BRIGHTON & HOVE
HOMELESS HEALTH
CONFERENCE

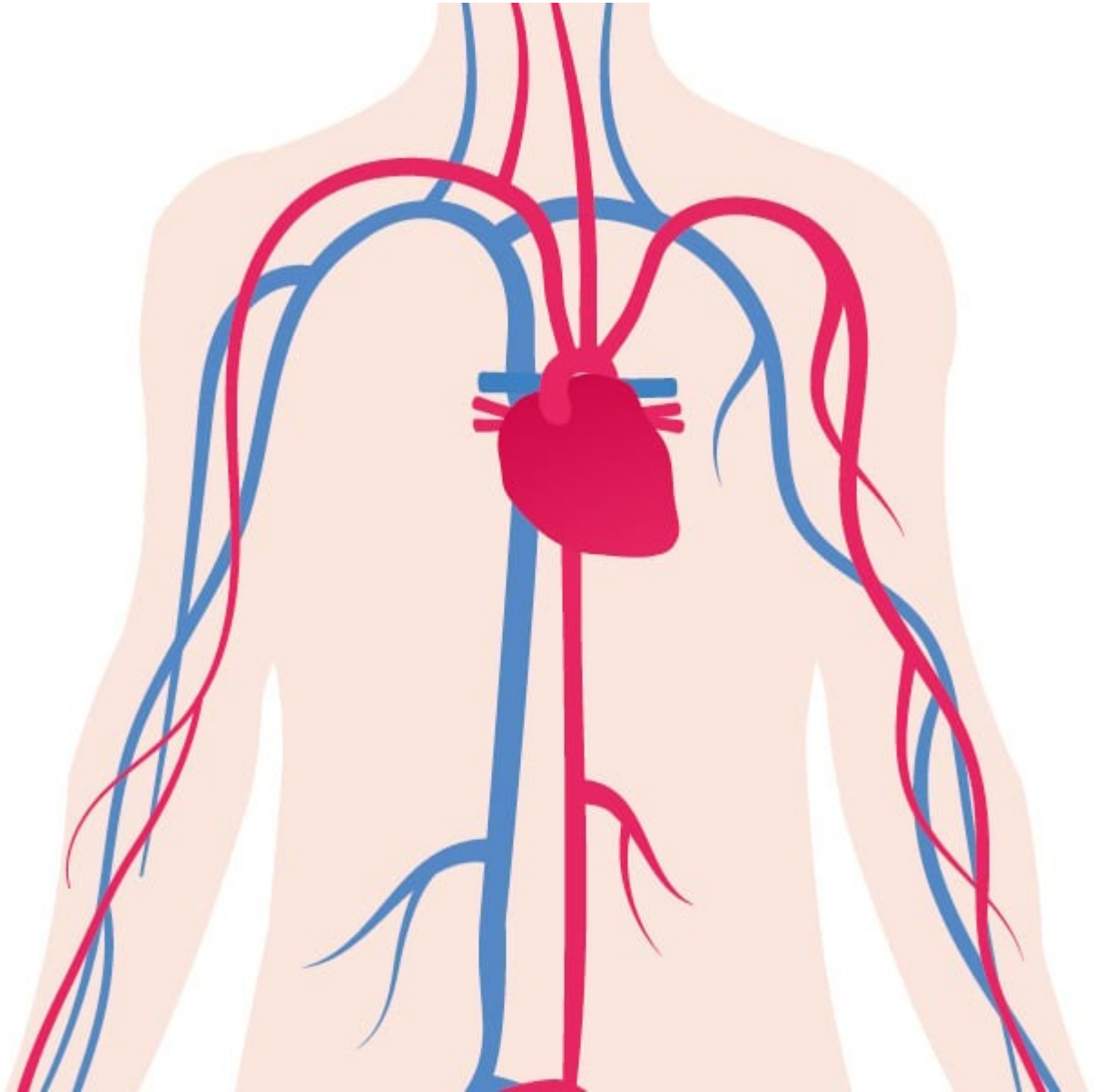
Heart Health and Homelessness

BREAKING DOWN BARRIERS, BUSTING MYTHS

Dr Tal Lewin 22.10.25

Arch. JL St Martin in the Fields Frontline Network Partner

Cardiovascular System



Respiratory diseases (COPD / asthma/infections)

Cancer

Cardiovascular Disease

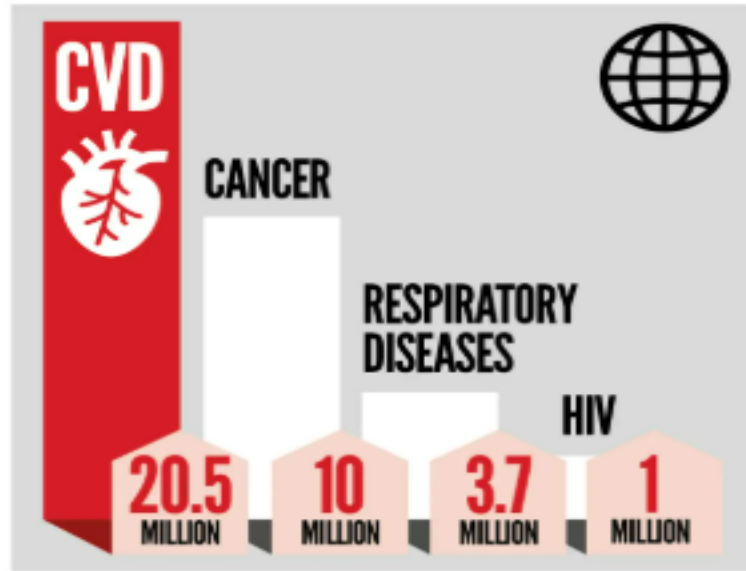
HIV

Shark attacks!

