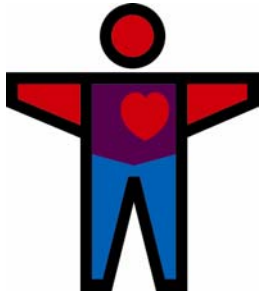
Celebrating 30 years of the MIDSPAN Studies



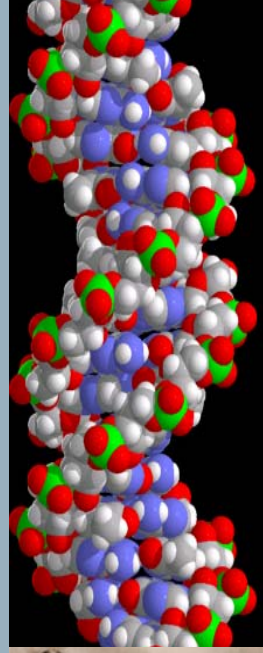
Family histories

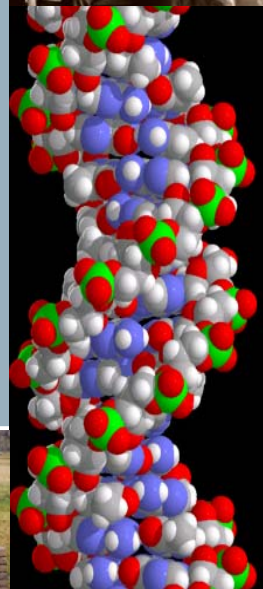
Kate Hunt

Understandings of heart disease: qualitative research in Midspan

Kate Hunt, MRC Social and Public Health Sciences Unit
Carol Emslie, Graham Watt, Carole Hart, Alex McConnachie

Celebrating 30 years of Midspan
25th November 2005
Glasgow





FH and CHD

FH recognised as modifying risk of CHD

- ‘Positive’ FH - contested

Previous literature - importance of heredity

- Coronary candidacy, and exceptions - ‘Uncle Norman’ and ‘last person’
- Impact of FH on receptiveness to health promotion advice

Many ideas about health (and health behaviour) learnt in family context

Renfrew-Paisley study

1972-1976

c80% residents aged 45-64

Monitored for subsequent mortality (death certificates)

Married couples

Midspan family study

1040 men,1298 women

Adult offspring of 1477 couples

2 generation study → opportunity for research on family history

Qualitative subsample

Midspan family study

1040 men,1298 women

“Some people think that particular illnesses or weaknesses run in their families, others don’t. Do you think there are any conditions, weaknesses or illnesses which run in your family?”

“Heart disease/heart trouble” ➔ ‘perceived FH’ (pFH) CHD

Purposive subsample of 61 respondents

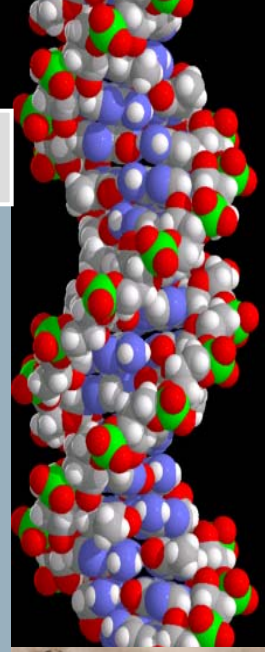
- Men (n=30); women (n=31)
- Manual (n=30) and non-manual (n=31) backgrounds
- pFH CHD (n=31); no pFH of illness/weakness (n=30)

- **In-depth interviews about health in family**

- **Offspring reports of date/cause of death accurate**
- **Parental CHD deaths important**
- **Not everyone with parental CHD death sees themselves as having a family history**
- **Men from manual backgrounds**
  - most at risk of premature CHD death,
  - least likely to interpret parental CHD death as pFH

Watt et al (2000), JECH; 54: 859-863

‘Lay’ and ‘medical’ definitions of FH: similar or different?



Similarities

Number, age at death, and relationship of affected relatives

Differences?

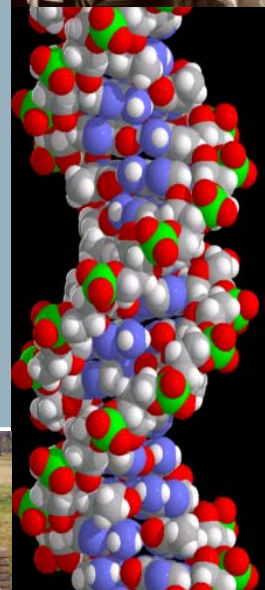
Notions of what constitutes a premature death

