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Discovery and dissemination of best practices in CVD prevention in Europe

Arno W. Hoes

European Parliament Workshop, Cardiovascular disease and lifestyle, Brussels, October 2018

University Medical Center Utrecht

Conflicts of interest ?

No

But

- co-chair of the 2016 European Guidelines on Cardiovascular Prevention in Clinical Practice
- lots of time spent for the ESC

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Conclusion

- Improving cardiovascular health in Europe is a top priority

- Joint effort of health care professionals and policy makers

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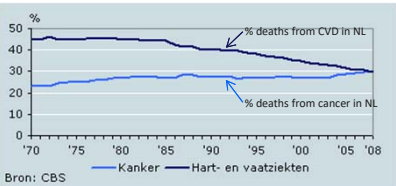
Improving health is not a contest !



CVD is killer number one

Each year, cardiovascular disease (CVD) kills 3.9 million people in the 53 member states of the World Health Organization European Region and over 1.8 million in the European Union (EU).

CVD is responsible for 49 % of all deaths in women across Europe and 40% of the deaths in men, killing more people than all cancers combined.

The main forms of CVD are ischaemic heart disease (IHD) and stroke:

- Just under half of all deaths from cardiovascular disease are from ischeamic heart disease. IHD accounts for 1.73 million deaths in Europe and for over 632 000 deaths in the EU each year. In the EU, around 14% of men and 12% of women die from IHD.
- Stroke is the second single most common cause of death in Europe, accounting for 988.000 deaths each year. Stroke is also the second most common single cause of death in the EU, accounting for over 425.000 deaths in the EU each year. In Europe over 13% of women and 9% of men die from the disease.

Cost of CVD in the European Union

CVD is estimated to cost the EU economy almost €210 billion per year. Of the total cost of CVD in the EU, around 53% (€111 billion) is due to health care costs, 26% (€54 billion) to productivity losses and 21% (€45 billion) to the informal care of people with CVDCVD cost the health care systems of the EU just under €111 billion in 2015. This represents a cost per capita of €218 per annum, around 8% of the total health care

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Prevention of cardiovascular disease: high risk versus population approach ?

Rose G. Int J Epidemiol 1985

High risk approach

- targets small, more motivated group
- individual benefits, population effect limited
- relatively cheap

Population approach

- targets all, but most not motivated
- individual benefit limited, population benefits
- relatively expensive

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2016 European Guidelines on cardiovascular disease prevention in clinical practice

The Sixth Joint Task Force of the European Society of Cardiology and Other Societies on Cardiovascular Disease Prevention in Clinical Practice (constituted by representatives of 10 societies and by invited experts)

Developed with the special contribution of the European Association for Cardiovascular Prevention & Rehabilitation (EACPR)

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2016 Guidelines: prevention in all and efforts from all (HCPs, policy makers, citizens)

- Population and individual approach to CVD prevention are not alternatives, they are complementary
- Clinical prevention more likely to be successful in an environment that is supportive of a healthy lifestyle
- A population approach will save costs and enable clinical prevention to focus more on those who really need our services
- Health care professionals play an important role in advocating evidence-based population-level interventions on all levels

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Population-approach to prevent CVD

- **Topics**:
  - Diet
  - Physical activity
  - Tobacco use
  - Alcohol abuse
- **Structure**
  - Governmental restrictions and mandate
  - Media and education
  - Labelling and information
  - Economic incentives
  - Schools
  - Workplaces
  - Community Setting

