

Health risks, evidence and treatment

How do you calculate a mortality rate?

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Why does a correlation not prove causation?

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What is the difference between incidence and prevalence?

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What makes a study valid?

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Why is a large sample better?

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Why is self-reported diet data a weakness?

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Which risks do people tend to underestimate?

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Give two reasons perceived risk differs from actual risk.

A confounding variable could cause both,
or the link could be due to chance.

$(\text{Number of deaths} \div \text{population}) \times 100\,000$,
giving deaths per 100 000 people per year.

It measures what it claims to measure, with
other variables controlled.

Incidence: new cases in a time period.
Prevalence: all current cases at one time.

It relies on memory and honesty, so it may
be inaccurate.

It reduces the effect of chance and
anomalies, so results are more reliable.

Media coverage and personal experience
(or enjoyment of the behaviour, delay
before harm).

Familiar, voluntary, slow-acting lifestyle
risks such as diet, inactivity and smoking.

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What does LDL do?

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What does HDL do?

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Give two types of evidence that LDL causes CVD.

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Why does evidence on cholesterol sometimes conflict?

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How do you calculate BMI?

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What does a high waist-to-hip ratio indicate?

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What is a limitation of BMI?

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What do antihypertensives do?

Carries cholesterol from tissues back to the liver; high HDL is protective.

Carries cholesterol from the liver to tissues; high LDL raises CVD risk.

CVD has many risk factors, so some people with high cholesterol are unaffected and vice versa.

Population studies and genetic conditions with high LDL; plus mechanism and statin trials.

More abdominal fat, linked to higher CVD risk.

Mass in kg $\div$ height in m squared.

Lower blood pressure, reducing damage to the endothelium and strain on the heart.

It does not distinguish muscle from fat.

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How do statins work?

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What is the main risk of anticoagulants and platelet inhibitors?

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How do platelet inhibitors differ from anticoagulants?

Bleeding and bruising (and stomach irritation with aspirin).

They reduce cholesterol production in the liver, lowering blood LDL.

Platelet inhibitors stop platelets sticking together; anticoagulants interfere with the clotting cascade.