Ambivalence/fluidity - many ambivalent, and FH constantly under review

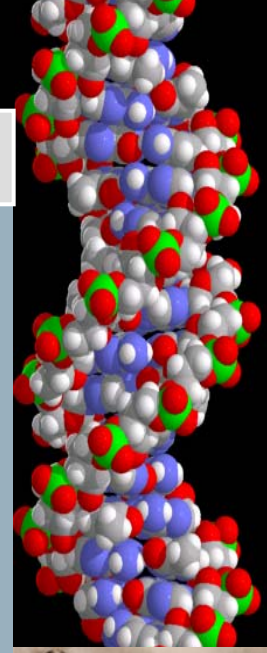
Distinction between FH and whether this is a **personal** risk factor

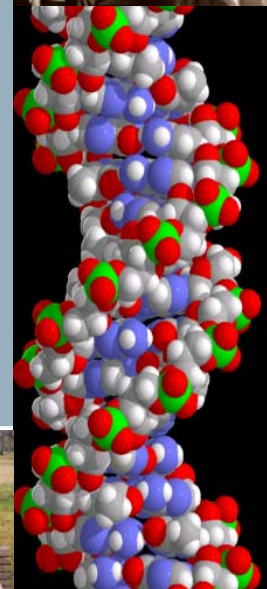
Degree to which events are ‘expected’ or ‘unexpected’ and ‘explicable’ or ‘inexplicable’ - notions of candidacy

Hunt et al (2001), Lancet 357: 1168-1171



Importance of 'inexplicable' events within the family





- Family experience of 'anomalous' deaths or unexpectedly long survival ➔ powerful in deconstructing notions of candidacy and risk
- Family deaths - defining point in understanding risk
- Family - only site for close observation of lifestyle, exposures etc. over long periods of time/lifetime
- Potential for:
  - undermining acceptance of conventional coronary advice
  - reaching conclusions about FH/ risk factors judged as 'irrational'
  - assessment of familial risk in conflict with medical assessment

Hunt & Emslie (2001), IJE 30: 442-446

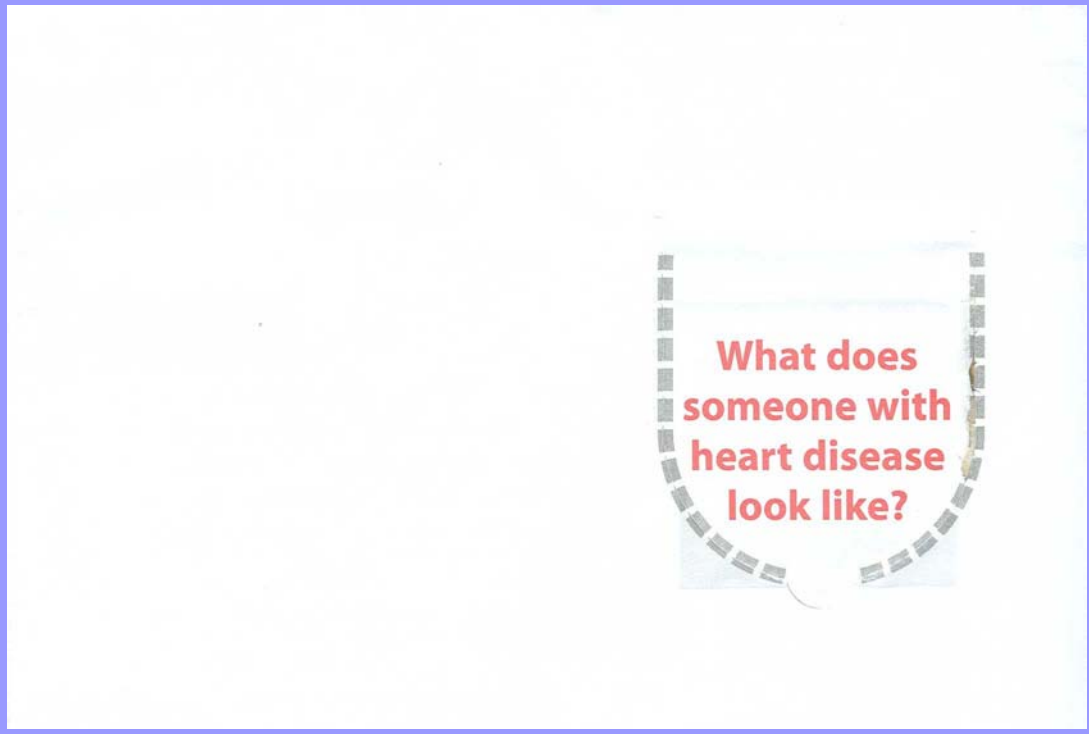
			Doctor assesses patient has FH	
			Yes	No
Patient thinks heart disease 'runs' in family	Yes	Thinks FH increases personal risk	A	B
	Yes	Does not think FH increases personal risk	C	D
	No		E	F

Hunt et al (2001), Lancet 357: 1168-1171

CHD as ‘male’ disease

- CHD seen (by men and women) as ‘man’s disease’
  - ‘Likely candidates’ for CHD invariably men
  - ‘Unlikely’ candidates also exclusively men
- May cause women to delay in seeking medical attention?

