

Cragg Ross Dawson

**SALT CAMPAIGN**

**Understanding and perceptions  
of heart disease and stroke**

REPORT

Prepared for:

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On behalf of:

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## A. BACKGROUND AND OBJECTIVES

The FSA is developing a campaign to warn people of the dangers of excess salt consumption. In order to inform this campaign, the FSA wished to develop a deeper understanding of public perceptions of heart disease and stroke and the factors that trigger these conditions (including salt).

Key objectives for the research were:

- to explore general understanding and perceptions of heart disease and stroke; in particular, to assess understanding of:
  - causes or contributing factors of these conditions
  - the hierarchy of risk factors and how serious the risk is felt to be
  - who is considered to be most at risk
  - the steps that can be taken to reduce risk
- to explore the perceived role of salt as a contributing cause of these conditions; in particular to understand appreciation of the following aspects:
  - the role of salt in causing high blood pressure and perceptions of high blood pressure as a factor in heart disease and stroke
  - the importance ascribed to salt as a risk factor for heart disease and stroke
  - estimates of how much salt is currently consumed
  - awareness of how to reduce salt intake

- broadly, to understand levels of receptivity to health messages and motivation to act in response to health messages

## B. METHODOLOGY AND SAMPLE

A hall-test day was held in North West London comprising short interviews with members of the public to test individual understanding of the issues. Twenty interviews were conducted, each lasting 15-20 minutes.

Group discussions were used to explore the issues in more detail and to assess responses to the creative material. Four one and a half hour groups were conducted with eight respondents in each.

The hall-test sample comprised:

- 9 men; 11 women
- 11 BC1; 9 C2DE
- 10 family (35-50 years old); 10 empty nesters (50+ years old)
- 1 single parent
- 4 with family history of heart disease or stroke

The group sample was as follows:

<b>Group</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
<b>SEG</b>	BC1	BC1	C2DE	C2DE
<b>Age</b>	35-50	50+	35-50	50+
<b>Life-stage</b>	Family	Empty nesters	Family	Empty nesters
<b>Family history</b>	Yes	No	No	Yes
<b>Location</b>	Leeds	Birmingham	Birmingham	Leeds

**Family** = aged 35-50 with children under 16 living at home.

**Empty nesters** = aged 50+ with no dependent children living at home.

Fieldwork was conducted on May 19<sup>th</sup> and 20<sup>th</sup> by Catherine Woolcott and Alison Percy.

Copies of the recruitment questionnaire and topic guides can be found appended, along with a summary of the findings segmented by individual group.

## C. FINDINGS

### 1. **Patterns in understanding and concern**

As in the previous research, awareness, understanding and motivation to act appeared to increase in line with the following factors:

- social grade: BC1 were better informed and more concerned about health generally than C2DE
- family history (though this was not always the case)
- age: the 50s seemed to form something of a watershed; most had begun at this age to take general steps to improve their health (better diet, more exercise); some younger also showed concern, however, and it was clear that the 40s can also act as an initial 'pause for thought'

*"After 40 you have got to start looking after yourself, don't put on a lot of weight, do a bit of exercise, keep going sort of thing."*

Depth 3, BC1, 35-50, male, with family history, London

- gender: women tended to be better informed and felt more empowered to act than men; indeed women often seemed to be the sources of information, or the instigators of a healthier diet within their family

*"That [salt] causes high blood pressure I have been told. I know that plenty of salt is not good for you and it makes you put on weight."*

*WHERE HAVE YOU HEARD THAT SALT IS BAD FOR YOU?*

*"From my wife."*

Depth 3, BC1, 35-50, male, with family history, London

- family: for some (more BC1s) having children had acted as a prompt to reconsider their diet with the aim of feeding their children healthily

The research revealed that not only family history, but also close personal knowledge of someone who had had heart disease or stroke (friend, neighbour) could increase understanding and concern. Indeed

it appeared to be the case that often it was familiarity with the disease that gave these diseases greater saliency, rather than awareness of greater personal risk.

*"It is a blood clot and it bursts and that is it."  
I THINK THAT IS THE BEST DEFINITION THAT I HAVE  
HAD ACTUALLY.*

*"My mother-in-law had a massive stroke and a lady who I used to live next door to she had a stroke and it left her with a speech problem. She still has walking difficulties but her speech has come back so it is not always permanent."*

Depth 9, C2DE, 35-50, female, London

## 2. High blood pressure: understanding and perceptions

High blood pressure was a familiar term to all in this sample but there was often little detailed understanding of what exactly it meant. Even those who suffered from high blood pressure themselves were often unable to give a definition. Respondents' attempts to describe high blood pressure varied in their accuracy; for example, some thought it might mean that there is too much blood, others that the blood is too thick or too watery, that the veins/arteries are too narrow for the volume of blood, or that the heart is beating too fast and being put under pressure.

*"High blood pressure is when the heart is having trouble pumping the blood round your body."*

Group 1, BC1, 35-50, with family history, Leeds

*"I would say that the heart is pumping too strongly. I would say there's too much blood coursing through the veins and that would bring on a stroke because the blood is going too quickly through the brain."*

Depth 16, BC1, 35-50, male, London

*"Isn't it the blood going round more slowly than it should be?"*

*"It's too much water in the body."*

*"I'm not sure what it is. I know all the symptoms but I don't know exactly what it is."*

*"The blood's not being pumped round properly."*

Group 2, BC1, 50+, Birmingham

*"It is an irregular heart beat."*

*"Pressure of the blood coming through the veins and it thumps on your chest."*

Group 4, C2DE, 50+, with family history, Leeds

*"It means your heart is pumping at such a rate that the blood pressure is higher than it should be."*

Depth 17, BC1, 35-50, male, London

*"Your heart is beating quicker. It is more work on your heart."*

*"It is about oxygen levels in the blood, it is not getting enough oxygen into your body."*

Group 3, C2DE, 35-50, Birmingham

Unprompted, respondents tended to talk about high blood pressure as a problem in its own right.

*"High blood pressure is not good as it is making the heart work overtime."*

Group 4, C2DE, 50+, with family history, Leeds

They saw it as a 'bad thing' in itself and some believed that you could probably die of high blood pressure alone, although they were often not sure how or why this might happen.

*"I am not sure if it can cause something else but I know that on its own it can kill."*

Depth 8, C2DE, 50+, female, London

*IS THERE ANYTHING ELSE THAT HIGH BLOOD PRESSURE CAN LEAD TO?*

*"It must be a killer on its own."*

*"Surely your heart could explode or just stop."*

Group 3, C2DE, 35-50, Birmingham

However, many were aware that high BP can lead to other conditions and here stroke was the most frequently mentioned, although a minority also made a connection with heart attack.

*"Basically it is a risky situation because I think it can lead to a stroke. If one has high blood pressure one needs treatment for it."*

Depth 5, BC1, 50+, male, London

*"It is a serious thing and you should slow down and you have to rest as it can lead onto other things."*

*ANY IDEA WHAT IT CAN LEAD TO?*

*"Heart attack or possibly a stroke."*

Depth 7, C2DE, 50+, female, London

*DO YOU SEE IT AS SERIOUS?*

*"Yes because it can lead to a stroke."*

*DO YOU SEE IT AS LEADING TO HEART DISEASE AS WELL?*

*"I don't know."*

Depth 14, BC1, 35-50, female, London

*WHAT'S WRONG WITH HAVING HIGH BLOOD PRESSURE?*

*"It leads to strokes."*

*"And heart attacks."*

*"It's an illness as well, on its own."*

Group 2, BC1, 50+, Birmingham

Some also assumed that there was probably a connection of some sort between high blood pressure and heart attack/disease, simply because the heart is involved, in some way, with pumping the blood around the body. However, there was general uncertainty over whether high blood pressure might be a cause or a result of heart attack/disease.

*"There's definitely a link between high blood pressure and heart disease. If you've got narrowing of the arteries and high blood pressure that may well put undue strain on the heart."*

Depth 19, BC1, 35-50, male, London

Causes of high blood pressure were not always known, although stress was often mentioned with some confidence.

*"You tend to think of it being stress related."*

Group 1, BC1, 35-50, with family history, Leeds

*HIGH BLOOD PRESSURE, IS THAT FAMILIAR?*

*"Yes, that is caused by stress and if you are too overweight and too much salt in your diet."*

Depth 8, C2DE, 50+, female, London

Respondents cited a range of other causes but many were unsure about whether these related specifically to high blood pressure. It appeared that factors such as smoking, drinking, fat and lack of exercise have come to be known widely as 'bad things'. A connection has been established between these factors and ill-health/disease, so that in the absence of concrete knowledge about the causes of high blood pressure people were likely to turn to these known 'baddies'.

*HIGH BLOOD PRESSURE, WHAT DOES THAT SUGGEST TO YOU?*

*"I suppose that's eating too much fatty stuff and sugar."*

Depth 2, BC1, 50+, female, with family history, London

*"I should imagine it would be a couple of factors. One of them could be genetic, a second factor could be wrong diet, and a third factor could be tension."*

Depth 5, BC1, 50+, male, London

*“You shouldn’t smoke, drink and you should exercise, so all the same sorts of things as heart disease. You just have to look after yourself a little bit.”*

Depth 9, C2DE, 35-50, female, London

A few were completely unaware of what might cause high blood pressure.

*“This one [high blood pressure] I don’t know. I had high blood pressure and I just have pills for it, I take one a day but I don’t know what causes it.”*

Depth 4, BC1, 50+, female, London

A number also mentioned other specific factors, such as pregnancy or certain prescription drugs.

A minority mentioned salt as a cause without prompting; they were often, but not always, better informed due to personal or family experience of suffering from high blood pressure.

*“I think that I know that too much salt and high blood pressure is definitely one of those things that I can see the connection with immediately.”*

Depth 6, C2DE, 35-50, male, London

*HOW IS IT CAUSED?*

*“I don’t know, I would imagine it was your intake of food and stress.”*

*WHAT FOODS?*

*“Salty foods. I tell my son-in-law not to put salt in. Everything has salt in it especially processed foods. I don’t use salt.”*

Depth 15, BC1, 50+, female, London

Indeed, salt was more likely to stand on its own as a cause of high blood pressure than of heart disease and stroke (when, if it was mentioned at all, this was usually in the context of a poor diet).