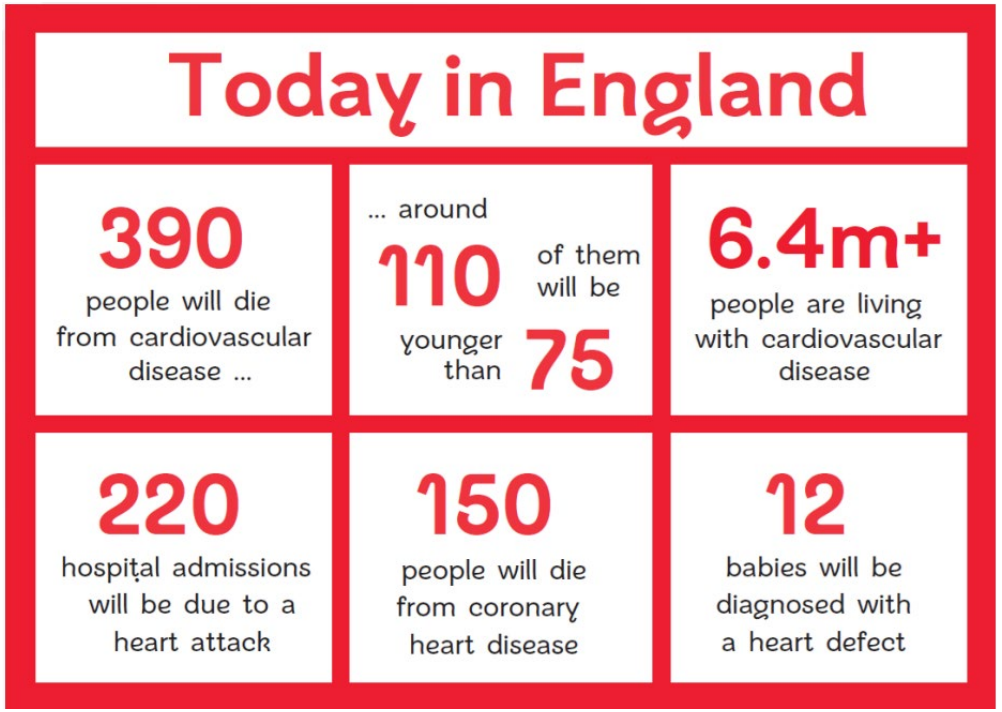
CARDIOVASCULAR DISEASE

THE WORLD'S NUMBER 1 KILLER

GLOBAL CAUSES OF DEATH

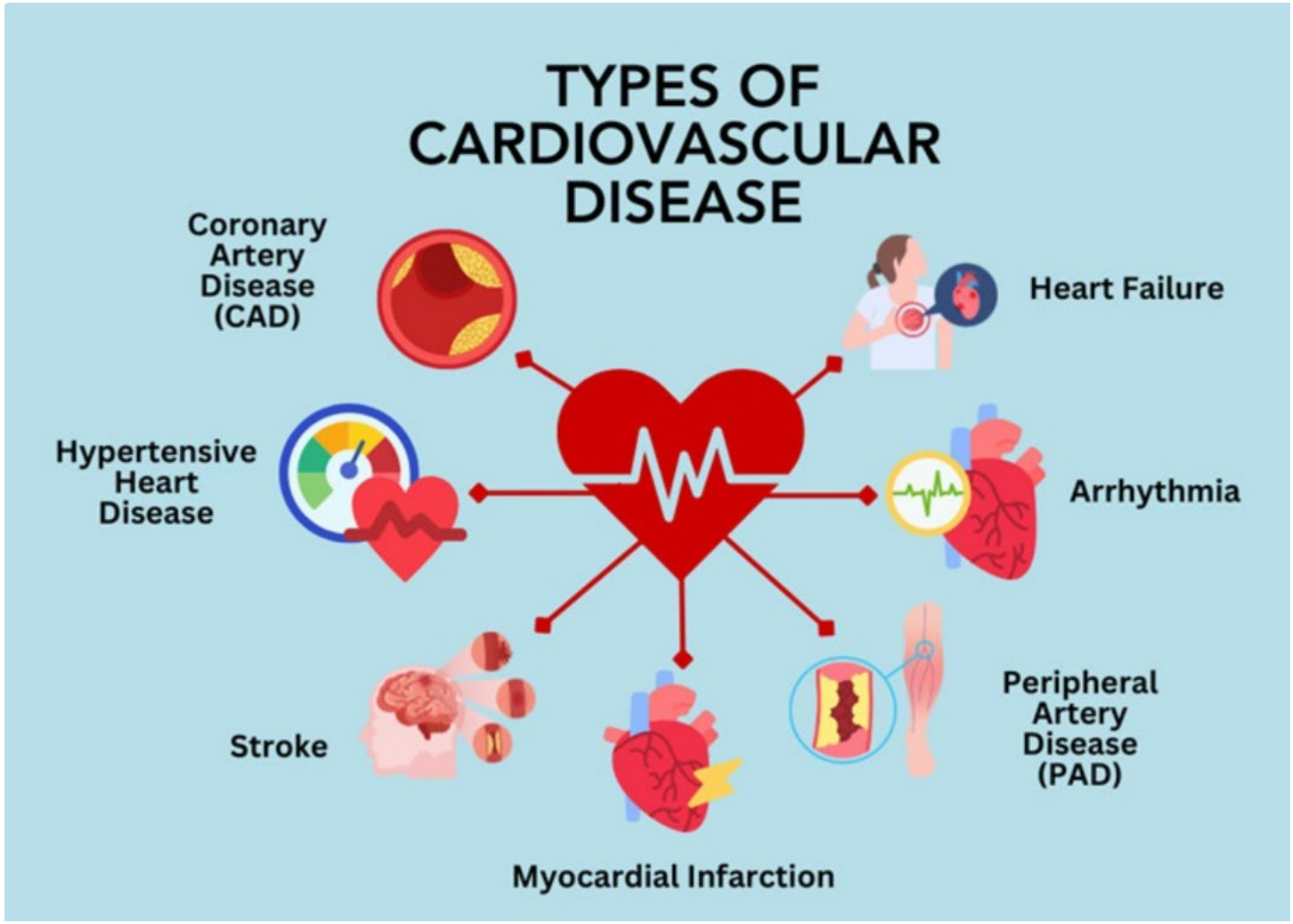


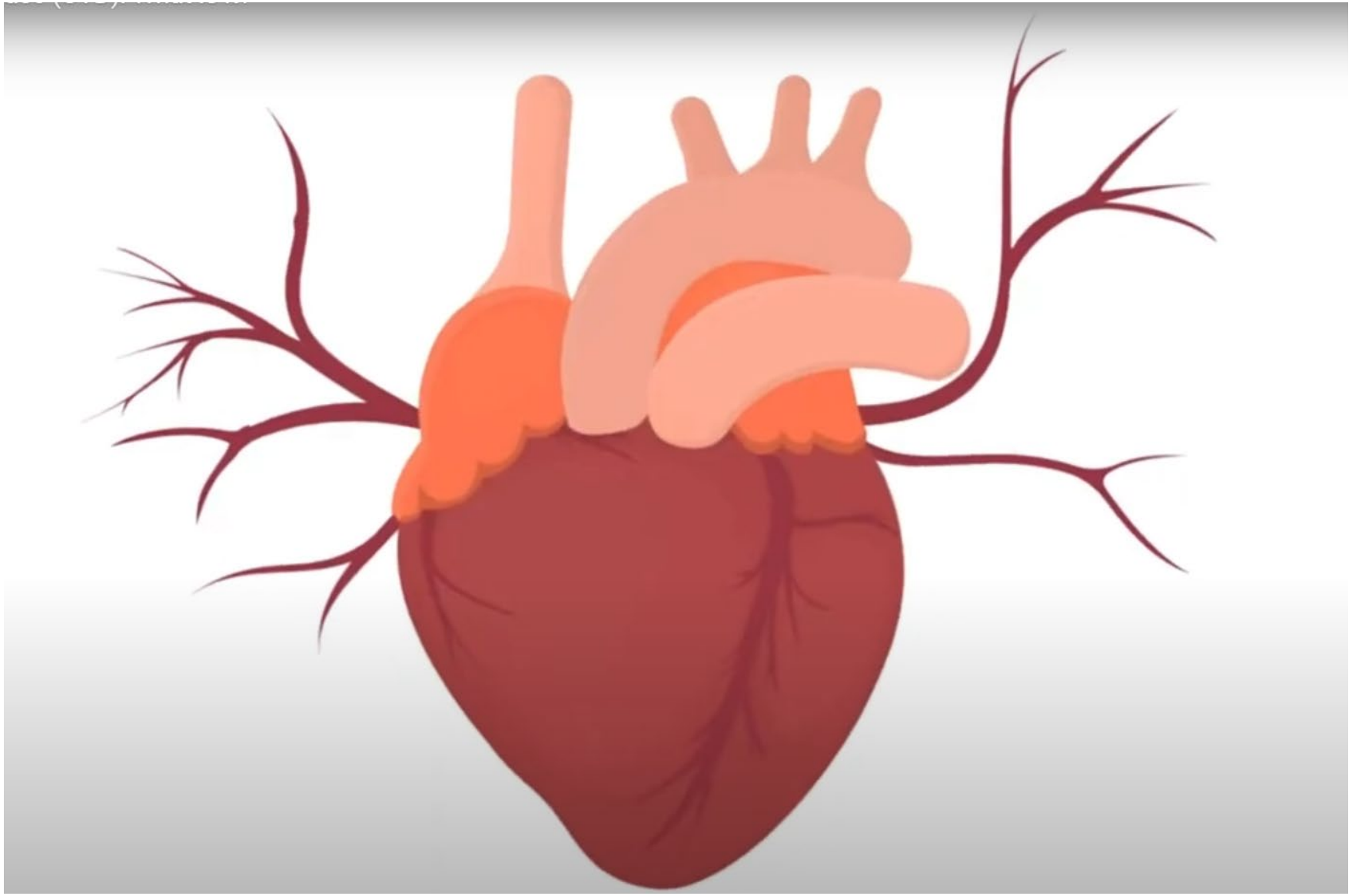
World heart federation



BHF Sept 2025