Emslie et al (2001), Sociology of Health & Illness 23: 203-233


What does someone with heart disease look like?


Frankie, 34,
heart patient

MYTH? The disease women **really need to fear** is breast cancer...

MYTH? Men and women suffer the **same symptoms** before having a **heart attack...**

MYTH? There is nothing that **can be done** to stop heart disease...

FACT

This week alone, ***coronary heart disease will kill four times more women*** *than breast cancer*

- Women of all ages are in greater danger from heart and circulatory disease than they think.
- In a 2002 study, only one in four women recognised that heart disease is the single biggest threat to their life. But in the last four years the number of women affected by heart disease has **increased by 20%.**

FACT

Men and women can present ***different symptoms***

- Even some medical professionals often fail to tell the symptoms apart.
- Crushing chest pain and shortness of breath are not necessarily symptoms women experience. They may feel extremely tired, unaware that not enough blood is getting to their heart.
- **Unrecognised heart attacks** are far more **common** in **women** than men.

FACT

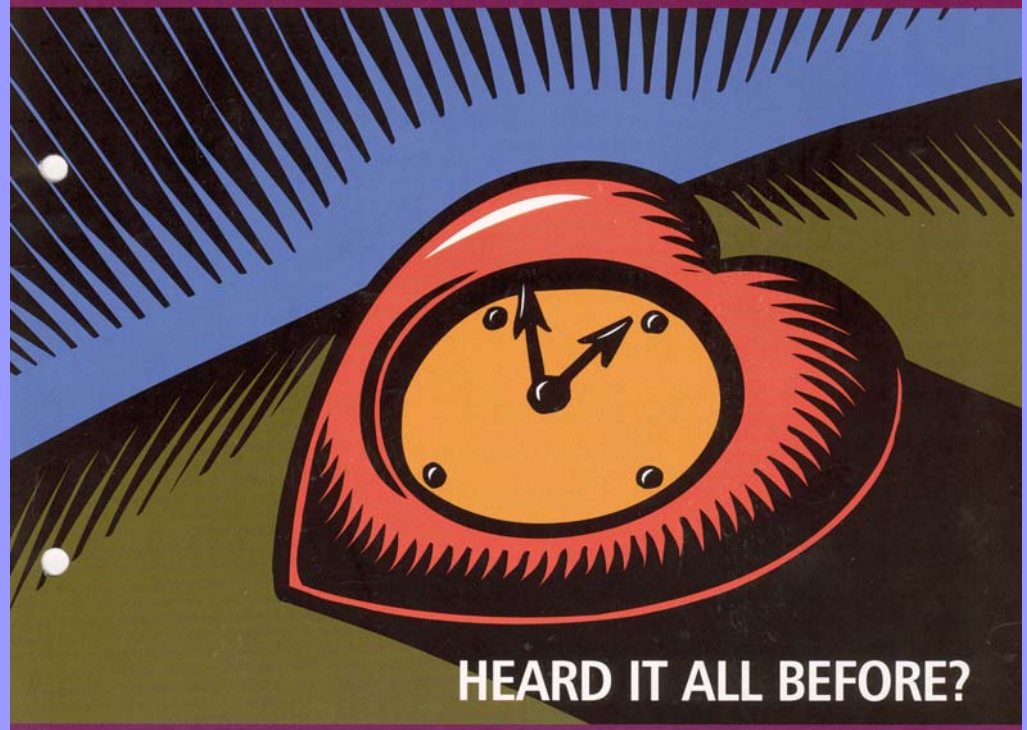
Yes, there is and ***you can help us do it***

- No one is spending more than BHF to keep hearts beating.
- We spend £95 every minute of every day – more than any other UK heart charity – on research to treat and prevent heart disease sooner.
- Cholesterol-lowering drugs called **statins** pioneered by BHF research **prevent 10,000** heart attacks, strokes and artery widening operations **a year.**

- CHD very commonly characterised as ‘good way to go’
  - contrast to painful and lingering death from cancer
  - deaths from CHD seen as ‘quick’
  - deaths from CHD in older age often portrayed as ‘natural’ or inevitable
  - little talk of living with restrictions imposed by CHD morbidity
- May undermine incentive to modify coronary behavioural risks

Emslie et al (2001), Coronary Health Care 4: 1-8

real people talking about heart disease



Heart Health

MAKING SENSE OF THE MESSAGES AND MOVING FORWARD >>

Heard it all before? • Will it happen to me?
What about money? • What if heart disease runs in the family?
Food, what can I believe? • A good way to go? • Useful contacts!