*“A lot of prepared foods have got lots of salt in. So if you ate less pre-prepared food you’d have less problem with blood pressure.”*

Depth 19, BC1, 35-50, male, London

There was a degree of association between high blood pressure and age, in that people generally thought high blood pressure was more likely to develop in the 40s and 50s and/or could become a more serious problem at later stages in life. Often this was because lifestyle factors such as bad diet or stress were also felt to make their presence

known at these ages. There was also some expectation that general physical degeneration was likely to cause or exacerbate high blood pressure.

*"I would think that as you get older I know you get high blood pressure and you get stressed. You don't hear of young children getting stressed, so I would have thought that that is for the older age group definitely."*

Depth 9, C2DE, 35-50, female, London

*"I think if people go overweight they get blood pressure. Old people I think. I haven't seen anybody get blood pressure younger than 50."*

Depth 10, C2DE, 35-50, male, London

*"I think as you get older your veins and arteries get thin and cannot take the pressure. It is important to keep the blood thin. It is more likely to affect you in your older years. If it is inside your brain you are in trouble."*

Depth 11, BC1, 50+, female, with family history, London

The connection between high blood pressure and age was not made by all, however, with a number believing that high blood pressure could affect anyone.

Many were aware of warning signs for high blood pressure. Headaches were the most salient, but blurred vision, rushing in the head, breathlessness and ringing in the ears were also mentioned. However there was also a widespread belief that high blood pressure could go unnoticed, or that warning signs might easily be ignored or misread. Indeed, lack of detection tended to be regarded as the main cause for fear in association with high blood pressure.

*"I don't think you'd know. Maybe when you go to see the doctor then you know. It's not like the flu or cold when you know you've got it."*

Depth 10, C2DE, 35-50, male, London

Once diagnosed, high blood pressure was seen to be eminently treatable and controllable. This was in part because many recognised that a change in lifestyle was likely to have a direct effect in lowering blood pressure and, ultimately, most were reassured by awareness of the availability of tablets or medicines of some sort (Warfarin? rat poison?). These were believed to provide a rapid and reliable 'cure' for high blood pressure in the majority of cases.

*"I think you can control high blood pressure. I take a couple of tablets a day. It doesn't affect me."*

Depth 2, BC1, 50+, female, with family history, London

*SAY YOU WENT TO THE DOCTOR TOMORROW AND THEY TOLD YOU YOU HAD HIGH BLOOD PRESSURE, DO YOU HAVE ANY EXPECTATION OF WHAT THEY WOULD TELL YOU TO DO?*

*"I think they would probably give you tablets and tell you to try and relax. My dad takes high blood pressure tablets."*

*AND DO YOU HAVE A SENSE OF HOW SERIOUS IT WOULD BE IF SOMEONE SAID THEY HAD HIGH BLOOD PRESSURE?*

*"Not that serious. I think a lot of people have high blood pressure."*

Depth 3, BC1, 35-50, male, with family history, London

In light of this, high blood pressure was mainly feared for being a 'hidden killer'. Its danger was felt to lie in lack of detection which might allow it to cause harm before any remedial measures could be taken, rather than in the condition per se, which was not felt to pose any risk as long as the drugs were taken and people made appropriate changes to their lifestyle.

*"It's a silent one. If it's not picked up it could kill you. If it is picked up in time, with medication and a change of lifestyle you can get it down and be quite safe."*

Group 2, BC1, 50+, Birmingham

### 3. **Heart disease: understanding and perceptions**

#### 3.1 General understanding

The research revealed the importance of terminology when talking about heart problems, due to some confusion over the use of the terms 'heart attack' and 'heart disease'. Broadly, a distinction was drawn between ongoing conditions, described as heart disease, and heart attack, which was considered to be a sudden event.

*"A heart attack and heart disease are different aren't they. I think heart disease is a condition where the heart has either got blocked arteries, fat around the heart, some sort of muscley type thingy."*

*SO IT'S A KIND OF ONGOING THING*

*"Yea, whereas heart attack can just be brought on in an instant through too much pressure on the heart."*

Depth 16, BC1, 35-50, male, London

Conditions associated with heart disease included congenital heart problems, heart murmurs and infant heart problems; these were seen as illnesses where the individual has little control over their condition, and which the sufferer might live with for many years.

*"I have a friend whose son had a heart condition when he was born, so some people are born with heart disease and not necessarily because of what they have done."*

Depth 9, C2DE, 35-50, female, London

Respondents generally believed that conditions such as blocked arteries or even high blood pressure, which could lead up to a heart attack, might also come under the heading of heart disease. Some recognised therefore that heart disease could be brought on by lifestyle factors and by behaviours which the individual could control, although not all were confident on this point. There was also some uncertainty over whether the genetic/infant-related conditions defined as 'heart disease' could perhaps lead to a heart attack, or whether one might develop heart disease following a heart attack.

*WHAT DOES HEART DISEASE MEAN TO YOU AS A TERM?*

*"Anything to do with the heart, high blood pressure or anything, it all relates to the heart, what could go wrong with it."*

Depth 1, BC1, 50+, female, with family history, London

*TELL ME ABOUT HEART DISEASE.*

*"It probably covers everything whereby the heart is restricted to work at its full capacity due to narrowing of arteries, lack of oxygen, troubles with the actual muscles that control the heart, blockages within the valve. It's an all-encompassing range of conditions."*

Depth 19, BC1, 35-50, male, London

*"One leads to the other quite often. The heart disease will end up with a heart attack if you don't try and treat the disease."*

Group 2, BC1, 50+, Birmingham

Heart attack was more clearly understood and was frequently seen as being something one brings upon oneself (although the view was also voiced that heart attacks can occur as a result of heart disease; and that they can occur out of the blue through no fault of the individual – this will be discussed in more detail below). Heart attack carried more emotional fear than heart disease because of this potential for the

individual to damage their own health, and because of its potential to happen suddenly and without warning.

*“I’m terrified of having a heart attack, because I’m overweight, I smoke, I drink, and my job is sedentary.”*  
**ARE YOU TAKING STEPS?**  
*“No unfortunately, I know the answers but I don’t actually do it.”*

Group 2, BC1, 50+, Birmingham

Although, in comparison to other conditions, such as a stroke or some forms of cancer, there was also reassurance in the fact that one could take steps to minimise one’s risk.

*“I think it’s the one thing you can actually do something about.”*

Depth 19, BC1, 35-50, male, London

Across the sample, though, respondents found it more logical and more convincing to link lifestyle factors such as smoking, lack of exercise and poor diet, with ‘heart attack’ than with ‘heart disease’.

Certainly heart attack was a familiar and salient illness. Along with cancer, and to a lesser extent, stroke, it was seen to comprise one of the ‘big three’ diseases from which the public is most heavily at risk. It was known to be one of the biggest killers in the UK, with some linking it particularly to Scotland.

Despite this familiarity with heart attack/disease, respondents’ medical understanding was fairly unfocused. Elements of the circulatory system were often mentioned, such as valves, arteries, veins and so forth, but many were unclear about what actually happens when someone has a heart attack. At best some respondents guessed that it was something to do with blood not reaching the heart properly.

*“You have blocked arteries, that is what I know, circulation of the blood and all that. A lot of fat could block your arteries and that probably causes heart failure.”*

Depth 3, BC1, 35-50, male, with family history, London

### 3.2 Causes

The connection of lifestyle factors with heart attack was strong in respondents’ minds; all were able to identify behaviours that increase

the risk of heart attack and no one challenged the notion that lifestyle has a major impact on the likelihood of heart attack.

Unprompted, the main causes of heart attack were thought to be (approximately in this order):

- smoking – many were not exactly sure why, although it seemed that the recent British Heart Foundation campaign has raised awareness that smoking clogs up the arteries
- weight – putting too much strain on the heart
- poor diet – mainly (saturated) fat, but also cholesterol and junk food generally
- lack of exercise
- excessive drinking
- (possibly also) stress, doing too much, shock

*“Too much smoking, too much drinking, excessive food eating. Maybe if you do hard exercising. You know, people running.”*

Depth 2, BC1, 50+, female, with family history, London

*“I think a lot of this is caused by stress, also people who don’t have a healthy life drop dead of a heart attack. I think it is the luck of the draw. I think maybe if you eat too much rubbish and have too much cholesterol that could do it.”*

Depth 4, BC1, 50+, female, London

*“Heart attacks affect fat people I think. Their heart is having to work very hard to carry that weight.”*

Group 3, C2DE, 35-50, Birmingham

**WHAT DO YOU THINK CAUSES IT?**

*“Smoking, drinking, eating fatty foods, and a lack of blood to the heart muscles. Also lack of exercise.”*

Depth 14, BC1, 35-50, female, London

*“It is the fat that causes it. I think blocked arteries can cause a bad heart.”*

Depth 15, BC1, 50+, female, London

Some also mentioned high blood pressure as a cause and, when prompted, this was often acknowledged to be a contributing factor although respondents were less sure about the link with blood pressure than they were for stroke.

*"I think with heart disease the arteries thicken so the blood would be under a higher pressure in order to be pushed through, making things liable to break off."*

Depth 20, C2DE, 50+, female, London

Genetic factors were also thought likely to play a role although, as discussed above, they were associated more with 'heart disease' than 'heart attack'. That said, there was some recognition that propensity to heart attack and its associated conditions was increased if there was a family history of the illness.

*"A lot of it I think is hereditary. I got mine from my father. He had cholesterol, stroke, so I've got cholesterol. It's in the genes somewhere. After that it's smoking, which I did for years, overeating and drinking, indulging."*

Depth 1, BC1, 50+, female, with family history, London

The type of person most likely to have a heart attack was typically defined as someone who indulged in all the lifestyle traits mentioned above.

