MYWAY DIGITAL HEALTH

Live Q&A Transcript

Preventing Cardiovascular Disease

25 March 2026 | 6:00 PM | Microsoft Teams

Course:	Preventing Cardiovascular Disease
Session:	Live Q&A; with Expert Panel
Date:	25 March 2026, 6:00 PM
Platform:	Microsoft Teams (recorded session)

Panel Members

Dr Alex Bickerton — NHS Consultant (Diabetes & Lipids), Somerset; MyWay Digital Health — Session Chair

Deirdre Milnes — Community Cardiac Nurse, Hillingdon — Cardiac rehabilitation and secondary prevention

Denis Collen — Patient advocate — Living with type 2 diabetes and heart failure for 15+ years

Dr Kuldhir Johal — GP, Hillingdon; Cardio-Renal-Metabolic Lead, Harrow

Also supporting: Tracey and Noor (MyWay Digital Health team) — technical support and chat moderation.

This is a cleaned transcript of the live Q&A; session. It has been lightly edited for clarity and readability. The recording is available within the course for anyone who would like to rewatch.

Dr Alex Bickerton (Chair)

Hello everyone, welcome to the live Q&A session for the Preventing Cardiovascular Disease course. We're going to record this session so anyone who's been on the course but couldn't make it this evening can watch it later. If you have your camera on, you may feature in the recording — if you'd prefer not to, just switch your camera off.

I'd also like to welcome back anyone who joined last week when we had a few technical difficulties. The course is open now and will stay open until 5:00 PM on Monday, so there's plenty of time to go back through anything you'd like to revisit.

The way this session works: please put your questions in the chat and we'll answer them as we go — either in the chat or out loud. We have a brilliant panel with lots of knowledge and experience. The only thing I would say is that we're not your individual healthcare team, so if you have questions very specific to you, we may not be able to cover those. But we'll try to cover most things in a general way.

I'm Alex Bickerton. I work with the MyWay Digital Health team and I'm also an NHS consultant in Somerset, specialising in diabetes and lipids.

Deirdre Milnes

Hi, my name's Deirdre Milnes. I'm a community cardiac nurse in Hillingdon, and I specialise in cardiac rehabilitation and secondary prevention following cardiac events.

Denis Collen

Good evening everybody. My name's Denis Collen. I'm a person living with type 2 diabetes and heart failure and I've been living with those two long-term conditions for over 15 years. I'm pleased to be here to share my experience and to help others find support locally in Northwest London.

Dr Kuldhir Johal

Hi everyone, I'm Kuldhir Johal. I'm a GP in Hillingdon and also the cardio-renal-metabolic lead in Harrow. It's about understanding what cardiovascular disease really means and how we can try to improve your chances of not getting it.

What exactly do we mean by cardiovascular disease?

Dr Kuldhir Johal

You're right, cardiovascular disease is a very medical term. What I understand by it is people who've had heart attacks or strokes, or who have advanced kidney disease, or what we call peripheral artery disease. All of those conditions are interlinked.

The factors that may influence those occurring include blood pressure control, sugar control, understanding what's going on with your kidneys, and cholesterol control. A key part of what we do every single day — what we're eating and drinking, exercise, and how it links into your lifestyles.

In the medical world, we use the term Q Risk. What does that really mean to everyday people? It's about using a common language. We want to reduce your chances of getting advanced disease, and if something does happen, reduce the risk going forwards. It's about keeping you healthy as long as we can.

Do people always have symptoms, or can cardiovascular disease creep up on you?

Deirdre Milnes

It doesn't usually happen straight away. Cardiovascular disease is a progressive condition — it can develop over a period of time and you don't necessarily get symptoms.

There are modifiable and non-modifiable risk factors. The non-modifiable ones include age (we're more likely to develop heart disease as our heart has been working for longer), family history (if your mother had a cardiac event or stroke under 65, or a male relative under 55, that increases your risk), and gender — though women are catching up quickly.

