disease, cancer, dementia and death

The effectiveness of a healthy lifestyle

| HEALTHY <br> LIFESTYLES | REDUCTIONS (based on ORs) over the following $\mathbf{3 0}$ years |  |  |  |
| :---: | :---: | :---: | :---: | :---: |
|  | $\mathbf{1 0 0}$ | Heart disease <br> \& stroke | Cancer | All-cause <br> deaths |
| Four/five (112) |  | $\mathbf{1 0 0}$ | $\mathbf{1 0 0}$ | $\mathbf{1 0 0}$ |
| Significance of trend |  |  |  |  |

The effectiveness of a healthy lifestyle

| TOTAL <br> COHORT <br> 2,500 men | REDUCTIONS (based on ORs) over the following $\mathbf{3 0}$ years |  |  |  |
| :--- | :---: | :---: | :---: | :---: |
|  | Diabetes | Vascular <br> disease | Cancer | All-cause <br> deaths |
| No healthy behaviour | $\mathbf{1 0 0}$ |  |  |  |
| Any two (813 men) | $\mathbf{1 6 \%}$ |  |  |  |
| Any three (436) | $\mathbf{3 7 \%}$ |  |  |  |
| Four/five (112) | $\mathbf{4 8 \%}$ |  |  |  |
| Significance of trend | $\mathbf{0 . 0 0 0 5}$ |  |  |  |

All relationships adjusted for age and social class

The effectiveness of a healthy lifestyle

| TOTAL <br> COHORT <br> $\mathbf{2 , 5 0 0}$ men | REDUCTIONS (based on ORs) over the following $\mathbf{3 0}$ years |  |  |  |
| :--- | :---: | :---: | :---: | :---: |
|  | Diabetes | Vascular <br> disease | Cancer | All-cause <br> deaths |
| No healthy behaviour | $\mathbf{1 0 0}$ | $\mathbf{1 0 0}$ | $\mathbf{1 0 0}$ | $\mathbf{1 0 0}$ |
| Any two (813 men) | $\mathbf{1 6 \%}$ | $\mathbf{3 0 \%}$ | $13 \%$ | $\mathbf{1 5 \%}$ |
| Any three (436) | $\mathbf{3 7 \%}$ | $\mathbf{3 5 \%}$ | $7 \%$ | $\mathbf{3 0 \%}$ |
| Four/five (112) | $\mathbf{4 8 \%}$ | $\mathbf{3 8 \%}$ | $15 \%$ | $\mathbf{3 5 \%}$ |
| Significance of trend | $\mathbf{0 . 0 0 0 5}$ | $\mathbf{0 . 0 0 0 5}$ | 0.41 | $\mathbf{0 . 0 0 0 5}$ |

The effectiveness of a healthy lifestyle

| $\mathbf{1 , 0 2 3}$ <br> 'CONSISTENT <br> Men** | REDUCTIONS (based on ORs) over the following $\mathbf{3 0}$ years |  |  |  |
| :--- | :---: | :---: | :---: | :---: |
|  | Diabetes | Vascular <br> disease | Cancer | All-cause <br> deaths |
| No healthy behaviour | $\mathbf{1 0 0}$ | $\mathbf{1 0 0}$ | 100 | $\mathbf{1 0 0}$ |
| Any two (813 men) | $\mathbf{- 3 5 \%}$ | $\mathbf{- 1 7 \%}$ | $-3 \%$ | $\mathbf{- 8 \%}$ |
| Any three (436) | $\mathbf{- 6 6 \%}$ | $\mathbf{- 3 4 \%}$ | $-5 \%$ | $\mathbf{- 3 6 \%}$ |
| Four/five (112) | $\mathbf{- 7 2 \%}$ | $\mathbf{- 6 7 \%}$ | $-15 \%$ | $\mathbf{- 3 2 \%}$ |
| Significance of trend | $\mathbf{0 . 0 0 1}$ | $\mathbf{0 . 0 0 0 5}$ | 0.88 | $\mathbf{0 . 0 0 2}$ |

** 'Consistent' men: those who reported maintaining a healthy lifestyle In later repeat questionings

The effectiveness of a healthy lifestyle

| TOTAL <br> COHORT <br> $\mathbf{2 , 5 0 0}$ men | REDUCTIONS (based on ORs) over the following 30 years |  |  |  |
| :--- | :---: | :---: | :---: | :---: |
|  | Dialbetes | Vascullar <br> disease | Cancer | All-cause <br> deaths |
| No healthy behaviour | 100 | 100 | 100 | 100 |
| Any two (813 men) | $16 \%$ | $30 \%$ | $13 \%$ | $15 \%$ |
| Any three (436) | $37 \%$ | $35 \%$ | $7 \%$ | $30 \%$ |
| Four/five (112) | $48 \%$ | $38 \%$ | $15 \%$ | $35 \%$ |
| Significance of trend | 0.0005 | 0.0005 | 0.41 | 0.0005 |