*"Somebody who had a history of it. Genetic factors, smoking, too little exercise, eating too much, eating the wrong type of food."*

Depth 5, BC1, 50+, male, London

**WHAT KIND OF PERSON DO YOU THINK WOULD BE MOST LIKELY TO HAVE HEART DISEASE?**

*"People who are quite big and overweight, probably overdoing work because then they get the high blood pressure."*

Depth 7, C2DE, 50+, female, London

*"People who smoke and who are overweight. Smokers."*

Depth 9, C2DE, 35-50, female, London

Among some of the more aware, typically BC1s, there was an occasional hint of criticism in their description of those who increase their risk of heart attack through what was deemed to be 'laziness'.

*WHAT KIND OF PERSON IS MOST AT RISK OF HEART DISEASE?*

*“The unfit, the fat, the one whose only form of walking is to the car and back. The one who stands at the bus stop when they could have walked half a mile and been where they wanted to be. The one who forever sits in front of the TV and that’s the only form of sport they ever do.”*

Depth 17, BC1, 35-50, male, London

Age and gender tended not to be mentioned spontaneously, but when prompted:

- men were thought perhaps slightly more likely to have a heart attack, though not by much, and some thought this was changing
- ‘heart disease’ did not have a strong age association, partly because of its association with genetic or birth disorders which could affect the very young
- ‘heart attack’ was thought more *likely* in middle age (40s/50s+), but respondents resisted a strong age link; many knew of someone who had suffered a heart attack while young and believed, despite the association with lifestyle factors, that there was still some element of chance to suffering a heart attack

*WHAT SORT OF PERONS IS AT RISK FROM HEART DISEASE?*

*“Everyone, no particular age group. Not so much in the young, but even they can get it. The elderly are more at risk of everything. “*

Depth 16, BC1, 35-50, male, London

### 3.3 Seriousness and treatment

Heart attacks were seen as potentially very serious because of the awareness that they could be fatal. However, most also believed that the prospects of surviving a heart attack were quite good, and that, importantly, those who did survive were likely to have a reasonably good quality of life afterwards (particularly compared with someone who had suffered a stroke). Nevertheless, a heart attack was seen as a warning sign and all were aware that it demanded that changes be made to one’s lifestyle, such as eating a better diet, stopping smoking, taking some exercise and generally ‘slowing down’.

IF PEOPLE WANTED TO CUT DOWN THEIR RISK OF HEART DISEASE, WHAT STEPS WOULD THEY TAKE?

*"Diet."*

*"Exercise."*

*"Cut out salt."*

*"Processed food."*

*"Cigarettes and alcohol."*

*"Smoking is the big thing."*

WHAT IS THE BIGGEST THING SOMEBODY COULD DO?

*"Stop smoking."*

*"Exercise."*

*"Lose weight if you are overweight."*

Group 1, BC1, 35-50, with family history, Leeds

*"It is like a warning sometimes and you have to change your lifestyle afterwards, don't you."*

Group 3, C2DE, 35-50, Birmingham

Many also knew that having one heart attack made it more likely you would suffer another.

*"They have to be careful what they are doing and they have to look after themselves, especially if they have had a heart attack. A friend of mine has had two heart attacks."*

Depth 7, C2DE, 50+, female, London

Understanding of the treatment for heart disease/attack was patchy. Most assumed that a range of medical interventions would be available for heart disease, though most were unsure what these might be. For heart attack the immediate association was with changes in lifestyle, although procedures such as heart 'bypass' and 'transplant' were also mentioned.

### 3.4 Warning signs

There was a general feeling that warning signs for heart problems were not guaranteed. It was believed that heart disease could go unnoticed for years, and that a heart attack might strike out of the blue. The latter was thought rare, though and most expected that there would be some indications that one was at risk of heart attack, for example tiredness, shortness of breath or palpitations.

*"Puts you out of breath, chest pains, general degrading of your life quality."*

Depth 20, C2DE, 50+, female, London

Some were also able to cite indications of an imminent heart attack, such as pain in the chest and arm or a tingling feeling in the arm.

### 3.5 Salt and heart disease/attack

Only a minority raised salt without prompting in connection with heart disease/attack and, when they did so, this was only in the context of poor diet.

*WHAT ABOUT IF PEOPLE WANTED TO LOWER THEIR RISK OF HEART DISEASE?*

*“Stop drinking, stop smoking, eat healthier food, eat more regularly.”*

*WHAT DO YOU MEAN BY EAT HEALTHILY?*

*“Lower salt, lower cholesterol.”*

Depth 20, C2DE, 50+, female, London

Certainly, in terms of dietary factors, salt was much less salient than fat and overall the connection between salt and heart disease was weaker than between salt and high blood pressure, or, to a lesser extent, salt and stroke.

*“I don’t necessarily see salt and heart disease as connected.”*

Depth 6, C2DE, 35-50, male, London

## 4. **Stroke: understanding and perceptions**

### 4.1 General understanding

The term ‘stroke’ was familiar to all, but the condition was much less salient than heart attack/disease and lagged behind heart problems and cancer when discussed in the context of the most significant health issues in this country.

Understanding of what a stroke actually is was patchy. Some knew it to be a blood clot or burst blood vessel in the brain. Many, probably the majority, either associated it with a blood clot but were not sure where in the body it occurred, or associated it with something in the brain but did not know exactly what. A minority felt completely in the dark.

*"I should imagine it has something to do with the arterial system and the brain."*

Depth 5, BC1, 50+, male, London

**WHAT DO YOU THINK ACTUALLY HAPPENS WHEN YOU HAVE A STROKE?**

*"Some sort of muscular or nervous attack. Some sort of paralysis of a temporary or a permanent nature."*

Depth 19, BC1, 35-50, male, London

*"You get blocks so blood doesn't go round your body properly. If it gets blocked it can cause a clot."*

*"It all boils down to bad circulation."*

Group 2, BC1, 50+, Birmingham

Stroke was much more strongly associated with its after-effects rather than with the causes or the event itself; most were aware that stroke could result in:

- paralysis (on one side of the body)
- speech problems
- general incapacity

*"I think with a stroke you get paralysed, that is all I know really, one side might stop working and you suffer."*

Depth 3, BC1, 35-50, male, with family history, London

*"It is something that happens in the brain and causes sometimes paralysis and loss of speech. Sometimes it is for ever and sometimes it goes depending on how serious it is."*

Depth 4, BC1, 50+, female, London

Most strikingly, there was a fear that a stroke would mean 'you are no longer you', because it affects the way that a person thinks and functions.

*"You've still got your faculties with heart disease but you can lose quite a lot of your faculties with a stroke, and walking and talking. It can affect you a lot more."*

Depth 1, BC1, 50+, female, with family history, London

These after-effects made stroke very frightening. Respondents voiced fears about having to live with the results, which might potentially last for years, and about becoming dependent on others due to their loss of faculties. There was also awareness that strokes could be equally if not more distressing for family and relations who might be called on to

care for the victim. It was common for people to say that, if they had a stroke, they would rather die from it than survive and face the consequences.

*"I am more worried about having a stroke than a heart attack. I wouldn't like to be paralysed."*  
Depth 15, BC1, 50+, female, London

*"I'm terrified of having a stroke. I'd hate someone to have to look after me, I'd rather just die."*  
Group 2, BC1, 50+, Birmingham

## 4.2 Causes

Understanding of what contributes to the risk of a stroke was much patchier than for heart attack/disease; it seemed to pose much more of a mystery, even to those who had close personal experience of the illness.

*"I don't really understand it but my sister-in-law had a stroke. I don't know if it was the same sort of thing as overdoing things. She is not really the same since she had the stroke."*  
Depth 7, C2DE, 50+, female, London

*"I haven't really thought about that [the cause of a stroke]. I just thought it was a blood clot that broke so I haven't honestly thought about what causes a stroke."*  
Depth 9, C2DE, 35-50, female, London

Some mentioned high blood pressure as a cause without prompting, and certainly respondents tended to be more confident that this was a contributory factor for stroke than for heart attack/disease.

*"I'd say if you've got high blood pressure your chances of having a stroke are slightly higher."*  
Depth 19, BC1, 35-50, male, London

*"I think strokes are more likely with people with high blood pressure."*  
Group 3, C2DE, 35-50, Birmingham

**WHAT IS BAD ABOUT HAVING HIGH BLOOD PRESSURE?**  
*"Frightened of having a stroke."*  
Group 3, C2DE, 35-50, Birmingham

Most were unsure exactly *why* high blood pressure contributes to strokes, but tended to feel that logically high blood pressure would

mean there was a greater risk of something bursting or of a blockage being forced into a vein that was too narrow.

*"If you get high blood pressure it will tend to push blockages that are in the arteries and it could easily push up into the brain where, as far as I am aware, the arteries get smaller and that's when you're likely to end up with a clot."*

Depth 17, BC1, 35-50, male, London

Stress was also widely associated with stroke, but not necessarily via high blood pressure.

*WHAT CAUSES STROKES?*

*"Bad circulation."*

*"Stress."*

*"The arteries thinning down, narrowing."*

Group 2, BC1, 50+, Birmingham

As with heart attack/disease and high blood pressure, general lifestyle factors (diet, smoking, lack of exercise, alcohol) were sometimes known and often assumed to contribute to the risk of having a stroke, although most were very unclear about the reasons for this. Some thought that these factors might perhaps raise blood pressure or contribute to the clogging of the arteries, but very few were confident on these points.

*WHAT ARE THE MAIN CAUSES OF STROKE?*

*"Smoking, fatty foods, similar types of things to heart problems. If you have too much of something it causes it to build up in the veins and bits fly off somewhere."*

Depth 1, BC1, 50+, female, with family history, London

*WHAT DO YOU FEEL ARE THE CAUSES?*

*"I suppose overeating mainly and lack of exercise. Eating too much fattening things."*

Depth 2, BC1, 50+, female, with family history, London

*"One side of your brain collapses and you go paralysed down one side. It can be brought on by stress, too much alcohol, cigarettes. Anything that you enjoy."*

Depth 16, BC1, 35-50, male, London

Importantly for stroke though, respondents tended to believe there was a large element of bad luck, and that people often suffered strokes quite randomly. Strokes were often thought to occur 'out of the blue' or perhaps due to unknowable factors in one's personal make-up.

