

# Four decisions for a middle aged man

[p.snelling@worc.ac.uk](mailto:p.snelling@worc.ac.uk) 01905 542615

## Four decisions... and the information available to guide me

- Should I have an operation?
- Should I take a statin ?
- Should I have my PSA checked?
- Should I cut down my drinking?

For consent to be valid, it must be given voluntarily by an **appropriately informed** person who has the capacity to consent

Reference guide to consent  
for examination or treatment  
*Second edition*

## Montgomery v Lanarkshire Health Board

The doctor is therefore under a duty to take reasonable care to ensure that the patient is aware of any **material risks** involved in any recommended treatment, and of any reasonable alternative or variant treatments. The test of materiality is whether, in the circumstances of the particular case, **a reasonable person in the patient's position would be likely to attach significance to the risk**, or the doctor is or should reasonably be aware that the particular patient would be likely to attach significance to it

## Montgomery v Lanarkshire Health Board

...it has become far easier, and far more common, for members of the public to obtain information about symptoms, investigations, treatment options, risks and side-effects via such media as the **internet** (76)

..It looks like a judgment that vaginal delivery is in some way **morally preferable** to a caesarean section: so much so that it justifies depriving the pregnant woman of the information needed for her to make a free choice in the matter (114, Lady Hale)

She is at least entitled to the information which will enable her to take a **proper** part in that decision. (115, Lady Hale)

- personalise risks and benefits as far as possible
- use absolute risk rather than relative risk (for example, the risk of an event increases from 1 in 1000 to 2 in 1000, rather than the risk of the event doubles)
- use natural frequency (for example, 10 in 100) rather than a percentage (10%)
- be consistent in the use of data (for example, use the same denominator when comparing risk: 7 in 100 for one risk and 20 in 100 for another, rather than 1 in 14 and 1 in 5)
- present a risk over a defined period of time (months or years) if appropriate (for example, if 100 people are treated for 1 year, 10 will experience a given side effect)
- include both positive and negative framing (for example, treatment will be successful for 97 out of 100 patients and unsuccessful for 3 out of 100 patients)
- be aware that different people interpret terms such as rare, unusual and common in different ways, and use numerical data if available
- think about using a mixture of numerical and pictorial formats (for example, numerical rates and pictograms)
- check that the patient understands the information.

<b>Operations</b>			
<b>personalise risks and benefits as far as possible</b>			
<b>use absolute risk rather than relative risk</b>			
<b>use natural frequency</b>			
<b>present a risk over a defined period of time (months or years) if appropriate</b>			
<b>think about using a mixture of numerical and pictorial formats</b>			



# Statins....what to do?

**SUNDAY EXPRESS**  
WITH 6 MAGAZINE, SPORT, FINANCE, REVIEW, TRAVEL & PROPERTY  
MARCH 3, 2014  
www.sundayexpress.co.uk

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## HEALTH CHIEF SLAMS STATINS

Millions face terrible side effects as drug is planned for 1 in 4

**EXCLUSIVE**  
By Larry Johnston

LEADING doctors are demanding an end to the widespread prescription of statins, warning that one in four Britons will soon be at risk of terrible side effects from the controversial heart drugs.

These warning has come from Dr Robert Choud, deputy chairman of the British Medical Association, who referred "widespread" adverse effects while taking statins and claims that plans to prescribe them to millions more will "put tens of thousands of people at risk".

The drugs are currently offered to patients with a 10 per cent risk of developing heart disease to help keep

**Puppy horror exposed**  
SPECIAL INVESTIGATION: PAGES 4 & 7

**Kate & Wills' gift to threatened school**

THIS Duchess of Cambridge has stepped in to help a tiny rural primary school threatened with closure because there were not enough children on the school roll.

The royal arrived after hearing that pupils would be too far to sign up to help and George as a pupil to save their school.

Rose, 10, spoke to her school.

William chose the pupils of Chorus Church of England primary school, near Dorset, Wiltshire.

The couple decided to write back to each pupil who had expressed their interest in a photograph of their school.

**SEE PAGE 21**

**DAILY EXPRESS**  
WE'RE BACKING BRITAIN  
dexpress.co.uk  
FRIDAY FEBRUARY 1, 2019 60p

**SNOWBOMB HELL UNLEASHED**  
Met Office warns of 'risk to life' as Britain freezes  
SEE PAGES 2&3

**SHELL'S SOARING PROFITS FUEL DRIVER FURY**  
SEE PAGE 7

## STATINS REALLY DO SAVE LIVES

By Hanna Geissler Health Reporter

THOUSANDS of deaths could be prevented every year if more elderly patients were prescribed statins, research reveals today.