The modifiable risk factors — the ones we can do something about — include smoking, high blood pressure (which you may not have symptoms of), elevated cholesterol, diet (particularly salt, convenience foods, and saturated fats), diabetes, and physical inactivity. The heart is a muscle, and if you're not using it properly, it doesn't work effectively.

What is blood pressure, and what counts as high blood pressure?

Dr Kuldhir Johal

Blood pressure is a way of understanding the pressure in relation to how the heart is pumping. You may have seen blood pressure machines in GP waiting rooms, hospitals, libraries, and pharmacies.

Normal blood pressure is less than 120/80. In the UK, we use a value of 140/90 — if it's consistently above that on three or four occasions, you need to consider whether that's high blood pressure. Over time, high blood pressure creates a constant pressure against blood vessels, making them stiff, and the heart has to work extra hard.

A 10 mmHg drop in blood pressure reduces your cardiovascular risk by 20% and stops diseases progressing. So know your number, see what range it is, and if it's consistently above 140/90, see someone about it.

How often should people get their blood pressure checked?

Dr Kuldhir Johal

Anyone over 18 who has never had their blood pressure checked — get it checked. With NHS health checks, if you're over 40, every five years if it hasn't been raised. If you've got other conditions, it may be once or twice a year, or even more often. If you've never had it checked, get it done and let your GP know so we can start tracking it.

What is cholesterol and why does it matter?

Dr Alex Bickerton

Having a high cholesterol can be associated with a risk of cardiovascular disease. You do actually need some cholesterol — we need it to make hormones, cell membranes, and to help digest fat. But we don't need too much.

When we measure blood fats, we divide cholesterol into LDL (the 'bad' cholesterol) and HDL. These days we concentrate on LDL. There's also a blood fat called triglyceride, which can be higher in people carrying extra weight or with diabetes that's not well controlled. If it's a bit high, it can be associated with heart disease and stroke.

Denis, can you talk about your journey and how these risk factors relate to you?

Denis Collen

When I was diagnosed, I was working hard, travelling around the country, and eating badly. I was 45 with two children. I spent too much time in a car and wasn't exercising enough.

In 2010 I was diagnosed with heart failure and type 2 diabetes. It was a big shock to me and my family — a massive wake-up call. At the time of diagnosis, I'd lost about 45% of my heart muscle.

You don't see signs of deterioration. You might be thirsty, have a dry mouth, or urinate more, but these aren't things you necessarily connect to an ongoing condition. I didn't get my blood pressure checked or pay attention to these things because I didn't think of myself as being ill.

Sitting here 16 years later and being able to share my experience is a testament to the amazing people in the NHS and privately who have supported me. It was by listening to my healthcare professional teams that I got here today.

What dietary changes can help with cardiovascular disease, cholesterol, and blood pressure?

Deirdre Milnes

There are simple things you can start doing. Switch from full-fat milk to skimmed or semi-skimmed. Use vegetable oil or olive oil spread instead of butter. Air frying, oven cooking, and grilling are healthier options than frying.

Try to have more oily fish in your diet — it contains omega-3 fats that are good for the heart. If you eat meat, have more chicken and turkey, which are less fatty than red meat. Aim for five portions of fruit and vegetables a day.

Cheese is high in saturated fats — if you like it, have it less often and try grating it so your brain thinks you're getting more. We don't recommend switching to low-fat cheese because people tend to eat more of it.

Dr Kuldhir Johal

On salt — try to move to no salt or at least low salt. It's about making small step changes and personalising them for you. Look at plain Greek yogurt if you're not lactose intolerant — as people get older, they need more protein. Try the 'small plate diet' — adjust your portion sizes. And even doing 5 or 10 minutes of movement a day makes a difference.

How much physical activity should people be doing?