*"I think a stroke is more random because it just happens, whereas you can be diagnosed with heart disease."*

Group 4, C2DE, 50+, with family history, Leeds

*"Sometimes I think it could be stress and others it is just out of the blue."*

Depth 4, BC1, 50+, female, London

As a result, the motivation to change one's lifestyle through fear of stroke was less than for heart attack/disease, especially among the less informed.

*"If I were going to take steps to improve my health and lifestyle it wouldn't be through fear of stroke, it would be through fear of other things."*

Group 1, BC1, 35-50, with family history, Leeds

By the same token, this lack of understanding of the causes of stroke could increase the element of fear, because there was no sense of control.

The type of person most likely to suffer a stroke was typically defined as someone with high blood pressure, a poor lifestyle, and under a lot of stress. There was some association with middle and old age, and the typical age for stroke was thought to be perhaps slightly higher than for heart attack. Some guessed that older people were more likely to suffer a stroke because the walls of their veins grew thinner with age and were therefore more likely to burst.

*"Heart attacks people have when they are quite young but with a stroke I think it is a bit different. I don't know why but I think it may happen to older people."*

Depth 7, C2DE, 50+, female, London

**WHAT SORT OF PERSON WOULD BE AT HIGH RISK?**

*"I know younger people can get them but I imagine it's older people – 60ish, 70ish."*

Depth 2, BC1, 50+, female, with family history, London

There was a recognition, however, that youth is no guarantee of safety and that the indiscriminate nature of stroke means that it could happen to anyone.

*"I know that young or old can get them. You are not any particular age for strokes."*

Depth 9, C2DE, 35-50, female, London

*“It can happen at any age and it can affect young people too.”*

Depth 8, C2DE, 50+, female, London

Most had little idea of whether gender affected the likelihood of having a stroke, although a few associated the condition more with women than men.

*“I’ve heard of more women having strokes rather than men, whereas in heart attacks it seems to be the men not the women.”*

Group 2, BC1, 50+, Birmingham

### 4.3 Seriousness and treatment

Strokes were certainly considered to be potentially serious, largely because of the fear of debilitating after-effects rather than a strong risk that they might be fatal.

As with heart attacks, though, most knew that strokes could also be very minor and a number knew of friends or relatives who had suffered a stroke and not realised it, or had had very few after-effects, or had recovered well. Despite this, the overall view tended to be that respondents would rather not take the risk and would prefer to chance a heart attack rather than a stroke, since heart attacks were not felt to carry the risk of significantly altering ‘who you are’, or rendering the sufferer helpless.

Most associated treatment for stroke with therapy designed to deal with the after-effects, such as speech therapy or mobility therapy to treat paralysis. There was also some recognition that having a stroke required a change of lifestyle in order to control high-blood pressure, avoid stress and improve one’s general health by stopping smoking, improving diet and taking moderate exercise. As with heart attack, though, many also knew that having one stroke increased the chances of having another.

### 4.4 Warning signs

The perception that strokes often occur randomly suggested to respondents that there were probably fewer warning signs for stroke

than for heart attack. The more knowledgeable suggested that high blood pressure would itself be a warning sign, but, as discussed above, high BP was often believed to present no symptoms. Other suggestions of warning signs for stroke included headaches, dizziness and perhaps blurred vision.

#### 4.5 Salt

Few mentioned salt as a cause of stroke without prompting, but it was suggested more frequently than as a cause of heart attack. This seemed to be due to the greater prominence of high blood pressure as a cause of stroke, and to the occasional recall that salt is a factor in raising blood pressure.

*IF PEOPLE WANTED TO CUT DOWN THEIR RISK OF STROKES, WHAT COULD THEY DO?*

*"Don't smoke, don't drink."*

*"Exercise, diet."*

*"Balanced diet."*

*"Standard things really."*

*BALANCED DIET?*

*"Cut down on fast food, processed food."*

*"Salty foods."*

Group 1, BC1, 35-50, with family history, Leeds

*"High fatty, high cholesterol type foods."*

*"Butter, salt."*

*"Yes, salt's bad."*

*"Salt is very bad."*

*DO YOU KNOW WHY?*

*"It causes the body to retain fluid, which causes high blood pressure."*

*SO IF YOU WANTED TO REDUCE YOUR RISK OF STROKE WHAT WOULD YOU DO?*

*"Cut out salt, stop smoking, eat plenty of fresh fruit and veg."*

Group 2, BC1, 50+, Birmingham

## 5. **The role of salt**

### 5.1 Overall

As probably evident from the findings above, a relatively small minority in this sample mentioned salt without prompting in connection with the three conditions discussed. When it was raised, this was usually in connection with high blood pressure and, by association, with stroke; the link with heart disease/attack was less salient.

When prompted, there was almost universal awareness that too much salt is bad for you. Some claimed to have known this for years, perhaps as part of general interest in a healthy diet, or more specifically because of family or personal experience of stroke or heart attack/disease.

*“My father had a heart attack when he was 42. We always had low-salt.”*

Group 1, BC1, 35-50, with family history, Leeds

*“When I was growing up I remember my Grandmother used to say, ‘Not too much salt’. She lived until she was 90 so it must work.”*

Depth 8, C2DE, 50+, female, London

*“It is the only consistent health message that I can remember receiving for virtually the whole of my life.”*

Group 1, BC1, 35-50, with family history, Leeds

*“Too much salt. I just know they do a low salt and I think that’s to do with blood pressure because my sister eats low salt.”*

Depth 16, BC1, 35-50, male, London

A good number also seemed to have picked up the message from recent publicity; there was a general feeling that salt was something that had been in the news in the last few weeks and months. For some, the message about salt appeared to be relatively new information.

*IN TERMS OF WATCHING YOUR SALT CONTENT, IS THAT SOMETHING YOU HAVE DONE RECENTLY?*

*“Over the last few years when I heard about the danger of it.”*

Depth 5, BC1, 50+, male, London

*“There is a fantastic book written by a guy who wrote about McDonalds... It is a scary book but it’s a good read. Salt is there for taste and for mass consumer taste. You don’t need that amount of salt. You get most of it through natural things anyway.”*

Depth 19, BC1, 35-50, male, London

*“I read that common salt is dangerous. I think it coincides with high blood pressure.”*

*DO YOU KNOW WHAT IT DOES?*

*“I think there is a connection with high blood pressure. I and my husband have swapped from common salt to low sodium salt.”*

Depth 12, C2DE, 50+, female, London

Despite these relatively high levels of awareness that too much salt is a bad thing, many, probably the majority, were unclear as to *why* excess salt is harmful. Most seemed to have accepted the ‘salt is harmful’ message without questioning it and were often unable to say what salt does to the body and therefore why it might be considered dangerous.

*“Too much is not good for you.”*

*AND WHY IS IT NOT GOOD FOR YOU?*

*“I don’t really know. I have heard or read it somewhere that salt for a particular reason is not very good for you.”*

Depth 9, C2DE, 35-50, female, London

*HOW MUCH DO YOU KNOW ABOUT WHY TOO MUCH SALT IS BAD FOR YOU?*

*“Don’t know.”*

*“I haven’t got a clue.”*

Group 3, C2DE, 35-50, Birmingham

*“Salt is bad for you, but it’s one of those things that I know it’s bad, but I don’t know why it’s bad. There’s lots of things that say ‘reduced salt’ and the doctor advises you not to take salt. OK that’s fine, but I’ve got no idea why.”*

Group 2, BC1, 50+, Birmingham

*SO WHY IS TOO MUCH SALT BAD?*

*“I don’t know, they just tell us that.”*

Group 4, C2DE, 50+, with family history, Leeds

When pushed, many respondents guessed that salt might have the following effects on the body or on the circulation system:

- clogs the arteries
- dehydrates the body – ‘makes you dry’
- has a chemical effect on the balance/make-up of blood

*“It helps your body store water so that isn’t good either, especially if your heart’s in trouble, it can’t pump it out.”*

*WHAT’S BAD ABOUT SALT?*

*“It mostly causes water retention as far as I know. And the more salt you have, the more you sweat, I suppose, which dehydrates you.”*

Depth 1, BC1, 50+, female, with family history, London

*WHAT’S BAD ABOUT SALT?*

*“I don’t know, does it block the arteries?”*

Depth 2, BC1, 50+, female, with family history, London

*"I am not sure but I think it has got something to do with the electro-magnetic state of the blood. Salt is present in ionic form and a certain amount of this can upset the delicate balance of the blood."*

Depth 5, BC1, 50+, male, London

*"I think if you have a lot of salt it makes your body carry more water."*

Group 3, C2DE, 35-50, Birmingham

Some, in turn, linked these effects with high blood pressure. Respondents were often unsure as to why or how salt might raise BP, but thought perhaps that water retention would lead to weight gain thus putting pressure on the veins and circulatory system. Alternatively others thought that if salt clogged the arteries it would make it harder for the blood to pass through.

*"It's because it retains water in your body and the more water in your body, the higher your blood pressure."*

*"It must increase the pressure of the blood in the vascular system."*

Group 2, BC1, 50+, Birmingham

*"If you have this condition [high blood pressure] you would avoid salt at all times. Doctors tell us and health programmes because salt has a lot to do with water retention. If you cut down on salt the water may flow easily."*

Depth 11, BC1, 50+, female, with family history, London

*"It clogs the arteries I think."*

**WHAT EFFEECT DOES CLOGGING THE ARTERIES HAVE?**

*"Could be high blood pressure because your heart needs to pump stronger to get the blood through the tubes."*

Depth 16, BC1, 35-50, male, London

A minority talked about the role that salt plays in dehydrating and thus thickening the blood.

