

## Matlock & Ashover Practice

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Emergencies 01629 583362 : Out of Hours 01629 583362

Appointments/Test Results 01629 583465

Administration 01629 593240

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[www.imperialrdgroupsurgery.co.uk](http://www.imperialrdgroupsurgery.co.uk)

Dear Patient

Risk of Heart Attack or Stroke We have used your last cholesterol result to calculate the risk of you having a heart attack or stroke over the next ten years. The calculation is called QRISK2.

If your risk is over 10% (i.e. the chance of a heart attack or stroke over the next year is 1 in 10 or above) then we will offer you a tablet called a statin. This has been shown to protect you and is recommended by NICE. We think all men by the age of 65 and all women by the age of 70 will be over 10% purely due to their age.

Your risk is over 10%

Statin are safe medications. Their common side effects (between 1 in 10 and 1 in 100) are:

- Nasal irritation/nose bleeds.
- Stomach problems.
- Muscle pains.
- Headaches.
- Allergic reactions.
- Liver blood test changes.

There are of course other side-effects too.

We think you'd benefit from taking a statin though there is also a good chance you will be fine if you decide do not take one. One statistic says that if a 1000 people take a statin 14 will benefit.

If you would like to try a statin for a month then please return the slip below. If you would like to talk to a doctor about statins please ask the receptionists for a telephone consultation.

If you are happy to try a statin then we'll give you a month's worth of tablets. You take one a day and if you get any side-effects then please stop them and let us know. If they suit you, let us know when you are running out and we'll leave you 2 months more and then do a blood test to check your liver and your cholesterol. You have to take statins forever to get the benefit.

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**If after reading this letter you would like to start a statin, please complete the form below and we can issue a prescription for you to collect from reception or your usual nominated pharmacy if you use electronic prescriptions. If you would not like a statin, we would be grateful if you could let us know so that we can enter this into your notes.**

**Name.....**

**Date of Birth .....**

**Post code:.....**

**I would / would not (delete as appropriate) like a prescription for a statin. I understand that I need to book for blood tests in 3 months time.**