Dr Kuldhir Johal

The national guidance suggests about 150 minutes a week. But I'm a realist — get off the tube one stop earlier and you've done 10 minutes of fast walking. Take the stairs instead of the lift. Get up and move after about 40 minutes. Any form of movement, built into your routine — three or four times a week is enough to make a difference.

Audience question: I have severe osteoarthritis in my ankle restricting walking — any other advice?

Dr Kuldhir Johal

Don't forget your arms can do a lot of exercise too. There are exercises you can do sitting in a chair. Even doing 7 or 10 minutes a day makes a difference. Some people are doing things like Tai Chi — stretching exercises are really good for your joints and general wellbeing.

Denis, how did you make lifestyle changes stick?

Denis Collen

Write it down. Keep a record of your changes. When I was first diagnosed, I could barely walk 150 metres before running out of breath. The recovery process was about doing a little bit every day, a little bit more every day.

I keep a food diary, a medication diary, and an exercise diary. I do honest self-reflection. Making small changes for my whole family meant it doesn't become a burden you carry alone.

I'm from an Asian background and I've got friends from an Afro-Caribbean background — we're used to sitting down together and breaking bread. It's difficult if you're eating a different diet while everyone else eats traditional food. Share the load.

Journaling has been the most powerful tool for me. I do a digital journal now rather than a written one, and I still do it to this day. Exercise is also critical — nine months after being diagnosed with heart failure, I did the London to Brighton ride with friends who stayed with me rather than racing ahead. Trying to do it on your own is really, really difficult.

What about smoking and alcohol as risk factors?

Deirdre Milnes

Smoking is a major risk factor for cardiovascular disease and cancer. If you can, try to stop. There are smoking cessation advisors available through your local pharmacy and GP. Nicotine replacement therapy like patches can help, and there are also pharmaceutical therapies available.

The impact of stopping is remarkable: within two hours, your blood pressure starts to benefit. Within a week, your heart pumps more effectively and your taste buds start to return. Within a year, you've halved your risk of heart disease compared to a smoker. After 10 years, your risk is comparable to a non-smoker.

For alcohol, we recommend sticking to 14 units a week for both men and women. Try to have some alcohol-free days and don't consume all 14 units in one go. A small glass of wine once or twice a week is fine, but large amounts can increase blood pressure. If you don't drink, we don't recommend starting.

What about the idea that red wine is protective for heart health?

Deirdre Milnes

There is some evidence — red wine contains antioxidants that can help the good cholesterol work more effectively. A small glass is OK within the 14 units, but having lots of it counterbalances the goodness.

Dr Alex Bickerton

The key point is that it's not worth starting to drink red wine just to try and protect your heart — we don't have evidence that that's going to work, and drinking carries its own risks.

How do you decide when to treat blood pressure with medication, and what medications are used?

Dr Kuldhir Johal

It depends on the individual — their ethnicity, whether they're diabetic, whether they have kidney disease. You may have heard of ACE inhibitors and ARBs — medications like Ramipril or Losartan — and calcium channel blockers like Amlodipine. It's about finding the blood pressure medication that suits you.

I also want to mention kidney disease because it's all interrelated. If you've never had a urine check, it should be done at least once a year. We're recognising more and more that kidney health and heart health are interlinked — if you improve conditions for both, that improves your general wellbeing.

If blood pressure is controlled with medication, can you stop taking it?

Deirdre Milnes

Not necessarily. Some patients take blood pressure medication for specific cardiac conditions like heart failure, where it helps the heart pump more effectively. Even if your blood pressure has normalised, stopping suddenly will cause it to rise again. We wouldn't recommend stopping any medication without speaking to a healthcare professional first.

Audience question: I don't have high blood pressure but my cardiologist prescribes Losartan and Dapagliflozin. Why?

Deirdre Milnes

There may be some heart pump function issues — what we'd call heart failure. Both Losartan and Dapagliflozin (an SGLT2 inhibitor) are now used across the board for heart failure patients. It's very important to stay on them. More and more we're finding medications that treat more than one thing.