*"We don't drink enough water. If you're dehydrated your blood gets thick."*

Group 1, BC1, 35-50, with family history, Leeds

As in the previous research, it was clear that the salience and scariness of salt was limited by respondents' difficulty in visualising how it might cause them harm. Many struggled to see how such an innocuous substance could possibly serious have ill-effects.

*"It's such a harmless, everyday commodity, salt. What harm can it do?"*

Group 2, BC1, 50+, Birmingham

Respondents' confusion was compounded by the fact that many knew that salt is good for you, and indeed necessary in appropriate amounts, particularly for those playing a lot of sport, taking exercise or visiting hot countries. In this respect it was believed to differ from fat, which was often regarded as something that should ideally be eliminated from one's diet.

*"You've got to have salt, you can't live without it. I don't know if you have to have fat. I don't know what would happen if you didn't have salt, you'd dehydrate I suppose. The water supply which we're mainly made up of would disappear, so salt really is important in some ways."*

Depth 1, BC1, 50+, female, with family history, London

*"I thought salt was supposed to be good for something but I can't remember what."*

Depth 7, C2DE, 50+, female, London

*"If you sweat by exercising you lose salt from the body so you need to replace it."*

Group 4, C2DE, 50+, with family history, Leeds

It was also clear that respondents struggled to envisage at a tangible level what salt actually does to the body. By contrast, respondents were easily able to visualise the harmful effects of fat; intuitively the fact that fat clogs one's arteries feels 'makes sense'. As a result, the message that salt is bad lacked the same emotional impact and, in certain cases, credibility.

*"The current cigarette advert of fatty stuff in the veins, something with salt would make me think more. I am aware of salt, but I don't do a damn thing about it. Maybe if someone said, 'It does this to you' I would think about it."*

Group 1, BC1, 35-50, with family history, Leeds

## 5.2 Perceptions of level and sources of salt intake

Overall, the majority guessed that their salt intake was low or acceptable, particularly older respondents who had made some effort to change to a healthier diet.

*"The only thing I put salt on is a tomato. My salt intake at the moment is about as low as you can get."*

Group 2, BC1, 50+, Birmingham

Often respondents were able to cite examples of friends or relatives who used a lot of salt and who provided a point of comparison for what they believed to be their own low salt consumption.

*“My dad pours it over everything. He will literally pour salt over his chicken, eat the outside ‘til the middle of the chicken then put salt on it again.”*

SO COMPARED TO HIM YOU’RE DOING ALRIGHT?

*“Yes, definitely.”*

Depth 16, BC1, 35-50, male, London

Many over 50 claimed to have already taken some steps to reduce their salt intake. Some reported that this had been a direct consequence of having been diagnosed with high blood pressure or having suffered a minor stroke or heart attack. Commonly, these respondents talked about switching to low-sodium salt and eliminating salt from cooking and from the table. Some had also taken steps to reduce their intake of processed food.

*“I don’t use it as much as I used to. I don’t put so much in cooking as I used to.”*

Depth 4, BC1, 50+, female, London

*“I always have it on my mind. Don’t put the salt on the table and don’t put it in cooking.”*

Depth 11, BC1, 50+, female, with family history, London

*“You shouldn’t add salt to everything. Add the salt after cooking, after tasting. I’ve stopped buying microwave meals.”*

Depth 20, C2DE, 50+, female, London

Others had reduced their salt intake as part of a general switch to a healthier diet. They were interested in consuming less fat, less processed food and more fresh fruit and vegetables. Some had made these changes with the intention of lowering their salt intake; others had often realised that serendipitously they had reduced their salt by altering their diet.

*“I have a sensible diet. I have fish a lot, I only have roast potatoes once a week. I grill bacon and I poach eggs rather than fry them.”*

Depth 15, BC1, 50+, female, London

WOULD YOU SEE YOURSELF AT ANY RISK OF HEART DISEASE?

*"I think I have been in the past."*

AND WHAT HAVE YOU DONE TO...

*"I exercise, I changed my diet, I smoke and drink less. Do more sports."*

CHANGED YOUR DIET?

*"I don't eat any commercial type foods, just eat proper fruit, vegetables."*

Depth 19, BC1, 35-50, male, London

AND COULD YOU IMAGINE TAKING ANY STEPS TO REDUCE YOUR RISK OF HEART DISEASE?

*"I am trying. I've started on a course to quit smoking..."*

*Trying to eat more salads, fruit, more vegetables."*

Depth 20, C2DE, 50+, female, London

The majority of younger respondents also wanted to believe that their own salt intake was acceptable, although a minority, generally male, were happy to admit that they ate a lot.

*"I can't have a tomato without salt on it!"*

Depth 6, C2DE, 35-50, male, London

IN TERMS OF YOUR OWN DIET AND SALT INTAKE HOW DO YOU THINK YOU RATE?

*"Reasonable, but I wouldn't say I was fastidious."*

WHEN DO YOU HAVE SALT?

*"I never go out of my way to add salt, unless it's chips, and I don't eat them very often. But as for what foodstuffs contain how much salt, I don't know."*

Depth 17, BC1, 35-50, male, London

In comparison to the previous research, there seemed to be a greater awareness that processed food contains high levels of salt. The following foodstuffs were mentioned as particular culprits:

- ready-meals, pre-prepared sauces, savoury snacks etc
- bread, cereal, sandwiches, biscuits, cheese and cured meats
- fast-food and take-away meals

*"Bacon, all kinds of things like cereals and stuff. Some bacon is really salty and some other meats have a lot of salt in."*

Depth 4, BC1, 50+, female, London

*"There is a lot of salt in stuff already. I know that cornflakes have a lot of salt in them."*

Depth 6, C2DE, 35-50, male, London

*"I think if you have a lot of packaged food you eat a lot more than you think."*

*"McDonalds has just been in the paper about their chicken which has a lot of salt in it."*

Group 3, C2DE, 35-50, Birmingham

**TELL ME WHERE DOES THE SALT COME IN OUR DIET?**

*"It is added into processed food."*

*"In cooking."*

*"In fresh foods there is an element."*

**WHERE ELSE?**

*"In fish and chips."*

*"Bread."*

*"McDonalds."*

Group 1, BC1, 35-50, with family history, Leeds

**WHEN DO YOU THINK YOU HAVE SALT?**

*"When I have a curry. There is salt in bread, baked beans and crackers. Also tomato sauce."*

Depth 15, BC1, 50+, female, London

*"If you look at biscuits and cereals and all that stuff there is lots of hidden salt in foods and I think manufacturers are to blame for that."*

Depth 19, BC1, 35-50, male, London

*"It's in everything, it's hidden. It's like sugar. They're hidden in processed foods."*

Group 2, BC1, 50+, Birmingham

*"In the things you buy, it's in bread. Baked beans."*

*"It's in bacon."*

*"It's in everything. Cereals etc."*

Group 2, BC1, 50+, Birmingham

Otherwise, salt was regarded as just another element in the bad diet and bad lifestyle, typical of the current culture.

*"I think if you cooked meat and two veg everyday then you could control your salt intake, but because our lifestyles won't allow you to do that they you do have too much salt because there is too much in processed foods."*

Group 3, C2DE, 35-50, Birmingham

*"No junk food. I hate all that shop prepared crap. People don't eat enough fruit and veg, fish."*

Depth 19, BC1, 35-50, male, London

*"The diet of today. Going to get takeaways and McDonalds."*

*"There is so much salt in it."*

Group 4, C2DE, 50+, with family history, Leeds

*"I think heart disease comes from when we're young. A lot of parents now just can't be bothered to feed their kids properly."*

Depth 16, BC1, 35-50, male, London

Media coverage seems in large part to have caused this increase in awareness.

*“They have been talking about it on the television and in the papers about crisps and things that are bad for you because of all the salt. And all these packaged foods have a lot of salt in and sugar.”*

Depth 2, BC1, 50+, female, with family history, London

*TELL ME WHERE YOU HEARD ABOUT LOW SALT*

*“That came recently. It was on a TV programme and they were talking about so-called healthy sandwiches from sandwich outlets in the city, like Prêt-a-Manger, and some of their sandwiches contain over 6 grams of salt. It’s quite innocuous, an egg and mayonnaise sandwich, and that is more than your day’s requirements.”*

Depth 20, C2DE, 50+, female, London

However, the tendency was still to judge *personal* intake in terms of salt added during cooking and at the table, because this was the most conscious use of salt and therefore the easiest to monitor.

*IN TERMS OF HOW MUCH SALT YOU EAT YOURSELF, IS IT A LOT OR A LITTLE?*

*“Very rarely, I put salt in with my cooking but I only put salt on chips if I have chips.”*

Depth 7, C2DE, 50+, female, London

*“I put a little bit of salt in the cooking but I never add salt to anything.”*

*“I don’t put salt in cooking.”*

*“Just a tiny bit.”*

Group 2, BC1, 50+, Birmingham

*IF YOU WANTED TO CUT DOWN YOUR SALT INTAKE, WHAT WOULD YOU DO?*

*“Not cook with salt.”*

*“Just put a little bit in cooking.”*

*“Cook all your own food rather than buying them in shops.”*

Group 2, BC1, 50+, Birmingham

*TELL ME ABOUT YOUR INTAKE OF SALT*

*“I try not to use it.”*

*“I never use it.”*

*WHAT DO YOU CALL NOT USING IT?*

*“Putting it on food.”*

*“I never really use it at the table but my wife uses it to cook with.”*

Group 4, C2DE, 50+, with family history, Leeds

But it was also clear that there was some feeling of helplessness about controlling one’s salt intake from other sources. Respondents were almost totally aware of the recommended daily maximum and, in any

case, pointed out the difficulty of measuring salt when it occurs in processed or packaged foods. Therefore, it is perhaps no surprise that generally they were only able to talk about their salt consumption in terms of the usage they could control.