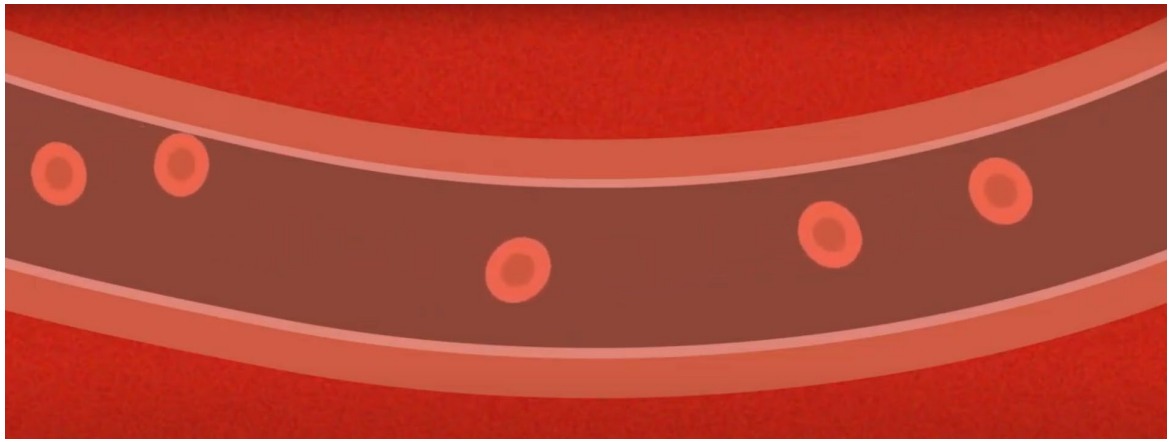
What is CVD?

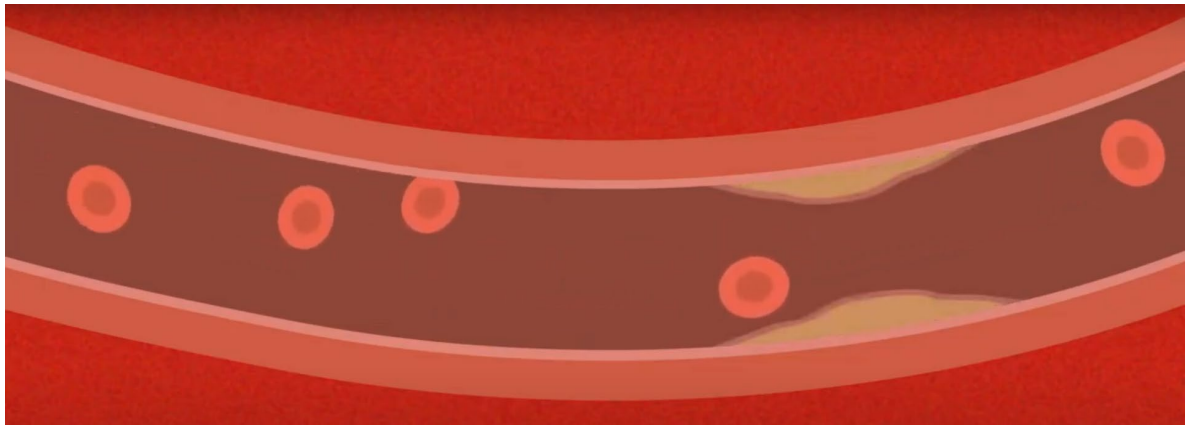

TYPES OF CARDIOVASCULAR DISEASE
Coronary Artery Disease (CAD)
Heart Failure
Hypertensive Heart Disease
Arrhythmia
Stroke
Peripheral Artery Disease (PAD)
Myocardial Infarction

