

The AAA Team

Newsletter of the Northern Ireland AAA Screening Programme



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The Importance of Self-Referral for Men Aged 65+



The risk of developing an AAA depends on your age and your genes. Other factors known to increase the risk and size of AAAs are: smoking, high cholesterol and high blood pressure.

However, AAAs can occur in men who do not fall into any of the above categories.

Research shows that the chance of having an aneurysm increases with age. **Yet screening (with an ultrasound scan) will reduce the death rate from ruptured AAAs by around 50%.**

In Northern Ireland men are automatically called for screening in the year that they turn 65.

Men aged 65 and over, who have not already been screened or treated for an AAA, are encouraged to contact the **Central Screening Office on 02890 631828** to arrange an appointment for this **one-off, free, vital health check.**

GPs are therefore asked to ensure that male patients aged 65 and over, who haven't previously been screened, are both aware of the programme and their entitlement to self-refer. Men who do decide to self-refer have a choice of 19 screening locations across Northern Ireland where they can attend for this quick and painless health check.

Listed below are the criteria for self-referral:

- **Male aged 65 and over**
- **Registered with a GP**
- **Not previously scanned or treated for an AAA**

If you have any queries regarding any aspect of the self-referral process please do not hesitate to contact the **Central Screening Office on 02890 631828.**



Image courtesy of the English NHS AAA Screening Programme

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We welcome feedback on this newsletter.

Contact jacqueline.mcdevitt@hscni.net or ring **02890 311611** if you have suggestions for articles in future editions.



Awareness Levels of AAA Screening Among the General Public

In order to aid the development of the NI AAA Screening Programme, the PHA commissioned research in April 2013 to explore knowledge, awareness and attitudes about AAAs and the AAA Screening Programme amongst 60 to 65 year-old men and their spouses or partners. In total, 414 men participated in a face-to-face household survey across Northern Ireland, with quotas set for socio-economic status, age and Health and Social Care Trust areas. A booster sample of 203 face-to-face interviews were conducted with partners/spouses of men aged 60 to 65. Comprehensive findings of this research will be available in early 2014 on the NI AAA Screening Programme website at: www.aaascreening.info while a summary of key findings are outlined below.

Awareness: Most of those who took part in the survey had never heard of an AAA, and were unaware of the risk factors associated with developing the disease. Approximately 2 out of 5 had heard of an AAA (42%) while less than 1 in 3 (32%) of C2DEⁱ males had heard of the condition, compared to over half (53%) of ABC1 men.

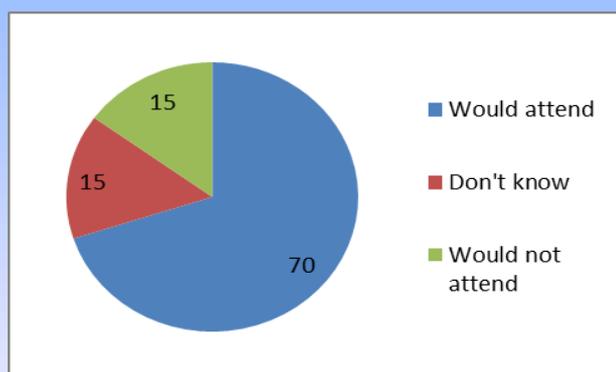
Risk Factors: Most men (62%) with a family history of AAAs knew that this placed them at a higher risk of developing the disease. However, **only 28% of smokers and 35% of men with high blood pressure recognised they were at increased risk of developing an AAA.**

Intention to Attend Screening: The majority (70%) of all the males who took part in the survey indicated they would attend AAA screening or had already been for screening. Fifteen percent said they didn't know if they would go for screening, whilst 15% said they would not attend (see Figure 1). The majority of women (83%) said they would encourage their partner or spouse to go for screening.

Of the men who said they would not or might not attend the Screening Programme, 1 in 4 (25%) maintained they would 'rather not think about it', and a further 23% didn't see the need to go. One in eight (12%) of those who said they would not or might not attend indicated that they would only go for screening if they had symptoms (although an AAA is largely asymptomatic).