*"It is like supermarkets. They all make their own bread. They don't have to label anything. We have absolutely no idea what Asda is putting in their bread."*

Group 1, BC1, 35-50, with family history, Leeds

*"They talk of milligrams of this and that but if they say there is enough salt in a packet of crisps per day, that would be an easier method. Say it is 5 milligrams, what does that look like?"*

Group 1, BC1, 35-50, with family history, Leeds

*"You wouldn't know how much you were eating per meal. How much is in one slice of bread? You wouldn't know, you wouldn't be able to add up."*

Group 2, BC1, 50+, Birmingham

Positively, these comments indicated that at least people are becoming aware that how much they add during cooking or at the table is not a reliable indication of their level of salt intake.

### 5.3 Role of salt

With prompting, most were ready to accept that salt could contribute to heart disease/attack and stroke, and this made particular sense once the link with high blood pressure had been explained.

*WHAT IS THE ROLE OF SALT IN CAUSING HEART DISEASE?*

*"I think it causes blood pressure, I imagine that puts pressure on the heart itself. It's a muscle, so..."*

Depth 20, C2DE, 50+, female, London

As discussed above, however, there is clearly a gap in understanding about what exactly salt does in the body. Some respondents claimed to be interested in a more detailed medical or scientific explanation of the effect of salt. Although this interest might perhaps have been overstated in the research situation, respondents' current inability to visualise the process by which salt causes high blood pressure did appear to raise some questions over the credibility of the message.

It is also worth pointing out that there was some resistance to the message that salt can have harmful effects among younger and more downmarket respondents in particular. Some questioned whether salt could really be so harmful, and it seemed that, among a minority, the message ran a risk of being dismissed as another piece of medical advice that requires too great a departure from common-sense to be taken seriously.

*“If you have high blood pressure you need to minimise salt intake. I don’t know the connection with strokes or heart disease. You don’t get a disease through having salt.”*

Depth 15, BC1, 50+, female, London

In particular, in comparison with factors such as fat, cholesterol and smoking, a number of respondents struggled to believe that salt could be as harmful. For some this was because they argued that salt is a factor in high blood pressure, which is in turn a factor in heart attack and stroke. The link between salt and heart attack and stroke was therefore seen as convoluted, whereas fat and cholesterol were usually identified as direct causes of these illnesses.

*“There are so many other things that can lead to heart disease, so a bit of salt is not going to kill me.”*  
*“I would accept that it can lead to high blood pressure.”*  
*“They have sort of jumped a lot.”*

Group 3, C2DE, 35-50, Birmingham

Apart from a well-informed minority, even those who accepted that salt might be a factor in heart attack and stroke tended to position it fairly low down on the hierarchy of risky behaviours.

*HOW IMPORTANT DO YOU SEE SALT IN CAUSING THESE THINGS AS OPPOSED TO SMOKING OR GENETICS?*

*“Oh I don’t think it is as bad. I mean genetics you can’t help, that’s one of those things. I think smoking is worse, it’s got to be hasn’t it, it’s your lungs and everything... I would have thought too much fat would be worse because of the cholesterol.”*

Depth 1, BC1, 50+, female, with family history, London

*“Having too much animal fat I think is particularly undesirable. I would put fat as a greater risk.”*

Depth 5, BC1, 50+, male, London

*"I don't think it is as high as fat, everyone is aware of how much fat they shouldn't be eating. You look at the calories but not the salt."*

Group 3, C2DE, 35-50, Birmingham

*"I shouldn't think it was as bad as smoking. It all depends how much salt you have."*

Depth 2, BC1, 50+, female, with family history, London

Furthermore, the understanding that salt is an essential part of diet, especially in hot weather or after exercise tended to mean that salt was frequently filed under a general 'everything in moderation' message.

*"I think if you do everything in moderation you should be fine."*

Depth 3, BC1, 35-50, male, with family history, London

*"A little bit of salt is probably not such a bad thing, the same as a little bit of sugar probably doesn't do you too much harm."*

Depth 17, BC1, 35-50, male, London

Even some of the more concerned regarded the need to reduce their salt intake as only one part of a general improvement to their diet, which they hoped would result from eating less processed foods and more fruit and vegetables, rather than as specific health warning which required focused action.

*IF YOU WERE WATCHING YOUR DIET, WHAT WOULD BE THE MAIN THING YOU WOULD BE CONCENTRATING ON?*

*"Fat."*

*"Cutting out processed foods. Fresh foods."*

*WHAT IS WRONG WITH PROCESSED FOODS?*

*"Low in nutrients."*

*"They're full of sugar."*

*"And salt."*

Group 1, BC1, 35-50, with family history, Leeds

## 6. Receptivity to health messages

One objective of the research was briefly to explore respondents' views about the number and type of health messages in circulation and in particular to explore any feelings of confusion or defensiveness.

Those who felt most concerned about their health or liked to feel that they were 'doing the right thing' were more likely to be accepting if not actively welcoming of health messages in general. They regarded it as

the responsibility of government and health organisations to keep the public informed about what was good for them and what was not. They felt the information empowered them to take action as appropriate or to make their own decisions about when they could afford to be more relaxed about their behaviour.

Although they expressed some cynicism about what they regarded as the more faddish and implausible messages they had heard, the majority felt able to filter these out with relative ease. Most felt they had a reasonably firm grip on the health messages relevant to them and did not regard themselves as confused, although it is not possible to verify their understanding within the research situation.

*"I don't think you're bombarded... I think there's enough around, but not too much."*

Group 2, BC1, 50+, Birmingham

There were others, however, who claimed to be less concerned about their health or appeared to be somewhat defensive about their lack of action. These people were more likely to object to the number and type of messages in the public arena. It was not unusual for these respondents to feel put upon or nagged by the government about their health and it did not take much to provoke these feelings in the discussions. Showing facts and figures relating to the impact of salt intake and creative material urging people to cut down tended to bring these feelings to the surface and put respondents on the defensive. The main objections put forward were that...

- health messages are changeable and contradictory – one minute something is bad for you, the next it is good (red wine was a commonly cited example); so the best thing to do is to ignore the messages and follow your instincts

*WHAT DO YOU THINK ABOUT THE HEALTH MESSAGES THAT YOU HEAR?*

*"You don't know where you stand."*

*"It is scaremongering."*

Group 3, C2DE, 35-50, Birmingham

*“As the years go by, first it is too much sugar, then too much this, then not enough of that. What you should do is eat nothing.”*

*“You can’t do right or wrong, so you might as well do what you want.”*

*“It is about balance.”*

Group 1, BC1, 35-50, with family history, Leeds

- the advice is excessive and over-the-top; if people did everything they were told they would become obsessive about their lifestyle and diet; life would not be worth living; a little of what you fancy does you good

*“There are so many other things that can lead to heart disease that a bit of salt is not going to kill me.”*

Group 3, C2DE, 35-50, Birmingham

*HOW DO YOU FEEL ABOUT HEARING THIS INFORMATION?*

*“It is old news now.”*

*“It gets to the point where you don’t listen.”*

Group 4, C2DE, 50+, with family history, Leeds

- telling people what to eat is nanny state-ism; if people want to live unhealthily, that should be up to them

*“It is a nag isn’t it. I know what I want to do and what I don’t want to do and if I decide I want to drink 20 bottles of beer then I will. It just goes over my head now.”*

Group 3, C2DE, 35-50, Birmingham

These respondents also appeared to feel somewhat ‘bombarded’ by health messages. This could result in a feeling of helplessness, unable to know how to act on the messages they had heard or not knowing which they should prioritise. Frequently they retreated to a view of the authorities as puritanical and determined to deny them any of the good things in life; a line which they took pride and pleasure in challenging.

In spite of this defensiveness, even those least concerned about their health appeared to have taken on board certain key messages which they could recite almost as a mantra. The validity of these messages was now accepted with little resistance or defensiveness, even if the information was not actually put into practice. The main messages in this category were...

- stop smoking

- reduce intake of fat, particularly saturated fat
- take regular exercise
- eat more fruit and vegetables (5 portions a day)

It appeared that new health messages tended not to be viewed in this way, or at least not immediately; consistency and repetition were key to normalising messages and establishing their plausibility. New messages risked seeming far-fetched or puritanical when first introduced, with the result that they were initially labelled as excessive or faddish and effectively ignored.

*SALT. TELL ME WHAT YOU SEE THAT DOING*

*"I don't know. I just know it's the same as too much sugar. Salt is the fashionable guilty party. Maybe the people who produce sugar have said, 'Don't look at us, look at them!'"*

Depth 17, BC1, 35-50, male, London

There was also an issue around ascribing health messages to specific conditions. The plethora of health messages in circulation meant that messages about avoiding particular substances or adopting certain behaviours were liable to lose their connection with individual illnesses or conditions. There was a tendency to assume that all 'bad' substances and behaviours (fat, smoking, not enough fruit and vegetables etc) contributed to the same 'usual suspect' diseases, particularly cancer and heart attack.

Salt had not yet been accepted onto the list of (practically) unarguable key messages and it still lacked the salience and perceived seriousness of fat and smoking. Positively, however, there was evidence to suggest that the salt message was increasing in plausibility and that it had the potential eventually to fall into the category of 'key' messages, as long as communication is repetitive, measured and consistent.

## D. CONCLUSIONS

1. Heart disease/attack and stroke are relatively familiar and salient conditions, although stroke is less well understood. In terms of terminology, heart attack is more relevant than heart disease because of its greater perceived link with diet and lifestyle.
2. High blood pressure is also familiar and salient but is seen as relatively controllable. Its link with heart attack and stroke is not often top-of-mind, although the connection with stroke is a little more familiar.
3. The need to reduce salt intake is beginning to win a place on the repertoire of plausible health messages...
4. ...but the reason for reducing salt consumption is not yet widely understood; people do not understand *what* salt does or *why* it is harmful. And in terms of a hierarchy of health messages, salt still lags far behind fat in salience and perceived seriousness.
5. There is evidence to suggest that some people (especially BC1 50+) are already trying to reduce their salt intake as part of a general attempt to make their lifestyle more healthy. However, awareness of the 6g limit is practically non-existent, and there is no current tendency to check food labels – so these people may not be doing as well as they think in controlling their salt.
6. Health messages linking salt with heart attack and stroke are likely to demand attention and should add weight to current concerns about salt intake.
7. In our view, the research raises certain key questions:
  - should messages about salt seek to explain the role of high blood pressure?