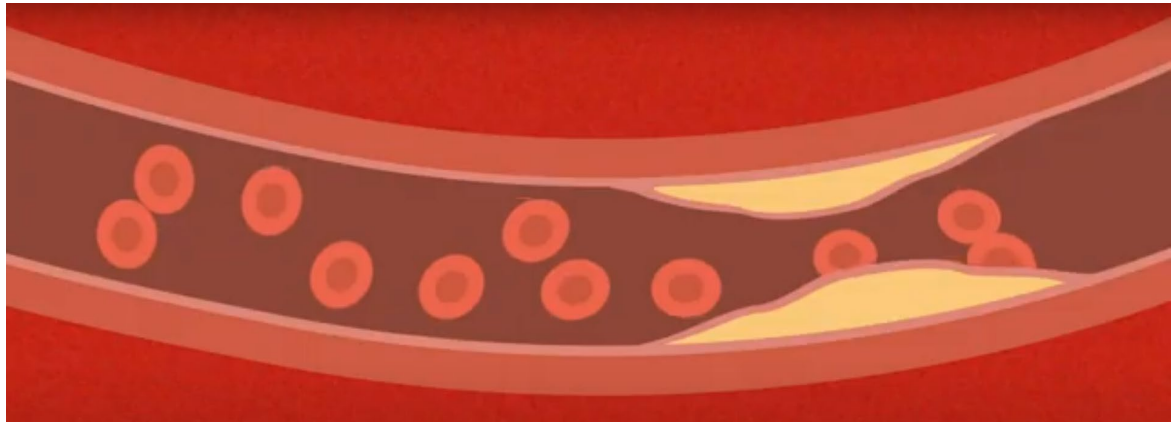


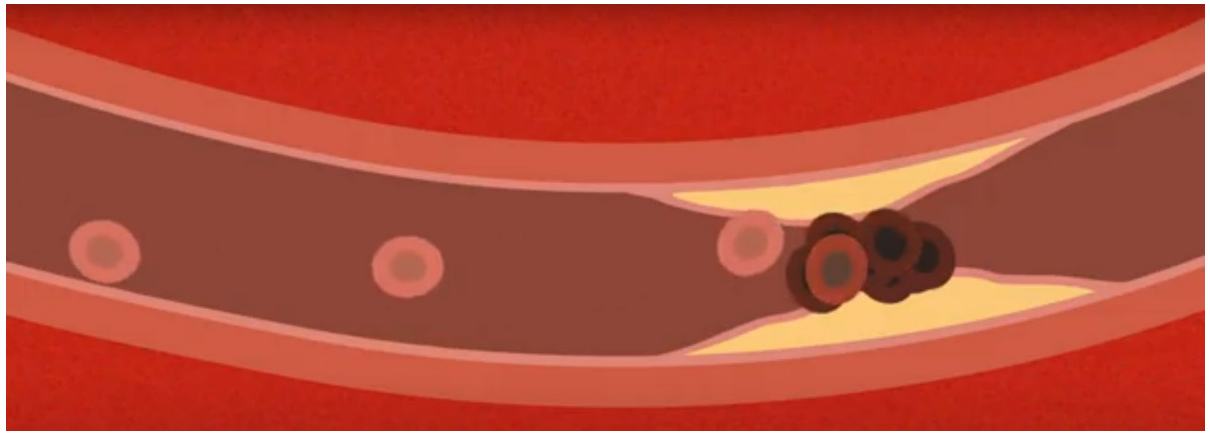
Arch.

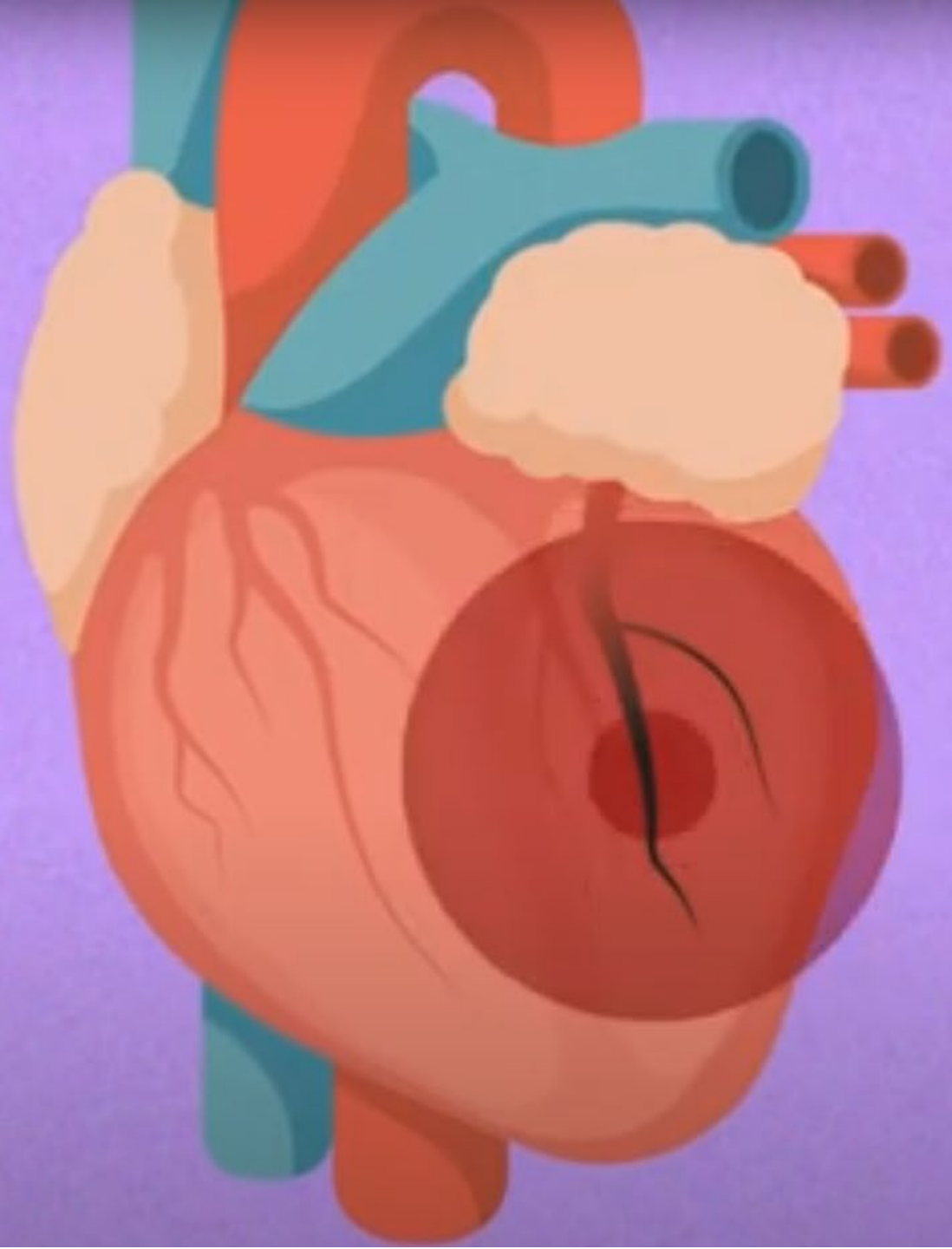
St Martin in the Fields Frontline Network Partner





