

Information for patients: Coronary Artery Calcification

Coronary Artery Calcification (CAC) happens when calcium is deposited within the blood vessels (arteries) in the heart and can cause a narrowing of the arteries. This can also be made worse by smoking and is often related to high cholesterol and high blood pressure.

What do I need to do?

If you are already known to have coronary heart disease such as angina or have had a heart attack in the past, then we would expect some degree of CAC – **it is important to keep up with your regular checks with your GP and/or specialist if this is the case.**

If you have been having any unexplained or worsening chest pain, you should talk to your GP urgently or consider an ambulance via 999 with significant pain.

If you already have high blood pressure, or are on a statin for cholesterol, then your GP practice will be keeping you up to date with any checks that should happen.

However, if you are not known to have heart disease, high blood pressure, or be on a statin then this issue may need a review. In this case a GP or Practice Nurse will arrange an up-to-date blood pressure reading and cholesterol blood test, which can be used to calculate a risk score to decide whether you need any treatment – normally for cholesterol or blood pressure. **This is not urgent and if you already have reviews at your GP surgery for other health issues, you may wish to discuss it at that time.**

Please note that this is general information – please contact your doctor if you have any further questions.

There is further useful information online with the British Heart Foundation, <https://www.bhf.org.uk/information-support/heart-matters-magazine/medical/ask-the-experts/calcification-of-arteries>

Dr. Jason Page
Clinical Director
South Yorkshire & Bassetlaw Targeted Lung Health Check Programme

Emphysema

Emphysema can also be called COPD (Chronic Obstructive Airways Disease). It is seen when the air sacs at the end of the airways are baggy so that they trap air, making it harder to move air in and out of the lungs. It is usually smoking related and can be controlled with lifestyle change and medication.

What do I need to do?

If you have any unexplained, worsening breathlessness, you should speak to your GP.

The biggest thing that you can do to help yourself is to stop smoking if you currently are. We know that stopping smoking is one of the biggest ways to stop COPD worsening and improve your lung function. Rotherham Healthwave can support you with this if you contact **01709 718720** or visit connecthealthcarerotherham.co.uk

If you are already on inhalers for COPD or asthma and your symptoms are well controlled, you should just keep your normal review appointments. If you are struggling, then speak to your GP practice. If you are not on inhalers and this information is new to you, then there are two possibilities:

1. If you have symptoms e.g., shortness of breath or having lots of coughing, you may wish to speak to your GP practice. In many practices, there is a specialist nurse who runs these clinics so please check with the receptionists when you call them. The nurse or doctor will talk through the next steps on diagnosing this further and giving you treatment to help with any breathlessness or cough.
2. If you have no symptoms, you may not need to do anything at this time until you do. Generally, treatments are controlling symptoms. but stopping smoking is the main way to prevent these symptoms from happening in the future.

Please note, this is general information. If you have any further questions after reading this, there is useful information online with the British Lung Foundation (blf.org.uk/support-for-you/copd) or you can speak to your GP.

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Bronchiectasis

Bronchiectasis happens when the airways have become scarred and inflamed with lots of mucus. The airways then become widened and don't clear themselves properly. The mucus builds up and can become infected. This condition is often smoking related.

What do I need to do?

If you have any unexplained, worsening breathlessness, you should speak to your GP.

We know that stopping smoking is one of the biggest ways to stop bronchiectasis worsening and improve your lung function. Rotherham Healthwave can support you with this if you contact **01709 718720** or visit connecthealthcarerotherham.co.uk

If you are already on inhalers for COPD or asthma and your symptoms are well controlled, you should just keep your normal review appointments. If you are struggling, then speak to your GP practice. If you are not on inhalers and this information is new to you, then there are two possibilities:

1. If you have symptoms e.g., shortness of breath or having lots of coughing, you may wish to speak to your GP practice. In many practices, there is a specialist nurse who runs these clinics so please check with the receptionists when you call them. The nurse or doctor will talk through the next steps on diagnosing this further and giving you treatment to help with any breathlessness or cough.
2. If you have no symptoms, you may not need to do anything at this time until you do. Generally, treatments are controlling symptoms but stopping smoking is the main way to prevent these symptoms from happening in the future.

Please note, that this is general information. If you have any further questions after reading this, there is useful information online with the British Lung Foundation asthmaandlung.org.uk/conditions/bronchiectasis or speak to your GP.

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