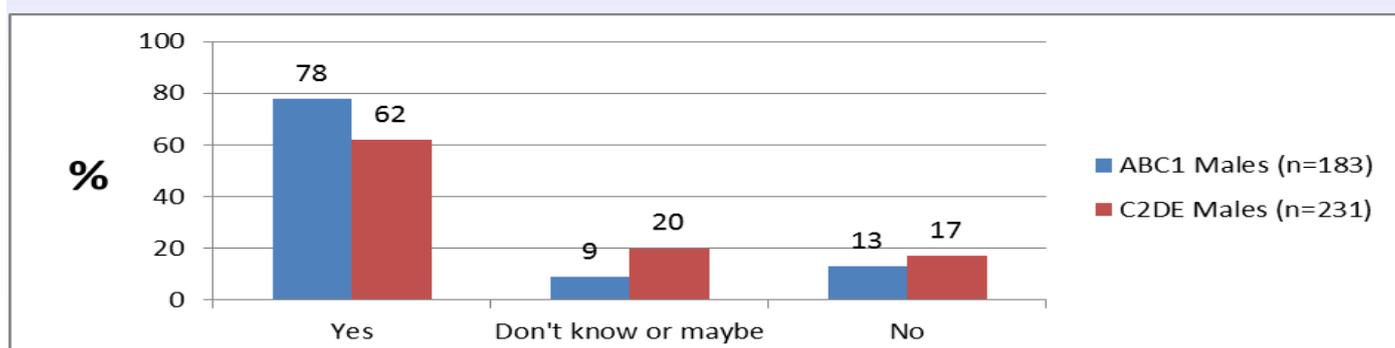
Results from this survey also found inequalities associated with intended AAA screening attendance (see Figure 2 below). C2DE males were less likely to say they would go for AAA screening than their ABC1 counterparts.

Figure 1 : Males' intention to attend screening (n=414)



More than three quarters (78%) of ABC1 males said they would attend screening if invited, compared to only 62% of C2DE. Similarly, C2DE men were more than twice as likely as ABC1 to say they didn't know if they would attend (20% compared to 9% respectively) whilst 17% of C2DE males interviewed said they wouldn't go, compared to 13% of those in ABC1.

Figure 2 : Intention to attend AAA screening by socio-economic group (n=414)



Intention to attend screening was also linked to an individual's smoking status. Male smokers were less likely to say they would go to screening than non-smokers (see Figure 3).

Figure 3 : Intention to attend AAA screening by smoking status (n=414)

	Would attend	Would not or might not attend
ALL MALES (n=414)	70%	30%
Smoker (n=98)	55%	45%
Non-smoker (n=316)	74%	26%

Information Sources: Respondents were asked where they would go if they wanted to know more about AAAs. **Both males and females were most likely to say they would go to their GP (75%)** for more information about an AAA or the NI AAA Screening Programme, making this the most popular source of information (see Figure 4). Thirty-seven percent (37%) said they would use the NIAAASP website, and 23% would ask their pharmacist.

Figure 4 : Potential sources of information about AAA (n=617)

	Yes, probably	No	Don't know
GP	75%	16%	9%
NIAAASP website	37%	56%	6%
Pharmacist	23%	65%	12%

Conclusion: In order to increase screening uptake, health promotion efforts need to focus on increasing knowledge of risk factors and fostering the link between screening and early detection with lower AAA mortality .

It is suggested efforts should be made to endorse the NI AAA Screening Programme to individuals who are least likely to attend – particularly those in socio-economic groups C2DEⁱⁱ, and smokersⁱⁱⁱ. This is particularly important given that AAA prevalence is considerably higher amongst individuals most likely to miss screening.