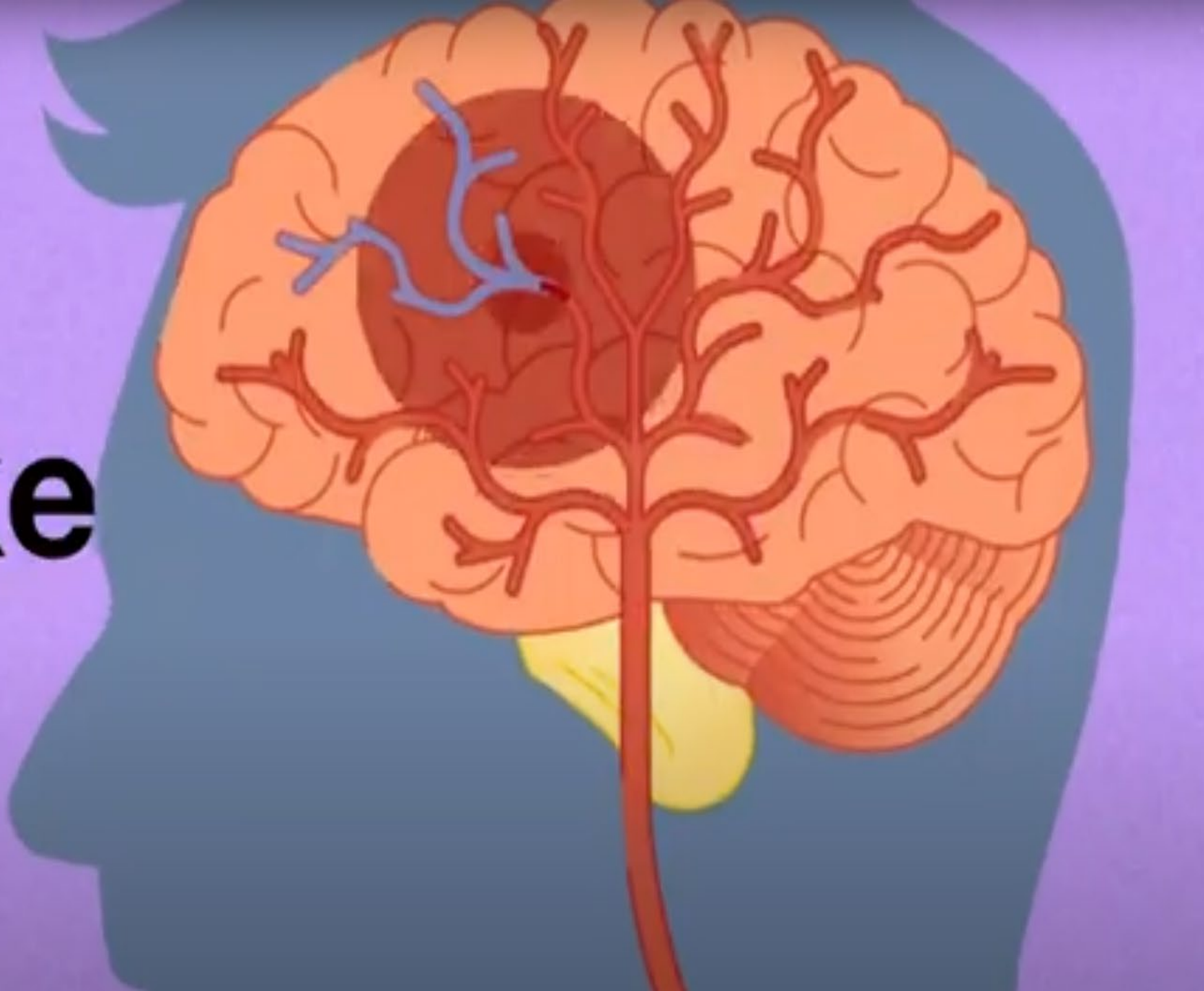






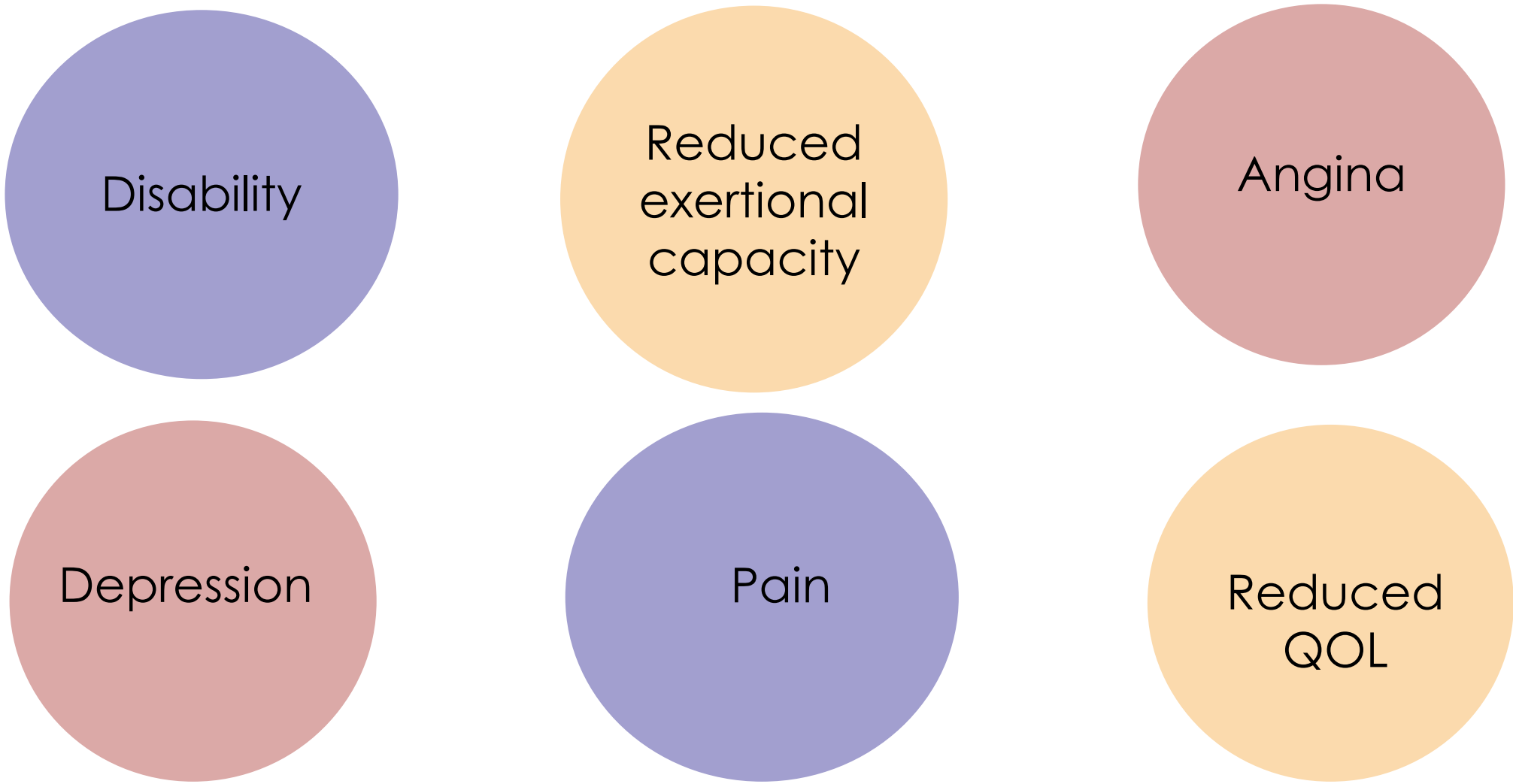
Heart attack

Stroke



Myth 1:
‘At least it would be quick and I wouldn’t suffer much…’

The Morbidity / Disability



Myth 2:
‘There’s nothing I can do… If I get it I get it’

A DISEASE OF INEQUALITY

Risk Factors

Non-modifiable

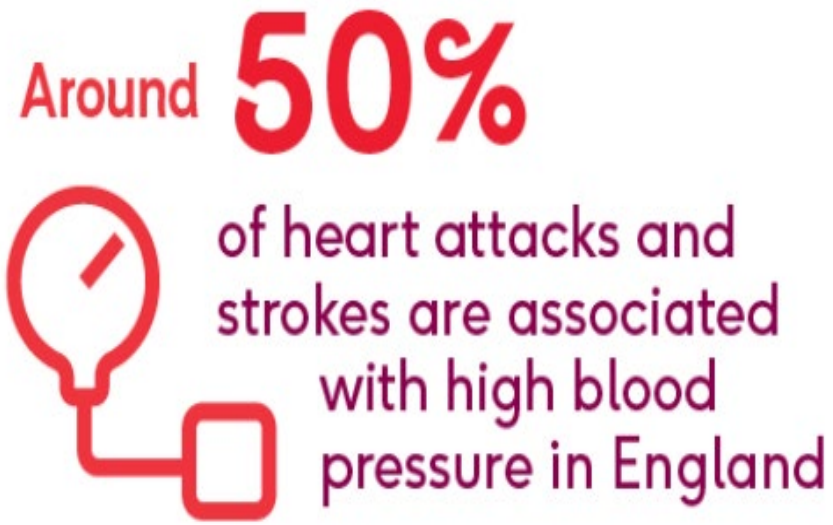
- Age
- Sex
- Ethnicity
- Family History

WHO: 80% of heart attacks & strokes are preventable

Myth 3:
‘You have nothing better to do than nag me about my BP’

RISK FACTORS - modifiable

High Blood Pressure



#KnowYourNumbers

Sussex Health&Care

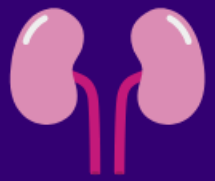
Did you know high blood pressure doesn't just affect your heart?

1 in 2 strokes are the result of high blood pressure

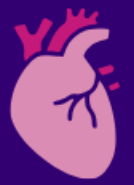