- on the plus side, this would make the message about heart attack and stroke more plausible, and may defuse potential defensiveness among those less concerned about their health
- on the negative side, high blood pressure is regarded as treatable and controllable – could this weaken the impact?
- how scientific an explanation should be conveyed about what salt actually *does*?
  - there is some appetite for more information, although this may be overstated in the research situation
  - and, positively, a better understanding may lodge the message more firmly in people's minds
  - but detailed information has the potential to confuse
- what will the effect be of linking messages about excess salt closely with the conditions it causes?
  - messages about fat and smoking are so familiar that they are now assumed to contribute to a wide and amorphous range of diseases
  - ring-fencing the salt message might make it more salient and impactful for those at high risk of heart attack and stroke
  - but getting salt adopted as a general health message may encourage more people to monitor their consumption

# Appendix

## CONTACT QUESTIONNAIRE

Name: .....

Address:.....

Tel: .....

Occupation:.....

Occupation:(HOH): .....

SeS: B ( ) C1 ( ) C2 ( ) D ( ) E ( )

Sex: Male ( ) Female ( )

Age: 35-50 ( ) 50+ ( )

Marital status: Married/cohabiting ( )

Children: No ( ) Yes ( ) ages.....

Living at home? No ( ) Yes ( )

HELLO, I WORK FOR A MARKET RESEARCH COMPANY AND WE ARE CONDUCTING SOME RESEARCH ON HEALTH. I WONDER IF I COULD ASK YOU A FEW QUICK QUESTIONS.

QA Do you or any of your family or close friends work in any of the following occupations or industries?

Advertising	( )
Marketing	( )
Market research	( )
Public relations	( )
Journalism	( )
All aspects of the medical profession (e.g. doctor, nurse, dietician)	( )
Manufacture or retail of food	( )

IF YES TO ANY OF THE ABOVE, CLOSE, DO NOT RECRUIT. OTHERWISE TO QB.

QB Have you ever attended a market research group discussion or interview?

Yes ( ) GO TO QC  
No ( ) GO TO Q1

QC What subject(s) have you ever discussed at a market research group discussion or interview? WRITE IN BELOW

.....

CLOSE IF RELATED TO THIS RESEARCH TOPIC. OTHERWISE GO TO Q1.

Q1 Do you or your family have any history of high blood pressure, weight gain, high cholesterol, strokes or heart problems? TICK BELOW ANY CONDITIONS MENTIONED.

Weight gain	( )
High blood pressure	( )
High cholesterol	( )
Strokes	( )
Heart problems	( )

RESPONDENTS IN **GROUPS 1 AND 3** SHOULD HAVE A HISTORY OF HEART DISEASE OR STROKE (PARENTS, CLOSE FAMILY, SELVES OR PARTNERS OR HAVE SUFFERED FROM THESE CONDITIONS).

RESPONDENTS IN **GROUPS 2 AND 4** SHOULD **NOT** HAVE A HISTORY OF HEART DISEASE OR STROKE.

RECRUIT AS APPROPRIATE.

## **582 TOPIC GUIDE (GROUPS) – HEART DISEASE AND STROKE**

### **Background**

Age, make-up of household.

### **Warm-up**

What do they feel about their health with regard to the future? Do they ever worry about developing illnesses or conditions? If so, which are the most top of mind or constitute the biggest concern?

### **Heart disease (to be rotated with discussion of stroke)**

What do they understand by the term heart disease? Moderator to note the language used. What is the range of conditions the term heart disease would cover? How would they expect someone suffering from heart disease to be affected? Would someone necessarily know that they had heart disease? How? What would the symptoms be? Would there be any warning if they were about to have a heart attack? If so, what form would this take?

How serious is heart disease? How does it compare with other diseases such as cancer? What proportion of people who develop heart disease will die of the condition? How treatable do they believe heart disease to be? What do they think treatment comprises? Is treatment about curing heart disease, or is it more about alleviating the symptoms and extending life expectancy? How big a deal is it to have heart disease?

What do they think causes heart disease? What are the contributing causes and triggers? Which do they think are the most and least important causes? Rationale. Listen out for references to salt and high blood pressure, but do not prompt at this stage.

Who do they think is most at risk of heart disease, and why? Explore spontaneous views, then prompt on age, gender, lifestyle. What about their own personal risk of heart disease? Do they think they are at a high risk of heart disease, now or in the future? Why/why not?

If they wanted to lower their risk of developing heart disease, what would they do? What steps should they take? When would be the appropriate time to take these steps?

Are they already taking any of these steps, or do they feel motivated to do so? If so, why do they think this is? If not, is there anything specific holding them back, other than lack of concern? Do they think there is any chance they may become more proactive in future? If so, what would trigger this concern?

### **Stroke (to be rotated with discussion of heart disease)**

What is a stroke? What does it mean to have a stroke? What happens? What are the consequences? How would someone who has suffered a stroke be affected? What would the symptoms be? Would someone have prior warning if they were at high risk of having a stroke, or were about to have one? If so, what form would this take? What would life be like after having a stroke? What would implications be for health and quality of life?

How serious is it to have a stroke? How does it compare with other diseases such as heart disease and cancer? What proportion of people who have a stroke do they think will die as a result? Do they regard strokes as treatable? If so, what do they think treatment comprises? What does treatment achieve (explore, then prompt on 'curing' the individual, preventing another stroke, improving quality of life)?

What do they think causes strokes? What are the contributing causes and triggers? Which do they think are the most and least important causes? Rationale. Listen out for references to salt and high blood pressure, but do not prompt at this stage.

Who do they think is most at risk of having a stroke, and why? Explore spontaneous views, then prompt on age, gender, lifestyle. What about their own personal risk of stroke? Do they think they are at a high risk of stroke, now or in the future? Why/why not?

If they wanted to lower their risk of having a stroke, what would they do? What steps would they take? When would be the appropriate time to take these steps?

Are they already taking any of these steps, or do they feel motivated to do so? If so, why do they think this is? If not, is there anything specific holding them back, other than lack of concern? Do they think there is any chance they may become more proactive in future? If so, what would trigger this concern?

### **High blood pressure**

If high blood pressure has been mentioned spontaneously earlier in the discussion, follow up at this point. If not, prompt.

What about high blood pressure? What do respondents understand by the term? What does it mean to have high blood pressure? Do they regard high blood pressure as a serious condition? If so, why? Do they see it as a condition in its own right, or more as a trigger for other health problems (and if so, which)? What causes high blood pressure? What are the triggers? What kind of person would be most at risk? Listen out for reference to salt, but do not prompt at this stage.

Would they know if they had high blood pressure? What would the signs be? Do they regard high blood pressure as a treatable condition? Do they think it needs to be treated? If so, what do they think treatment comprises? If they wanted to lower their blood pressure, how would they go about doing so?

Do they make a connection between high blood pressure and heart disease / stroke? Do they know or believe that high blood pressure has a role to play in causing these conditions? If so, how important a factor do they think high blood pressure is, compared to the other triggers already discussed?

## **The role of salt**

If salt has been mentioned previously, follow up at this point. If not, prompt. Show statements as appropriate to stimulate discussion.

What do they think about their own salt intake at the moment? Do they consider it to be relatively high, relatively low, or average? Where do they think most of the salt in their diet comes from? What are the main food culprits?

What part, if any, do they think salt consumption plays in causing heart disease or stroke? If so, can they explain the role of salt? How and why does it cause these diseases? Are they aware that salt is a factor in raising blood pressure? If they were not aware of this previously, do they find it plausible? How important a factor do they believe salt to be in causing high blood pressure?

Is it credible that salt has a role to play in causing heart disease and stroke, or do they want more explanation? If they believe this to be true, how important a factor do they consider salt to be in causing heart disease and stroke compared with the other factors discussed?

Is the amount of salt they eat something they have ever thought about before? If so, in what context? Do they already make a conscious effort to reduce the amount of salt they or their family consume? If not, would they consider doing this in future? What do they think would make them more likely to do this?

If they were going to try to cut down their salt intake, or combat the negative effects of salt, what steps would they take? Would they change their diet? If so, which foods would they eliminate or reduce? Or would they take other steps instead to counter-balance the influence of salt on their health?

## **Receptivity to health messages**

How do respondents feel about the number and type of health messages delivered to them by the government and other organisations? How easy is it to take these messages in? Do they ever feel bombarded by information? How do they prioritise the messages they hear? Which do they consider the most important, and how do they judge this? Do they generally understand the health messages they hear, or do they ever feel confused? Can they

remember any examples of messages that seem confusing or self-contradictory?

### **Summary**

How do they feel now about heart disease and stroke, and their own personal risk? For them personally, what are the most important or surprising things that have been raised during the discussion? What do they now think about salt?

## **582 TOPIC GUIDE (HALL-TEST) – HEART DISEASE AND STROKE**

### **Background**

Confirm recruitment criteria.

### **Heart disease (to be rotated with discussion of stroke)**

What do they understand by the term heart disease? How serious is heart disease (compared with other diseases such as cancer)? Do they regard it as a treatable condition? Would someone know if they were suffering from heart disease? If so, how?

What causes or triggers heart disease? Which do they think are the most and least important causes? Rationale. Listen out for references to salt and high blood pressure, but do not prompt at this stage.

What kind of person do they think is most at risk of heart disease, and why? What about their own personal risk? Do they think they are at a high risk of heart disease, now or in the future? Why/why not?

If they wanted to lower their risk of developing heart disease, what would they do? What steps should they take? Are they already taking any of these steps, or do they feel motivated to do so? Why/why not? Is there a chance they may become more proactive in future? If so, what would trigger this concern?

### **Stroke (to be rotated with discussion of heart disease)**

What is a stroke? What does it mean to have a stroke? How serious are strokes (compared with other diseases such as cancer)? Do they regard strokes as treatable? Would someone know if they were about to have a stroke? If so, how?