Can you explain statins — how they work and the common concerns?

Dr Kuldhir Johal

Statins reduce cholesterol and help prevent the furring of arteries. Common examples include Simvastatin (one of the oldest) and Atorvastatin. In primary prevention — trying to avoid conditions

occurring — you may start at a lower dose.

Some patients stop and start and notice muscle aches. It's about rebalancing the reasons why you're taking it. Staying well hydrated and maintaining a high-fibre diet helps. By the time you're about 50 or over, a number of us will qualify for a statin based on our risk assessment.

Statins aren't necessarily bad. The cholesterol level that was 'normal' in general terms might have been too high for you as an individual. It needs to be personalised, and there are other medicines available if you don't tolerate statins.

Dr Alex Bickerton

One important message that doesn't always get across is that statins are useful not just for cholesterol — they have other effects that also reduce heart disease, which is why we use them in high dose in people who've had a cardiovascular event.

Denis, how do you manage taking multiple medications day to day?

Denis Collen

You're not an expert as a patient. You just need to make sure you take the medication at the right time and take it consistently. Some of it is about treating you, some of it's about protecting your other major organs.

Three tablets in the morning, two at lunchtime, three in the evening can be challenging. You've got to find a way that works for you — set reminders on your phone, plan repeat prescriptions in advance. I take about 6 tablets a day now; I used to take 9. I see that as a positive.

Taking my statin every evening is protecting me for a longer life. I've got a nine-month-old granddaughter and I want to enjoy as much time as possible. The medication is doing a lot more than you realise — stopping it or skipping it is just not good enough. You've got to be disciplined.

If someone is on many tablets, how should they approach reviewing their medication?

Dr Kuldhir Johal

I go through the list of medicines with the patient so we both understand why each one is being taken. As your condition improves and your lifestyle improves, we can re-rationalise medication. Go for regular annual reviews, if not six-monthly — it's all dynamic and depends on you.

In older people too — yes, medication should absolutely be reviewed. It's about proactive care. At a minimum, get your sugars, cholesterol, blood pressure, and kidneys checked at least once a year — and don't forget a urine check as well as a blood test.

What about stress and mental health as risk factors?

Deirdre Milnes

Stress definitely plays a role. When we're stressed, we release adrenaline, which increases heart rate and blood pressure. Adrenaline was designed for fight-or-flight — it would peak and come back down. Now we seem to be living a lifestyle where our adrenaline stays up.

Relaxation techniques like mindfulness, yoga, Tai Chi, listening to relaxing music, and breathing exercises can all have a positive impact. Exercise and relaxation are equally important — relaxation lowers your heart rate naturally.

Does sleep quality affect cardiovascular risk?

Deirdre Milnes

It's important to have at least six hours of sleep a night. Avoid too much caffeine late at night. Try having a warm bath before bed, which naturally helps lower adrenaline levels. Avoid screens and blue light before bed — switch off devices and give your brain time to naturally switch off.

Dr Kuldhir Johal

I always ask patients: do you snore? Do you get tired during the day? Do you fall asleep watching TV? There's an underdiagnosed condition called sleep apnoea — between 1 in 10 and 1 in 12 patients have it, and a lot can be done. If a loved one says you pause your breathing during sleep, speak to someone.

One piece of advice each to protect your heart over the next 10–20 years?

Dr Kuldhir Johal

If you haven't had your urine checked and you're over 40, it's worth doing — it looks for early kidney health issues, which can influence your cardiovascular health.

Deirdre Milnes

Keep active. Try and keep as active as you possibly can.

Denis Collen

Find a way to get your six and a half hours of sleep every night. I learned on a diabetes course in 2020 how important sleep was — that was 10 years after being diagnosed — and it's made a significant difference to my quality of life and energy levels. It's a massive win.

Thank you to everyone on the panel and all attendees. The recording is available within the course. The course remains open for further review.