With high blood pressure you are more likely to develop heart disease

Your risk of vascular dementia increases

It increases the possibility of having an enlarged heart



It's the biggest cause of chronic kidney disease



High blood pressure contributes to half of all heart attacks

RISK FACTORS

High Blood Pressure

High Cholesterol

More than HALF of adults in England have cholesterol levels above national guidelines (>5mmol/L)

RISK FACTORS

High Blood Pressure

High Cholesterol

Diabetes

People with diabetes are 3-5 times more likely to die from cardiovascular disease

RISK FACTORS

High Blood Pressure

High Cholesterol

Diabetes

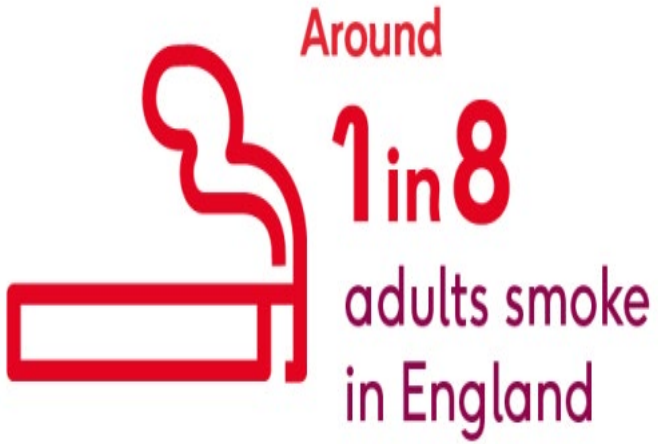
Overweight & Obesity

Around

29%

of adults in England have obesity

RISK FACTORS



RISK FACTORS

How well do we do locally in managing these risk factors?