What causes or triggers a stroke? Which do they think are the most and least important causes? Rationale. Listen out for references to salt and high blood pressure, but do not prompt at this stage.

What kind of person do they think is most at risk of having a stroke, and why? What about their own personal risk? Do they think they are at a high risk of stroke, now or in the future? Why/why not?

If they wanted to lower their risk of having a stroke, what would they do? What steps should they take? Are they already taking any of these steps, or do they feel motivated to do so? Why/why not? Is there a chance they may become more proactive in future? If so, what would trigger this concern?

### **High blood pressure**

What about high blood pressure? What do respondents understand by the term? What does it mean to have high blood pressure? Do they regard high blood pressure as a serious condition? If so, why? What causes high blood pressure? What kind of person would be most at risk?

Would they know if they had high blood pressure? Do they regard high blood pressure as a treatable condition? Do they think it needs to be treated? If so, what do they think treatment comprises? If they wanted to lower their blood pressure, how would they go about doing so?

Do they make a connection between high blood pressure and heart disease / stroke? Do they know or believe that high blood pressure has a role to play in causing these conditions? If so, how important a factor do they think high blood pressure is, compared to the other triggers already discussed?

### **The role of salt**

If salt has been mentioned spontaneously earlier in the interview, follow up at this point. If not, prompt.

What do they think about their own salt intake at the moment? Do they consider it to be relatively high, relatively low, or average? Where do they think most of the salt in their diet comes from?

What part, if any, do they think salt consumption plays in causing heart disease or stroke? If so, can they explain the role of salt? How and why does it cause these diseases? Are they aware that salt is a factor in raising blood pressure? If they were not aware of this, do they find it plausible? How important a factor do they believe salt to be in causing high blood pressure?

Is it credible that salt has a role to play in causing heart disease and stroke, or do they want more explanation? If they believe this to be true, how important a factor do they consider salt to be in causing heart disease and stroke compared with the other factors discussed?

Is the amount of salt they consume something they have ever thought about before? If so, in what context? Do they already make a conscious effort to reduce the amount of salt they and their family consume? If not, would they consider doing this in future? What do they think would make them more likely to do this?

## Grid of findings

	<b>Group 1 BC1, 35-50, with history</b>	<b>Group 2 BC1, 50+</b>	<b>Group 3 C2DE, 35-50</b>	<b>Group 4 C2DE, 50+, with history</b>
<b>Heart disease: associations, understanding and perceptions of seriousness</b>	Clog in arteries; angina  HA can happen very suddenly	Valves, circulation, arteries, veins; a range of things.  HD can cause HA.  Potentially very serious, but can have good life after if take advice.	HD = ongoing condition, probably treatable?  HA more sudden, more fatal  HA is your final warning to change your lifestyle	Blocked arteries; hardening of the arteries; fatty deposits  Angina  When the heart can't cope with pressure of blood leads to HA
<b>Heart disease: understanding of causes, and those at risk</b>	HBP  Diet – fat, salt (mentioned by a couple)  Lack of exercise/being overweight; smoking  Smoking and lack of exercise thought to be biggest factors, followed by fat because it 'blocks the arteries'  Hereditary  Connected to stress	Cholesterol; smoking (narrows arteries); bad diet; clogged arteries.  Most at risk are overweight smokers.  Bad diet includes – junk food, fat, cholesterol, salt (x1).  Also some element of luck; some unhealthy people never have heart attack.	Overweight; stress; cholesterol; shock; hereditary; alcohol; 'fast lifestyle' in youth, recreational drugs  Older people more at risk, but no key age  More men than women	Cholesterol; being overweight; stress; today's diet – junk food, fat, salt (mentioned by 2 people), over-eating (of anything); lack of exercise  High blood pressure  But also random, and to do with genetics
<b>Heart disease: steps to cut down risks</b>	Improve diet  Exercise more  A lot of ways to cut down risk – feels much more 'controllable' than stroke	Eat more fruit and veg, less fat  Exercise more  Cut down alcohol  Stop smoking	Change lifestyle as per above  But probably can't rectify damage you've already done	Take exercise; de-stress; lose weight; eat less fatty foods; eat more healthily – low-salt (a couple); lower blood pressure – by de-stressing and losing weight; eat less  Most important factors thought to be exercise and losing weight/stop over- eating

<b>Stroke: associations, understanding and perceptions of seriousness</b>	<p>Blood clot, or excess bleeding</p> <p>Causes paralysis</p> <p>Attacks the nervous system</p>	<p>Blood clot in brain</p> <p>Attacks part of brain and corresponding bit of body</p> <p>Can have one in your heart?</p>	<p>In your brain or your heart?</p> <p>Linked to HA</p> <p>Paralysis, speech affected</p> <p>Can be serious or not</p>	<p>A blood vessel to brain blocks or bursts</p> <p>Causes paralysis; affects speech</p>
<b>Stroke: understanding of causes, and those at risk</b>	<p>Can't do much to prevent – can hit you out of the blue</p> <p>Exacerbated by HBP</p> <p>Also smoking; stress and hereditary</p> <p>Age exacerbates it because arteries get more furred up</p> <p>Maybe bad diet?</p>	<p>Blood pressure is key</p> <p>Stress; clogged arteries</p> <p>Anyone can be at risk (though more older and more women?)</p> <p>Particularly if you're overweight and smoke and drink too much</p> <p>Also salt because of high BP (x 2 or 3); because you retain water (1)</p> <p>Bus drivers at high risk – no exercise, bad diet</p>	<p>Smoking; overweight; high BP; tumours; bad diet; stress; pregnancy</p> <p>Bad diet = fat, salt (1)</p> <p>Most at risk = overweight, older, 'the boss'</p> <p>Maybe hereditary factors?</p> <p>More older people, but age dropping</p>	<p>Overweight/eating too much</p> <p>High BP; cholesterol</p> <p>Salt because of High BP</p> <p>Family history</p> <p>'If your number's up'</p>
<b>Stroke: steps to cut down</b>	<p>Keep BP down – less stress</p> <p>Cut out smoking and drinking; exercise more</p> <p>Cut down on fast food and processed foods because of fat, because they destroy nutrients and because of salt (mentioned by 1, then others agreed)</p>	<p>Change lifestyle as per factors above</p>	<p>Gentle exercise</p> <p>Eat healthily</p> <p>General wellbeing</p>	<p>Lose weight – thought to be most important factor – eat less fatty foods</p> <p>Reduce BP through diet – low-fat, low salt (mentioned by 2 or 3), plenty of veg</p> <p>Exercise</p>

<p><b>Blood pressure: associations, understanding and perceptions of seriousness</b></p>	<p>Heart having trouble pumping blood round veins</p>	<p>Blood too fast? Too slow? Too much blood? Not circulating properly? Would like better understanding (x 1 or 2) Serious – makes you a ticking time bomb But can be ok if you have checks, change lifestyle, take tablets</p>	<p>Don't know; heart beating too fast? Blood rushing around more quickly Can be controlled with tablets Not enough oxygen in blood A killer on its own Ticking time bomb</p>	<p>Number of heartbeats The pressure of blood pumping through the veins</p>
<p><b>Blood pressure: understanding of causes, and those at risk</b></p>	<p>Stress; bad diet – fast food, fatty foods, high salt (mentioned by a couple) Hereditary Caffeine?</p>	<p>Diet; salt (3 or 4); stress Lack of exercise Smoking</p>	<p>Salt (1) Pregnancy; the Pill Not sure</p>	<p>Overweight; stress; diet – salt (mentioned by 3 or 4), eating too much; smoking</p>
<p><b>Blood pressure: steps to cut down risks</b></p>	<p>Can be controlled with tablets, so worry about it less Concern is not knowing about it Lose weight; keep salt down; gentle exercise; early/regular checks for HBP</p>	<p>Change of lifestyle Regular checks</p>	<p>Red wine can reduce It's a life-changer – you have to mend your ways</p>	<p>Can regulate it very easily But if don't know have it it's a problem</p>

<b>Links between HBP and HD/S</b>	<p>Can cause stroke</p> <p>In combination with HD – narrowing of arteries makes it more difficult for blood to get through – imagine it could lead to HA</p>	<p>Can lead to stroke (most) or HA (some)</p>	<p>Can damage your heart – could explode or just stop</p>	<p>Connection with stroke is stronger but not sure why</p> <p>Assume it's a factor in HD but not sure</p>
<b>Salt: associations, and actions taken</b>	<p>2 buying low-salt products</p> <p>4 don't have salt as product in house</p> <p>2 (men) aware of message but feel incapable of acting on it/not really convinced it's serious</p> <p>Processed food, bread, fast food</p>	<p>Hidden in processed foods; hard to escape it</p> <p>Most think own intake is low; most probably from things they buy (because they don't add much)</p> <p>None look at labels; too hard; how do you judge; what are alternatives?</p> <p>1 has vague knowledge of limit (between 5 and 10g?); others unaware</p>	<p>Bad for you – but tasty</p> <p>Makes you thirsty</p> <p>Body produces enough already – don't need more</p> <p>Salt intake high or low – about half and half</p> <p>2 has cut down amount in cooking</p> <p>Sea salt has less sodium?</p> <p>Lots in media recently; worse now because of rise in processed food</p> <p>Look at fat and calories on labels – not salt</p>	<p>All claim not to be adding salt at table; a couple not using in cooking and a couple using lo-sodium salt in cooking</p> <p>Know that it's in processed and tinned food; also bacon</p>
<b>Role of salt</b>	<p>Know that it's bad but not sure why</p> <p>What does it actually do</p>	<p>Linked to high BP (c. half)</p> <p>3 men and 1 woman don't know why salt is bad</p> <p>Quite important factor in HA/stroke, but not as much as fat</p>	<p>Don't know why it's bad</p> <p>Makes the body retain water?</p> <p>Not as bad as fat</p> <p>A bit of salt's not going to kill you</p>	<p>Don't actually know why it's bad for BP; does it have a chemical reaction on the blood? something to do with kidneys?</p>