The PHA has developed a range of public information resources aimed at increasing screening uptake, details of which can be found at www.aascreening.info. However, given that **GPs are regarded as a primary source of information about AAAs, they have an important role in encouraging patients to attend the programme when invited and - perhaps more importantly - in promoting the programme to hard-to-reach groups at elevated risk of developing an AAA.**

Dr Karen Beattie, Health Intelligence, Public Health Agency

References:

ⁱSocial grade classifications are based on the occupation of the head of the household, using standardized definitions developed by the Market Research Society. The grades are often grouped into ABC1 (Higher managerial, administrative or professional; Intermediate managerial, administrative or professional; Supervisory or clerical and junior managerial, administrative or professional) and C2DE (Skilled manual workers; Skilled manual workers; Semi and unskilled manual workers; and Casual or lowest grade workers, pensioners, and others who depend on the welfare state for their income). *Occupation Groupings: A Job Dictionary*, 6ed, 2006, The Market Research Society

ⁱⁱKim, L., Thompson, S., Marteau, T., Scott, R., Multicentre Aneurysm Screening Study Group. Screening for abdominal aortic aneurysm: the effects of age and social deprivation on screening uptake, prevalence and attendance at follow-up in the MASS trial. *Journal of Medical Screening*: 2004, vol 11 (1) 50-53.

ⁱⁱⁱBadger, S. et al. (2008) Risk factors for Abdominal Aortic Aneurysm and the influence of social deprivation". *Angiology*, Vol. 59; No. 5; Oct/ Nov 2008; 559-566.

Data Reports: 2012/13 and Current Year

Final Year Data for 2012 / 2013

Uptake rate: 81%
Screen detected AAAs: 74
Prevalence rate: 1.4%

The screening year ran from 1/7/2012 to 31/3/2013. All men in Northern Ireland who turned 65 during this time were offered a screening appointment by the end of March 2013 (6,802 men). Nine men were screened within the Prison setting, while a further 225 men who self-referred into the programme were also screened.

2013 / 2014 Data up to 03/12/2013

Uptake rate: 85%
Screen detected AAAs: 106
Prevalence rate: 1.6%

The screening year runs from 1/4/2013 to 31/3/2014. All men in Northern Ireland who turn 65 during this time will be offered a screening appointment by the end of March 2014 (9,398 men). Since April 2013, 263 men who have self-referred have been screened.

The Dual Role of the GP and the NI AAA Screening Programme



Helping men to make an informed choice about attending for AAA Screening:

The ongoing success of the NI AAA Screening Programme is thanks to the hard work and dedication of a wide range of programme staff, public health professionals and other key stakeholders.

Specifically, the programme recognises the considerable contribution and partnership working shown by GPs in helping to promote the Programme, advise men who express an interest in attending screening and supporting those who are diagnosed with a screen-detected AAA.

GPs are often the first point of contact for men considering attending for a screening appointment, whether as a self-referral or by direct invitation from the Central Screening Office. It is therefore of significant benefit to eligible men that they can consult with our primary care colleagues to help them make an informed choice about whether or not they should attend for screening. GPs are also the key providers of aftercare for men who have undergone surgical repair.

GP Led Care following Surgical Intervention

The **April 2013 Men's Health Event** (details of which can be found at www.aaascreening.info) was attended by a number of men who had been screen-detected with an AAA, together with some of their wives and partners. Some of the men participating had already undergone successful surgical repair while others are now managed through the surveillance programme.

Programme staff from both the PHA and the Belfast Trust attended this event. This included a vascular surgeon, an interventional radiologist, nursing staff, screening technicians and the administrative team.

One of the main aims of the day was to invite feedback from patients on their own experience of the screening programme including suggestions for improving service delivery.

The **outcomes** from discussion groups and evaluations held on the day indicated two key findings:

- **In general the screening and treatment service was meeting the needs of men.**
- **Additional information and support was needed for men while in hospital and following discharge after surgery**

These findings have been discussed between PHA and Belfast Trust staff. It has been agreed that it would be helpful to design a leaflet to be given to men upon discharge. Programme staff, including the Clinical Lead and Vascular Nurse Specialists at the Trust, will take this work forward in 2014. The leaflet will also be made available to GPs.

Existing Information Sources for GPs

Information on the NI AAA Screening Programme is available in the following formats via the website or by contacting **Helen McCann** directly on **02890 311611** or e-mailing helen.mccann@hscni.net

GP Information Pack | **GP Awareness Presentations** | **Promotional Materials** | **Copies or E copies of our newsletter 'The AAA Team'** | **Screening Invite leaflet 'AAA Screening Things you need to know'** | **Leaflets for men under surveillance for small, medium or large AAAs**