Sussex performance

Indicator	Area	Dec 2024 %	Ranking	March 2025 %	Ranking	National Performance %	Target 24/25 (%)
CVDP007HYP Hypertension: treatment to recommended age specific thresholds (all ages)	Brighton & Hove	63.07	103/106	66.53	101/106	70.31	80
	East Sussex	64.06	96/106	67.64	97/106		
	West Sussex	67.82	43/106	70.7	46/106		
	Sussex	**65.96**	**28/42**	**69.15**	**28/42**		
CVDP003CHOL Cholesterol: QRISK 20% or more (high risk of CVD) treated with LLT	Brighton & Hove	58.49	91/106	58.69	98/106	63.62	65
	East Sussex	57.21	103/106	58.11	102/106		
	West Sussex	60.35	83/106	61.38	80/106		
	Sussex	**59.04**	**36/42**	**59.3**	**36/42**		
CVDP012CHOL Cholesterol: CVD treated to cholesterol threshold	Brighton & Hove	43.47	89/106	43.95	92/106	48.25	N/A
	East Sussex	44.46	79/106	45.8	79/106		
	West Sussex	39.91	99/106	41.58	100106		
	Sussex	**41.93**	**36/42**	**43.34**	**36/42**		
CVDP002AF AF: treatment with anticoagulants for those at high risk of stroke	Brighton & Hove	89.08	104/106	89.64	104/106	91.92	90
	East Sussex	90.71	82/106	91.26	81/106		
	West Sussex	90.18	95/106	90.94	92/106		
	Sussex	**90.28**	**36/42**	**90.94**	**35/42**		

Myth 4: Our typical image…

Our Reality… looks very different

Cardiovascular disease burden in the homeless population

Samhita Korukonda, Nikith Erukulla, Jeffrey R Harris, Pranitha Kovuri, Kenneth Tyler Wilcox

OPEN HEART May 2025

226 205 adults
Matched

More than half
European studies

CVD risk is 3 times higher

- Male and female similar risk
- young homeless adults exhibit a CVD risk comparable to older housed adults
- Higher mortality rates amongst European studies

In Sussex

‘People living in our most deprived areas in Sussex are **four times** more likely to experience premature death due to CVD compared to those in the least deprived areas’

Myth 5: ‘In the grand scheme of things…heart disease is the least of my risks…’

Our Reality: CVD in the homeless population

In US – second leading cause of death

UK studies limited – likely second and similar to cancer and digestive causes

Rob – 34yrs old

- History of ‘emotional disturbance’ and trauma, on olanzapine for the last 10 years
- Recent admission to Millview with drug induced psychosis, olanzapine increased from 10mg to 15mg.
- Previously a ‘heavy drinker’, delighted that has reduced to 6 units a day.
- Crack use has reduced but still uses it 2-3 times a week.
- ‘Stupid question’ when asked if smokes tobacco
- BMI 6 months ago: 28, BMI today 32
- BP 135/90
- Cholesterol: borderline

Why?… Risk Factors in the Homeless Population

ALCOHOL

Drug Use
CRACK
('perfect heart attack drug')