A landmark review of data from 26 clinical trials found that the benefits of the cholesterol-lowering drugs far outweighed any rare side-effects.

Of the 5.5 million Britons who are

**TURN TO PAGE 4**

**Landmark study reveals thousands of early deaths would be prevented by wonder drug**

**Show stopping... Sheridan bags a new look**  
SEE PAGE 7

## Common side effects

Although side effects can vary between different statins, common side effects (which affect up to 1 in 10 people) include:

- [nosebleeds](#)
- [sore throat](#)
- [a runny or blocked nose \(non-allergic rhinitis\)](#)
- [headache](#)
- feeling sick
- problems with the digestive system, such as [constipation](#), [diarrhoea](#), [indigestion](#) or [flatulence](#)
- muscle and joint pain
- increased blood sugar level ([hyperglycaemia](#))
- an increased risk of [diabetes](#)

However, it's not clear whether most of the common problems people experience when taking statins are actually caused by the medication itself.

[link](#)



# Specific to Atorvastatin

## Serious side effects

Serious side effects when taking atorvastatin are rare and happen in less than 1 in 1,000 people.

Stop taking atorvastatin and call a doctor if you get:

- [muscle pain, tenderness, weakness](#) or cramps - these can be signs of muscle breakdown and kidney damage
- yellow skin or the whites of your eyes turn yellow, or if you have pale poo and dark pee - this can be a sign of liver problems

[link](#)

**Why have I been offered statins?**

# Why have I been offered statins?

Your doctor may recommend taking statins if either:

- you have been diagnosed with a form of CVD
- your personal and family medical history suggests you're likely to develop CVD at some point over the next 10 years and lifestyle measures have not reduced this risk

[Find out more about when statins may be recommended](#)

# Why have I been offered statins?

Your doctor may recommend taking statins if either:

- you have been diagnosed with a form of CVD
- your personal and family medical history suggests you're likely to develop CVD at some point over the next 10 years and lifestyle measures have not reduced this risk

[Find out more about when statins may be recommended](#)

The current recommendation is that you should be offered statins if

- you have at least a 1 in 10 chance of developing CVD at some point in the next 10 years
- lifestyle measures, such as exercising regularly and eating a healthy diet, have not reduced this risk

## Useful resources

- [Atorvastatin: forums](#)
- [British Heart Foundation: charity](#)
- [Heart UK: charity](#)
- [Stroke Association: charity](#)
- [Statins: videos of real stories](#)

No link to NICE, but when googled, there is guideline which mentions assessment using qrisk2 (but no link). There is also a quality standard on discussion risks and benefits. The link to the decision aid doesn't work. So, via google

This calculator is only valid if you do not already have a diagnosis of coronary heart disease (including angina or heart attack) or stroke/transient ischaemic attack.

Reset

Information

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## About you

Age (25-84):

54

Sex:

☒ Male

☐ Female

Ethnicity:

White or not stated ▼

UK postcode: leave blank if unknown

Postcode:

WR14 4BX

## Clinical information

Smoking status:

non-smoker ▼

Diabetes status:

none ▼

Angina or heart attack in a 1st degree relative < 60? ☐

Chronic kidney disease (stage 3, 4 or 5)? ☐

Atrial fibrillation? ☐

On blood pressure treatment? ☐

Do you have migraines? ☐

Rheumatoid arthritis? ☐

Systemic lupus erythematosus (SLE)? ☐

Severe mental illness?

(this includes schizophrenia, bipolar disorder and moderate/severe depression) ☐

On atypical antipsychotic medication? ☐

Are you on regular steroid tablets? ☐

A diagnosis of or treatment for erectile dysfunction? ☐

Leave blank if unknown

Cholesterol/HDL ratio:

4.5

Systolic blood pressure (mmHg):

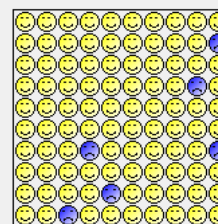
122

## Your results

Your risk of having a heart attack or stroke within the next 10 years is:

5.7%

In other words, in a crowd of 100 people with the same risk factors as you, 6 are likely to have a heart attack or stroke within the next 10 years.