## Another measure of benefit:

The number of years before disease in men following a healthy lifestyle became that of men who followed no healthy behaviour (Rate advancement)

$$
\text { For vascular disease........up to } 13 \text { years }
$$

For death............ up to 6 years

| The five healthy <br>  <br> BehavioursCognitive <br> Impairment <br> $(219$ men)  Dementia <br> (79 men) <br> No healthy behaviour   <br> Any two   <br> Any three   <br> Four or five  $\quad-48 \%$ | 100 |  |
| :--- | :---: | :---: |
|  | $-58 \%$ | $-44 \%$ |

Adjusted for age and social class and cognitive function at baseline

| The five healthy <br> Behaviours | Reductions |  |
| :--- | :---: | :---: |
|  | Cognitive <br> Impairment <br> $(219$ men) | Dementia <br> (79 men) |
|  | 100 | 100 |
| Any two | $-48 \%$ | $-44 \%$ |
| Any three | $-58 \%$ | $-72 \%$ |
| Four or five | $-59 \%$ | $-68 \%$ |
| Significance | 0.002 | 0.01 |

## Another measure of benefit:

'Rate advancement' - the number of years before disease in men following a healthy lifestyle men became that of men who followed no healthy behaviour

For cognitive impairment........
For dementia.
up to 6-7 years

## Finding.

Following a healthy lifestyle substantially increases disease-free survival
and..... during the extra years
the risk of dementia is reduced

## Strategy.

....urge every person to adopt one additional healthy behaviour

## Outcomeé é ..

.....if only half them comply, there could be.... ? $12 \%$ less diabetes; ? $6 \%$ less vascular disease ? $13 \%$ less dementia; $\quad$ ?5\% fewer deaths

## A philosophy of health

In making choices about health....

> 'first choose your philosophy'
> Mckee, Raine Choosing Health? Lancet 2005;365:369-11

## The treatment of disease

has been delegated to healthcare professionals
The preservation of health
is the responsibility of each individual person

## A verdict from the public

## A CITIZENS' JURY

Cardiff City Hall, October 2006


My health - whose responsibility: a jury decides. Elwood PC, Longley M. 2010

## A verdict from the public

## A CITIZENS' JURY

Facilitator: Penny Roberts, BBS Chief Reporter

Cardiff City Hall 2006


Elwood PC, Longley M. My health ï whose responsibility: a jury decides. J Epidem Comm Hlth 2010;64:

## A verdict from the public



1. The preservation of health is a subject's own responsibility.
2. Information on healthy behaviours should be made readily available and departments of public health should take a key role.


Elwood PC, Longley M. My health ï whose responsibility: a jury decides. J Epidem Comm Hlth 2010;64:

1. The preservation of health is a subject's own responsibility.
2. Information on healthy behaviours should be made readily available and departments of public health should take a key role.
3. The public should be informed about preventive medicines even before there is agreement amongst doctors!


Elwood PC, Longley M. My health ï whose responsibility: a jury decides. J Epidem Comm Hlth 2010;64:

## The effectiveness of a healthy lifestyle

| TOTAL <br> COHORT <br> 2,500 MEN | REDUCTIONS (based on ORs) over thefollowing 30 years |  |  |  |
| :--- | :---: | :---: | :---: | :---: | :---: |
|  | Diabetes | Vascular <br> disease | Cancer | All-cause <br> deaths |
| No healthy behaviour | 100 | 100 | $\mathbf{1 0 0}$ | 100 |
| Any two | $-16 \%$ | $-30 \%$ | $\mathbf{- 1 3 \%}$ | $-15 \%$ |
| Any three | $-37 \%$ | $-35 \%$ | $\mathbf{- 7 \%}$ | $-30 \%$ |
| Four/five | $-48 \%$ | $-38 \%$ | $\mathbf{- 1 8 \%}$ | $-35 \%$ |
| Significance of trend | 0.0005 | 0.0005 | $\mathbf{0 . 4 1}$ | 0.0005 |