Smoking

Nutrition & malnutrition

SMI / antipsychotics

Barriers

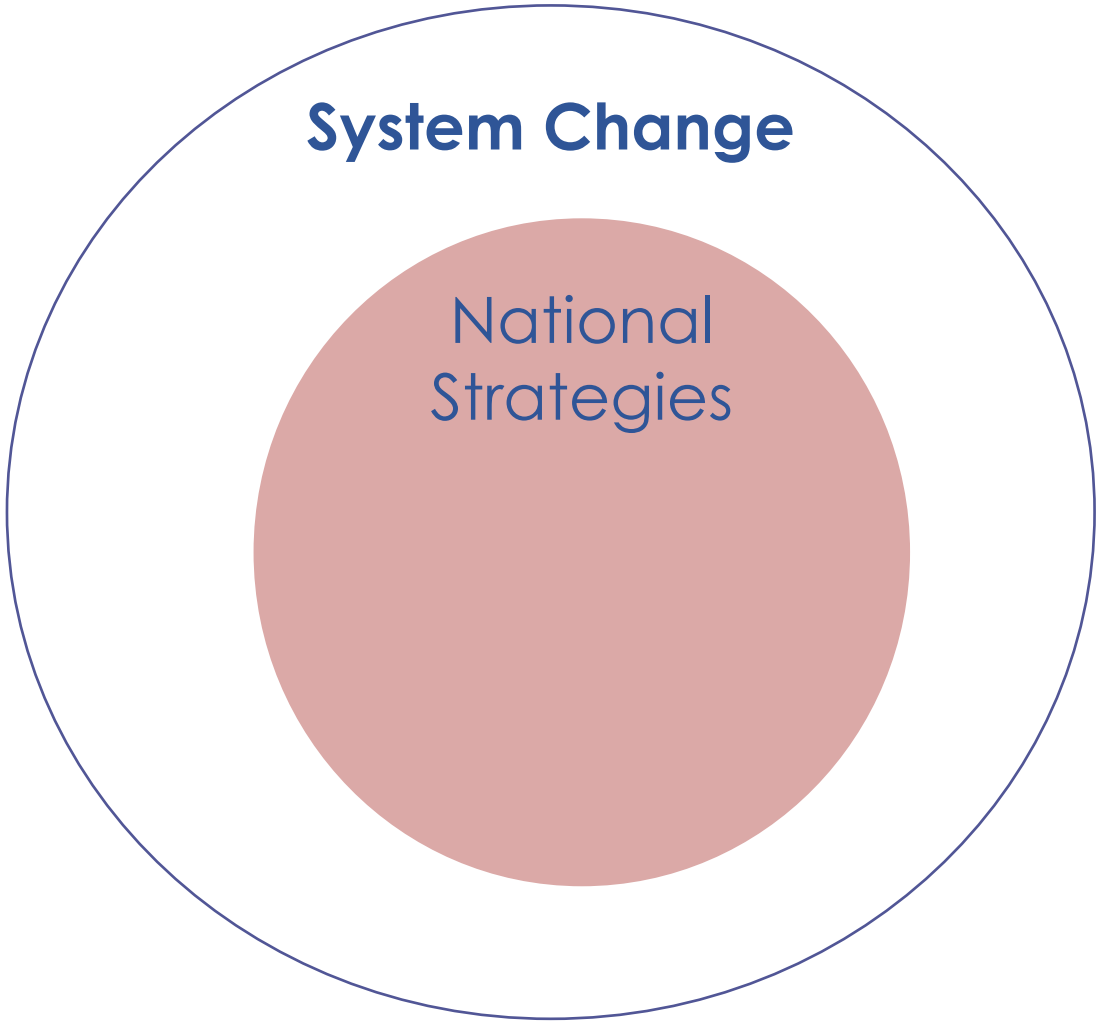
Rob – 34yrs old

- Close monitoring of his BP / weight / lipids
- Closely reviewing his medication
- Harm reduction – drugs / activity / smoking
- Considering statin
- MDT approach

Reminders:

1. The need to challenge assumptions and myths
2. Importance of antipsychotic monitoring – ECG/bloods
3. Address malnutrition
4. Harm reduction remains top priority
5. Don’t underestimate the risk of crack… act on symptoms

What can be done???



Now what?

Integrated approach to cardiovascular disease in people experiencing homelessness: a qualitative study

Open Heart BMJ 13 April 2023

Focus discussions – 25 people with experience, cardiologist, researcher

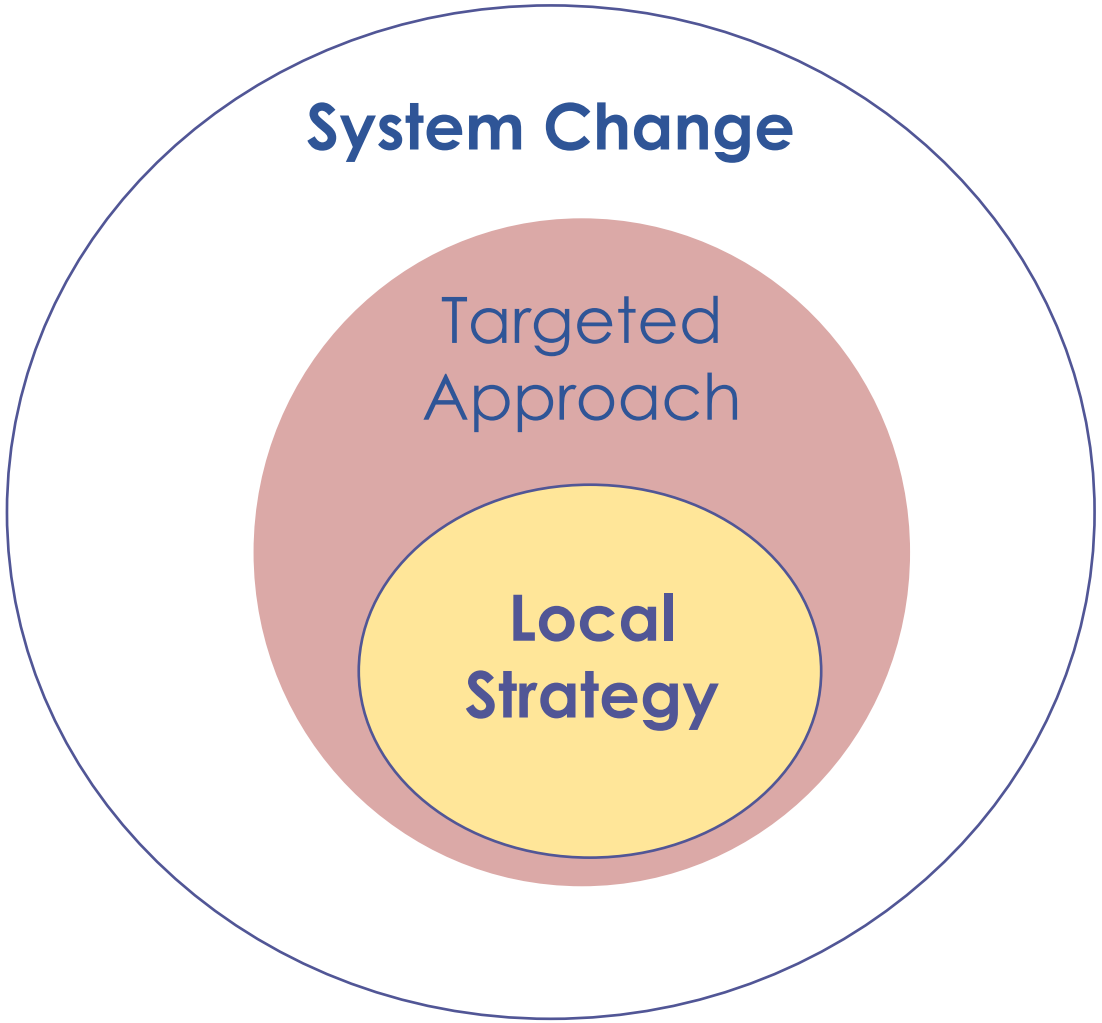
BARRIERS

1. Awareness of CVD
2. Food availability and preparation
3. Exercise – security and lack of showering facilities as barriers
4. Barriers to managing health conditions
5. Stress / MH / coping mechanisms as contributors to risk
6. Stigma / discrimination

RECOMMENDATIONS

- Flexible access to healthcare
- Improved access to hygiene facilities, exercise grps and stress reduction activities
- Educating public
- Info resourcing – services, housing, access to healthcare
- Building trust in healthcare
- Integrated substance use support

What can be done???



Over to your expertise….

1. What are the most important messages you think our patients need to know about CVD risk and how do we best convey this?

2. What messages do you think would be most motivating for our patients around the need to address risk factors for CVD?

3. What ideas do you have about how we better address these risk factors?

Thank you

Any Questions?

Arch. JL St Martin in the Fields Frontline Network Partner