Risk of  
a heart attack or stroke

Your score has been calculated using estimated data, as some information was left blank.

Your body mass index was calculated as 26.53 kg/m<sup>2</sup>.

## How does your 10-year score compare?

### Your score

Your 10-year QRISK <sup>®</sup> 3 score	5.7%
The score of a healthy person with the same age, sex, and ethnicity*	5.3%
Relative risk**	1.1
Your QRISK <sup>®</sup> 3 Healthy Heart Age***	55

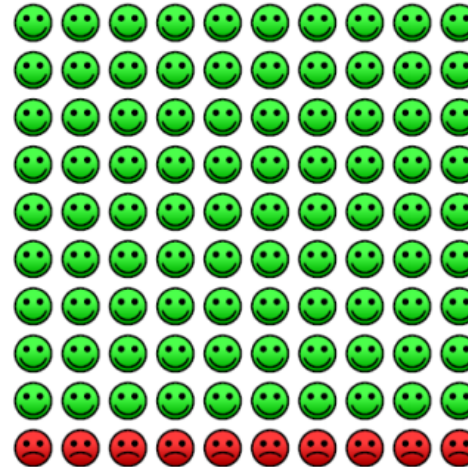
\* This is the score of a healthy person of your age, sex and ethnic group, i.e. with no adverse clinical indicators and a cholesterol



## Taking a statin to reduce the risk of coronary heart disease and stroke

[link](#)

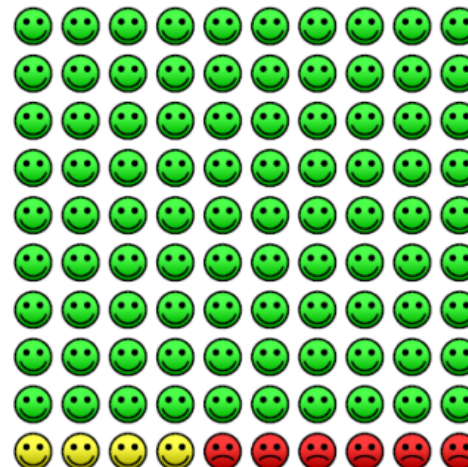
### Cardiovascular risk 10% over 10 years: no treatment



If 100 people at this level of risk take no statin, over 10 years on average:

- 90 people will not develop CHD or have a stroke (the green faces)
- 10 people will develop CHD or have a stroke (the red faces).

### Cardiovascular risk 10% over 10 years: taking atorvastatin



If all 100 people take atorvastatin for 10 years, over that time on average:

- 4 people will be saved from developing CHD or having a stroke (the yellow faces)
- 90 people will not develop CHD or have a stroke, but would not have done anyway (the green faces)
- 6 people will still develop CHD or have a stroke (the red faces).

Operations	Statins		
personalise risks and benefits as far as possible	Risks, yes. Via qrisk2		
use absolute risk rather than relative risk	Yes (eventually)		
use natural frequency	Yes		
present a risk over a defined period of time (months or years) if appropriate	Yes		
think about using a mixture of numerical and pictorial formats	Yes (eventually)		

# Prostrate Screening

There's currently no screening programme for prostate cancer in the UK. This is because it has not been proved that the benefits would outweigh the risks.