## Cancer prevention strategies

| Healthy <br> Lifestyles | Reductions in: |  |  |  |
| :--- | :---: | :---: | :---: | :---: |
|  | Diabetes | Vascular <br> disease | Cancer | All-cause <br> deaths |
| Non-smoking | Non significant | $-21 \%$ <br> $(11 \%$ to $31 \%)$ | $\mathbf{- 2 9 \%}$ <br> $(16 \%$ to $37 \%)$ | $-33 \%$ <br> $(26 \%$ to $40 \%)$ |
| Four healthy <br> behaviours | $-72 \%$ | $-23 \%$ | No further <br> reduction | $-18 \%$ |

## Cancer prevention strategies

| Healthy <br> Lifestyles | Reductions in: |  |  |  |
| :--- | :---: | :---: | :---: | :---: |
|  | Diabetes | Vascular <br> disease | Cancer | All-cause <br> deaths |
| Non-smoking | Non significant | $\mathbf{- 2 1 \%}$ <br> $(11 \%$ to 31\%) | $\mathbf{- 2 9 \%}$ <br> $(16 \%$ to $37 \%)$ | $\mathbf{- 3 3 \%}$ <br> $(26 \%$ to $40 \%)$ |
| Four healthy <br> behaviours | $-72 \%$ | $-23 \%$ | No further | $-18 \%$ |
| reduction | $-18 \%$ |  |  |  |
| Daily low-dose <br> aspirin | Nil | $\mathbf{- 1 2 \%} \%$ <br> $(6 \%$ to $28 \%)$ | $\mathbf{- 3 5 \%} \% \% \%$ <br> $(13 \%$ to $50 \%)$ | $\mathbf{- 1 0 \%}$ <br> $(1 \%$ to $14 \%)$ |

[^0]Rothwell, Wilson et al 2010: 8 RCTs; HR 0.64 () 0.48, 0.84)
Rothwell \& Price et al (2012) 51 RCTs OR 0.63 ( $0.49,0.82$ )
Rothwell Fowkes et al 2012: 8 RCTs; >5 yrs, HR 0.66 ( $0.50,0.87$ )
Rothwell, Wilson, Elwin et al 2010; 4 RCTs; HR 0.68 ( $0.54,0.87$ )
Burn et al 2012: HR 0.65 ( $0.42,1.00$ )
Algra \& Rothwell et al 2012; 61 c-c and 45 cohorts
La Rosa et al 1999:

Cancer prevention strategies

| Healthy <br> Lifestyles | Reductions in: |  |  |  |
| :--- | :---: | :---: | :---: | :---: |
|  | Diabetes | Vascular <br> disease | Cancer | All-cause <br> deaths |
| Non-smoking | Non significant | $\mathbf{- 2 1 \%}$ <br> $(11 \%$ to $31 \%)$ | $\mathbf{- 2 9 \%}$ <br> $(16 \%$ to $37 \%)$ | $\mathbf{- 3 3 \%}$ <br> $(26 \%$ to $40 \%)$ |
| Four healthy <br> behaviours | $-72 \%$ | $-23 \%$ | No further <br> reduction | $-18 \%$ |

**
Rothwell Wilson Elwin et al (2010) four RCTs proximal colon HR $\mathbf{0 . 3 5}$ ( $0.20,0.63$ )
Rothwell Fowkes et al (2010): 8 RCTs HR 0.41 (0.17, 1.00)
Rothwell Wilson et al (2012): 5 RCTs HR 0.26 (0.11, 0.57)
Burn et al (2011) Proximal colon HR 0.41 ( $0.19,0.86$ )

Cancer and the sixth healthy behaviour

| Healthy <br> Lifestyles | Reductions in: |  |  |  |
| :---: | :---: | :---: | :---: | :---: |
|  | Diabetes | Vascular disease | Cancer | All-cause deaths |
| Non-smoking | Non significant | $\begin{gathered} -21 \% \\ (11 \% \text { to } 31 \% \text { ) } \end{gathered}$ | $\begin{gathered} -29 \% \\ (16 \% \text { to } 37 \%) \end{gathered}$ | $\begin{gathered} -33 \% \\ (26 \% \text { to } 40 \%) \end{gathered}$ |
| The other fourbehaviours | -72\% | -23\% | No further reduction | -18\% |
| Daily low-dose aspirin | Nil | $\begin{gathered} \mathbf{- 1 2 \%} \mathbf{o}^{\mathbf{1}} \\ (6 \% \text { to } 28 \%) \end{gathered}$ | $-35 \%{ }^{2-7}$ <br> (13\% to 50\%) | $\begin{gathered} \mathbf{- 1 0 \%} \mathbf{0}^{1,8} \\ (1 \% \text { to } 14 \%) \end{gathered}$ |
|  |  | eeds <br> strokes |  |  |

## Aspirin and bleeding

## STOMACH BLEEDs:

INCIDENCE: 2 or 3 per 1,000 subjects per year
(overviews by Sanmuganathan et al 2001; Guise et al 2002; McQuaid and Laine 2006;).
A CRISIS! but.....

