

Familial Hypercholesterolaemia

Familial Hypercholesterolaemia is one of the most common genetic disorders, affecting around 1 in 500 people, and causes high levels of cholesterol in the blood. It is asymptomatic and if left un-diagnosed can leave individuals at high risk of developing heart disease at a young age, often leading to premature death.

The key to improving outcomes is early identification and treatment, which can effectively eliminate the excess cardiovascular risk.

AHSN funding has been secured in order to develop genetic testing within a comprehensive regional FH service integrating primary care, specialist assessment within a lipid clinic and genetic testing of both index cases and family members.

In an adaptive regional strategy a two stage chip and sequence approach will be evaluated for clinical and economic benefit and a long term service delivery model will be established.

For more information please visit:

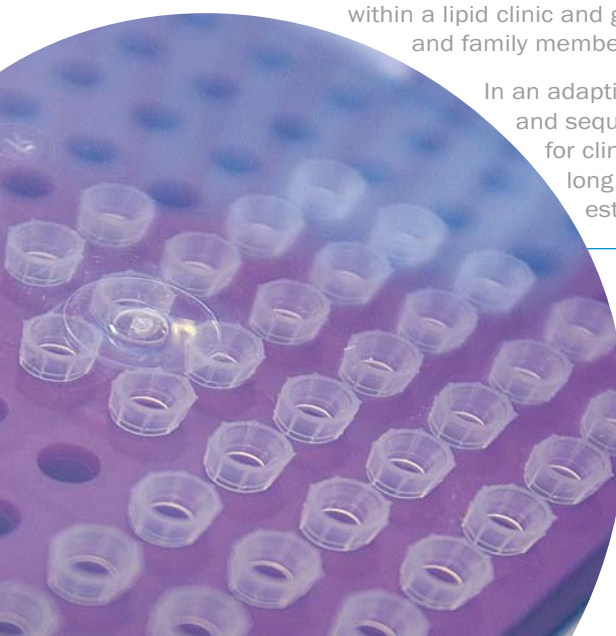
www.newgene.org.uk/fh-ahsn.htm

Telephone: +44 (0) 191 242 1923

Email: info@newgene.org.uk

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Genotype Targeted Warfarin Dosing

Every 15 seconds someone suffers a stroke related to atrial fibrillation. There is often a reluctance amongst GPs to anti-coagulate these patients due to concerns over the safety of warfarin. Frequent monitoring of patients on this drug can add cost to the service and to the patient.

Genetic variation has been shown to predict sensitivity to warfarin and pharmacogenetic guided warfarin dosing has been proven to provide clinical benefit with fewer incidences of over-anticoagulation and patients spending a greater amount of time within target levels.

AHSN funding has been secured to develop a warfarin genotyping service for Primary Care within the region. Working with RAIDR to support GPs in their anticoagulation practice and providing access to genotyping services and the algorithms required to determine dosing, the project will establish best practice in the North East.

For more information visit our website:

www.newgene.org.uk

www.raidr.co.uk

Telephone: +44 (0) 191 242 1923

Email: info@newgene.org.uk

NewGene Ltd
Bioscience Building
International Centre for Life
Newcastle upon Tyne, NE1 4EP

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