## Should you know your PSA level?

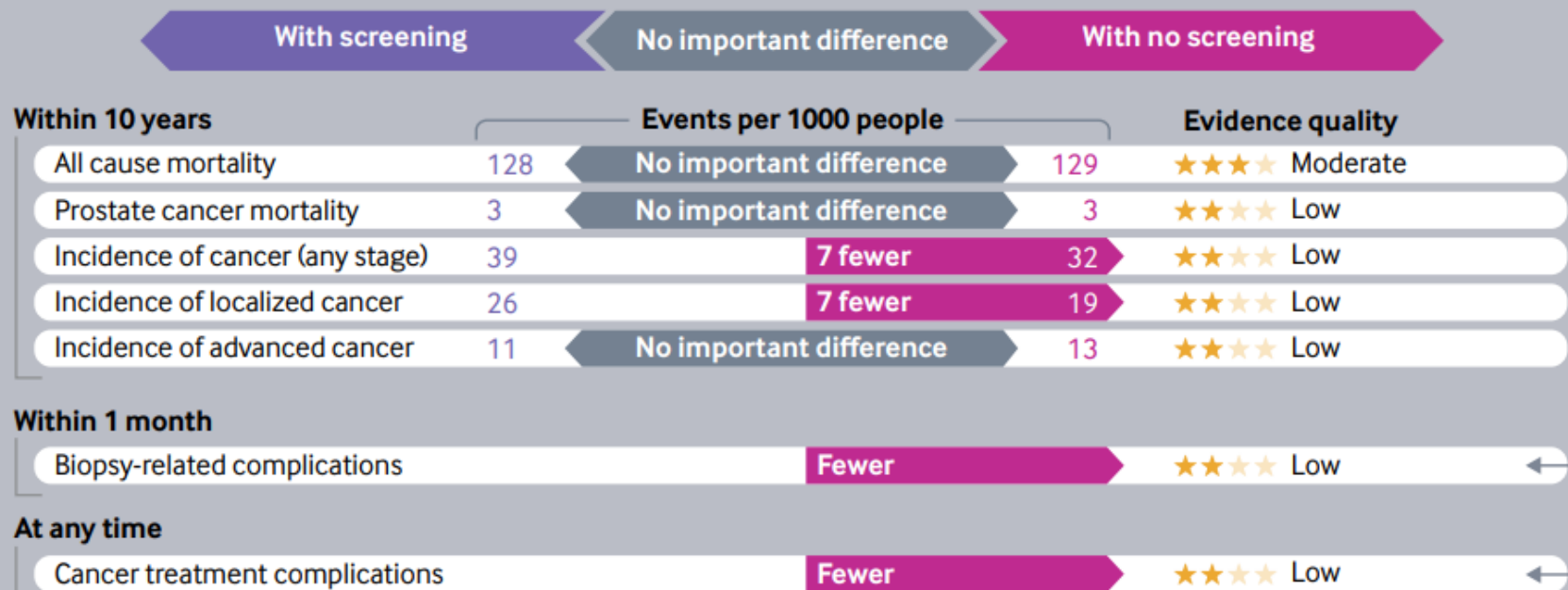
Instead of a national screening programme, there is an informed choice programme, called prostate cancer risk management, for healthy men aged 50 or over who ask their GP about PSA testing. It aims to give men good information on the pros and cons of a PSA test.

If you're a man aged 50 or over and decide to have your PSA levels tested after talking to your GP, they can arrange for it to be carried out free on the NHS.

# How accurate is the PSA test?

About 3 in 4 men with a raised PSA level will not have cancer. The PSA test can also miss about 15% of cancers.

## Comparison of benefits and harms - all evidence



Operations	Statins	PSA testing	
personalise risks and benefits as far as possible	Risks, yes. Via qrisk2	To some extent	
use absolute risk rather than relative risk	Yes (eventually)	NA	
use natural frequency	Yes	Yes and no	
present a risk over a defined period of time (months or years) if appropriate	Yes	Yes (BMJ)	
think about using a mixture of numerical and pictorial formats	Yes (eventually)	Yes - BMJ	

# Is half a bottle of wine a night too much?

## The risks of drinking too much

### Alcohol support

Alcohol facts



Advice and support

[Where to find alcohol support](#)

[Tips on cutting down](#)

[Hangover cures](#)

[Caring for an alcoholic](#)

['Going dry for a month boosted my health'](#)

[link](#)

**Alcohol Change UK** is a leading UK alcohol charity, formed from the merger of **Alcohol Concern** and **Alcohol Research UK**.



Alcohol increases the risk of these cancers by different amounts. If you were drinking every day, every 10 grams of pure alcohol (around one drink or 1.25 units) would increase the risk of these cancers by the following amounts, compared to if you were not drinking:

- Mouth and throat cancer by around 15%
- Oesophagus cancer by 25%
- Breast cancer by 7%
- Colorectal cancer by 7%
- Liver cancer by 4%
- Stomach cancer by 2%

To put these figures into context, a woman drinking between 14 and 35 units per week, has a 15% chance of developing breast cancer, compared to an 11% chance if she didn't drink at all. Similarly, a man drinking up to 14 units per week has a 0.6% chance of developing colorectal cancer, which rises to an 11% chance if he drinks over 35 units per week [4].