- not the most serious bleeds, fatal bleeds are not increased by aspirin
(ATT 2009; Morgan 2009; Sostres \& Lanas 2011; Cham 2012; Pirmohamed 2004; MRHA 2013)
- the risk of a bleed seems to diminish with time
(Garcia Rodriguez et al 2001; Rothwell et al 2012)
- gastroprotective drugs are highy effective but are seriously underused
(Lanas et al, 2000; Targownik 2008; Chan et al 2012)


## STOMACH BLEEDs:

INCIDENCE: 2 or 3 per 1,000 subjects per year
(overviews by Sanmuganathan et al 2001; Guise et al 2002; McQuaid and Laine 2006;).
A CRISIS! But....

- not the most serious bleeds
- fatal haemorrhages are not increased by aspirin
- the risk of a bleed seems to diminish with time
- gastroprotective drugs are highy effective


## CEREBRAL BLEEDs Haemorrhagic stroke:

INCIDENCE: 1 or 2 per $\mathbf{1 0 , 0 0 0}$ subjects per year
(overviews by He et al Sanmuganathan et al 2001; McQuaid and Laine 2006;) Lanas et al
A TRAGEDY! BUT...

- probably largely in patients with uncontrolled hypertension
(The HOT trial. Hansson et al 1998)

STOMACH BLEEDs:
INCIDENCE: 2 or 3 per 1 a history, or then a gastro-
If there is any present stomach disease, should be given protective loveriews by Lanas seems to diminish by aspirin of prata loveriems by Lanas et al, Morgan, Elwood ew en th tim
CEREBRAL BLEED Haem ld be checked before incidenard pressure should is recommended Blood proterm aspirin is wour; Mcouaid and Laine 2006;) Lanas et al
long-term BUT Probably only in patients with uncontrolled hypertension

## Aspirin and bleeding

## STOMACH BLEEDs:

INCIDENCE: 2 or 3 per 1 an or any

If there
GOO a necked before


The risk/benefit balance of low-dose prophylactic aspirin


The risk/benefit balance of low-dose aspirin
(Thun, Jacobs, Patrono 2012; Hassan et al 2012; Ladabaum et al 2001)

## Haemorrhage

Gastrointestinal
Cerebral

## Reductions:

heart attacks strokes colorectal cancer other cancers


# Who should evaluate, who should decide? 

It is my decision whether or not I smoke, ...what diet I take, ...how much I drink,
... what my body weight is,
... whether or not I take exercise......
... whether or not I take a preventive medicine

## SUMMARY

## SUMMARY on healthy behaviours:

Following a healthy lifestyle substantially incron
and..... dunn But, the up-take is abysmal behaviours is abysmal

## Uptake of preventive measures

## Up-take of healthy behaviours in Wales

Healthy lifestyle

UP-take by men 45-59 yrs in $1979{ }^{1}$

3 Healthy behaviours 19\%
4 healthy behaviours 5\%
5 healthy behaviours 0.1\%

1. Caerphilly Prospective Study
2. Welsh Health Survey (2008)

## Uptake of preventive measures

## Up-take of healthy behaviours in Wales

|  | UP-take by men 45-59 yrs |  |
| :--- | :---: | :---: |
| Healthy lifestyle | in $1979^{1}$ | in 2009 ${ }^{2}$ |
| 3 healthy behaviours |  |  |
| 4 healthy behaviours | $18 \%$ | $19 \%$ |
| 5 healthy behaviours | $5 \%$ | $7 \%$ |

1. Caerphilly Prospective Study (1980 data)
2. Welsh Health Survey (2008)
3. Hale, Phillips Jewel (2012)

## Uptake of preventive measures

Up-take of healthy behaviours in Wales
Healthy lifestyle
Welsh adults
in $2009{ }^{1}$
3 healthy behaviours 19\%
4 healthy behaviours 7\%
5 healthy behaviours < $1 \%$
Regular aspirin $37 \mathbf{\% ²}^{2}$

## The six healthy behaviours

Healthy lifestyles: the five healthy behaviours what is being done simply ain't working!

Prophylactic aspirin: the sixth healthy behaviour avoided by health authorities and health workers because of serious misconceptions about the seriousness and frequency of bleeding BUT being taken up by increasing numbers!!

## The six healthy behaviours



## The six healthy behaviours



## The six healthy behaviours






[^0]:    **