## How many cases of cancer does alcohol cause?

Type of cancer	Percentage of diagnosed cancer cases in the UK in 2015 caused by alcohol [5]	Number of diagnosed cancer cases in the UK in 2015 caused by alcohol [5, 3]
Liver	7%	402
Oesophagus	13%	1,197
Colorectal	6%	2,508
Mouth and throat	25 - 30%	3,015 – 3,618
Breast	8%	4,409

There is strong evidence that drinking up to two drinks per day can decrease the risk of kidney cancer [1]. But remember, if you are drinking to decrease your risk of kidney cancer, you will still be increasing your risk of the other cancers listed above, as well as other alcohol-related conditions such as diabetes, hypertension and liver disease. Alcohol may also be linked to other cancers such as lung, pancreatic and skin cancer, but more research is needed before we can be certain [1].

## About us

The Drinkaware Trust is an independent UK-wide alcohol education charity, funded largely by voluntary and unrestricted donations from UK alcohol producers, retailers and supermarkets. The Trust is governed independently and works in partnership with others to help reduce alcohol-related harm by helping people make better choices about their drinking.



[Find out about the links between alcohol and six other types of cancer](#)



## Oral cancer and alcohol

If you drink alcohol regularly, your mouth and throat are often in close contact with alcohol, which is a risk factor for all types of oral cancer.

A 2010 study found that people who had four or more drinks a day had about five times the risk of mouth and pharynx cancers compared to people who never drank or drank only occasionally. However, it also indicated an increased risk for moderate alcohol drinking, which counts as one drink a day.

Another important study found that when you stop drinking, you can reduce your alcohol-related risk of getting oral cancer by 2% for each year you remain tee-total.<sup>3</sup> Limiting the risk of oral cancer is one reason to drink within the UK Chief Medical Officers' **low risk drinking guidelines** of 14 units per week for both men and women.

Facts ▼



Unit and  
Calorie  
Calculator

Advice ▼

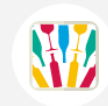


Drinking Self  
Assessment

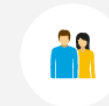


MyDrinkaware  
Online Drinks  
Tracker

Drink Tracker & Tools ▼



Track and  
Calculate Units  
App

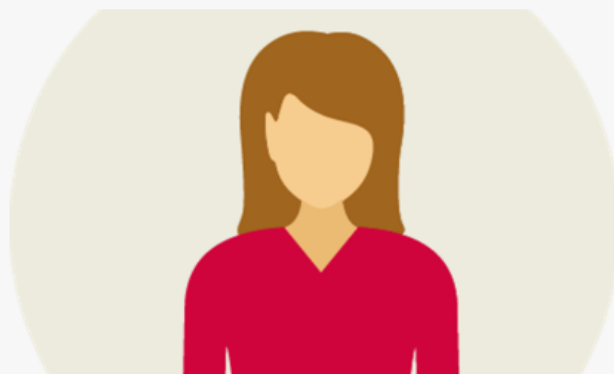


DrinkCompare  
Calculator

## Tips, info and advice to get you started

### Select your sex

Help us personalise your experience so we can show the benefits of Drink Free Days specific to you.



Female



Male



Facts ▼

Advice ▼

Drink Tracker & Tools ▼



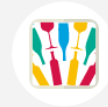
Unit and  
Calorie  
Calculator



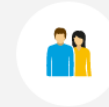
Drinking Self  
Assessment



MyDrinkaware  
Online Drinks  
Tracker



Track and  
Calculate Units  
App



DrinkCompare  
Calculator

**90%** of men drink less than you

This data includes 11% of men in the UK who don't drink alcohol at all, and a further 30% who drink less than weekly. (More information about the data can be found [here](#))



**41.4** units of alcohol each week

**2862** calories each week

Statistics gathered from Drinkaware Monitor 2017 survey (6,174 people)



Operations	Statins	PSA testing	Drinking
personalise risks and benefits as far as possible	Risks, yes. Via qrisk2	To some extent	No, not really. Ranking but no risk
use absolute risk rather than relative risk	Yes (eventually)	NA	No (well a little)
use natural frequency	Yes	Yes and no	No
present a risk over a defined period of time (months or years) if appropriate	Yes	Yes (BMJ)	No
think about using a mixture of numerical and pictorial formats	Yes (eventually)	Yes - BMJ	No

## 6 Always practise in line with the best available evidence

To achieve this, you must:

- 6.1 make sure that any information or advice given is evidence-based including information relating to using any health and care products or services
- 6.2 maintain the knowledge and skills you need for safe and effective practice

## 7 Communicate clearly

To achieve this, you must:

- 7.1 use terms that people in your care, colleagues and the public can understand
- 7.2 take reasonable steps to meet people's language and communication needs, providing, wherever possible, assistance to those who need help to communicate their own or other people's needs
- 7.3 use a range of verbal and non-verbal communication methods, and consider cultural sensitivities to better understand and respond to people's personal and health needs
- 7.4 check people's understanding from time to time to keep misunderstanding or mistakes to a minimum

## Alcohol Facts

### Description

Welcome to the first of three sessions in the Alcohol Identification and Brief Advice (IBA) e-learning module.

*This session has been designed to help you learn more about alcohol units and the risks associated with alcohol consumption.*

**Duration** 20 min



Public Health  
England



This session has been designed to help you learn more about alcohol units and the risks associated with alcohol consumption.

The risk associated with the number of units individuals consume will vary.

*Select the hyperlinks below to view the Chief Medical Officers' guidelines for alcohol consumption.*

The term 'regularly' means most weeks at this level.

[All adults](#)

[Young people](#)

[Pregnant women](#)

#### All Adults

You are safest not to drink regularly more than 14 units per week, to keep health risks from drinking alcohol to a low level. If you do drink as much as 14 units per week, it is best to spread this evenly over 3 days or more.

If you have one or two heavy drinking sessions a week, you increase your risk of death from long term illnesses and from accidents and injuries.

The risk of developing a range of illnesses (including, for example, cancers of the mouth, throat and breast) increases with any amount you drink on a regular basis.

If you wish to cut down the amount you're drinking, a good way to help achieve this is to have several drinks on 3 days each week.

The risk of developing a range of illnesses (including, for example, cancers of the mouth, throat and breast) increases with any amount you drink on a regular basis.

The consumption of alcohol has many consequences besides intoxication. These consequences could result in long-term health problems.

Select true or false for each of the following statements, then submit.

	True	False
A. Regular or excessive alcohol consumption may make you put on weight	<input checked="" type="radio"/>	<input type="radio"/>
B. Higher-risk drinkers are 13 times more likely to develop cirrhosis of the liver than low-risk drinkers	<input checked="" type="radio"/>	<input type="radio"/>
C. Alcohol consumption during pregnancy can harm the foetus	<input checked="" type="radio"/>	<input type="radio"/>
D. Alcohol consumption can reduce the effectiveness of medications	<input checked="" type="radio"/>	<input type="radio"/>
E. The risk of developing an oral and pharyngeal cancer is almost tripled in regular alcohol drinkers if they also smoke	<input checked="" type="radio"/>	<input type="radio"/>
F. Excess alcohol consumption puts individuals at risk of injury from physical violence	<input checked="" type="radio"/>	<input type="radio"/>

Submitted

#### Feedback

Correct.

These are all examples of how alcohol can affect people.

Some consequences, such as feeling depressed, could last for a long time, while others could be life threatening.

Alcohol consumption increases the risk of accidents and is a central nervous system depressant so it will affect the body in a variety of ways.

Alcoholic drinks also contain a lot of calories so weight gain is likely with excessive use.

- Higher-risk drinkers are 13 times more likely to develop cirrhosis of the liver than low-risk drinkers
- The risk of developing an oral and pharyngeal cancer is almost tripled in regular alcohol drinkers if they also smoke



# Public Health England

Protecting and improving the nation's health

## Record of Learning Completion

This document provides a record of completion of the e-learning session:

### Alcohol Facts

On  
20<sup>th</sup> July 2019

By  
Snelling, Paul

This activity can be accessed from the following website [www.e-lfh.org.uk/programmes/alcohol](http://www.e-lfh.org.uk/programmes/alcohol). It meets the educational criteria required for verifiable Continuing Professional Development for 1 hour. Learning outcomes: Recognise how many units of alcohol are in common alcoholic beverages; Recall the different terms used to describe drinking and its risks appropriately; Describe the physical, mental and social implications of alcohol misuse



## Implications for (ethical) healthcare practice.

Do we really respect / facilitate autonomous practice?

Should we?

Is 'nudging' acceptable? (Not all 'nudges' are the same)

What is the fundamental purpose of nursing and advice?

(? same as ethical nursing practice)