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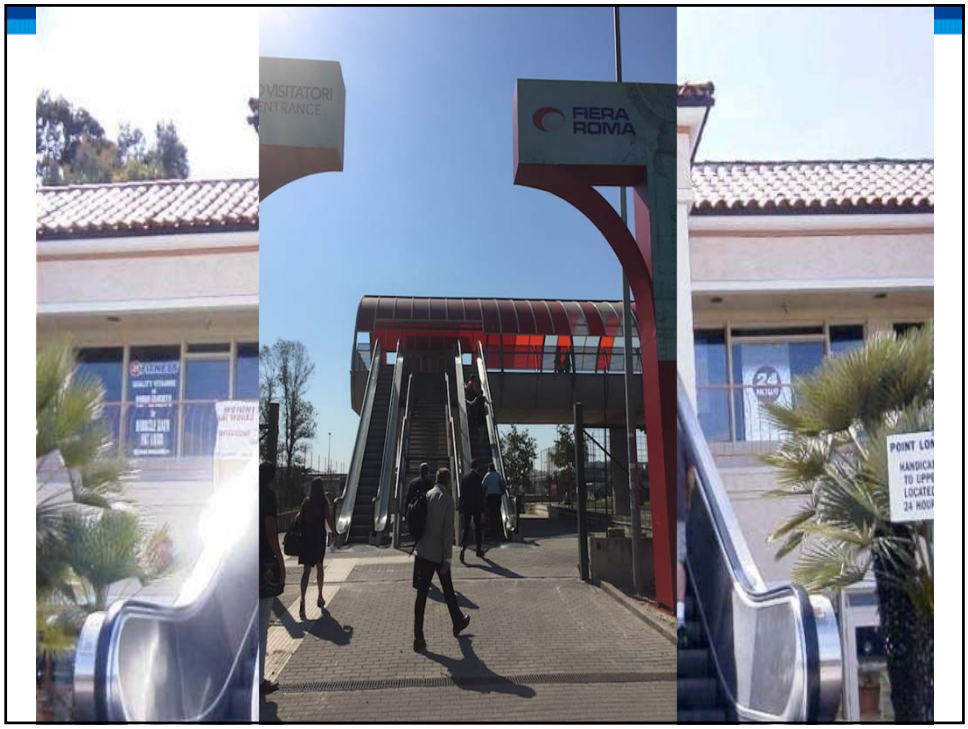
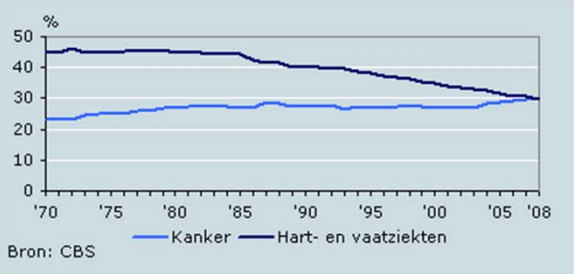


	Recommendations for population-based approaches to physical activity	Class[a]	Level[b]
Schools See also section 3c.2 for multi-component interventions	Increased availability and types of school playground spaces and equipment for exercise activity and sports are recommended.	I	C
	Regular classroom PA breaks during academic lessons should be considered.	IIa	B
	Increasing active commuting to school should be considered e.g. a walking school bus programme with supervised walking routes to and from school for safety.	IIa	C
	Increased number and duration of PA classes, with revised PA curricula to implement at least moderate activity and trained teachers in exercise and sports may be considered.	IIb	B
Workplaces See also section 3c.2 for multi-component interventions	Comprehensive worksite wellness programmes should be considered with nutrition and PA components.	IIa	B
	Structured worksite programmes that encourage PA and provide a set time for PA during work hours should be considered. Improving stairway access and appeal, potentially in combination with "skip-stop" elevators that skip some floors should be considered.	IIa	C
	Promoting worksite fitness centres should be considered.	IIa	C
Community setting	Health care providers should consider inquiring about PA in every medical encounter and adding it to the record. In addition, they should consider to motivate the individual and promote PA.	IIa	C
	Improved accessibility of recreation and PA spaces and facilities (e.g. building of parks and playgrounds, increasing operating hours, use of school facilities during non-school hours), improved walkability should be considered.	IIa	C
	Improved neighbourhood aesthetics (to increase activity in adults) should be considered.	IIa	C

Recommendations for population-based approaches to smoking and other tobacco use

	Recommendations	Class [a]	Level [b]
Governmental restrictions and mandates	Banning smoking in public places is recommended to prevent smoking and to promote smoking cessation.	I	A
	Banning smoking in public places, outside public entrances, workplaces, in restaurants and bars is recommended to protect people from passive smoking.	I	A
	Prohibit sales of tobacco products to adolescents are recommended.	I	A
	Banning of tobacco vending machines is recommended.	I	A
	Restrictions on advertising, marketing and sale of smokeless tobacco are recommended.	I	A
	Complete ban on advertising and promotion of tobacco products are recommended.	I	B
	Reduced density of retail tobacco outlets in residential areas, schools and hospitals is recommended.	I	B
	Harmonization of border sales and tax free sales of all tobacco products is recommended.	I	B
	Restrictions on advertising, marketing and sale of electronic cigarettes should be considered.	IIa	A

Best practices: What "we" did in the last decades?



- Better treatment of acute CV events
- Risk factor identification and control
- Population interventions
- Et cetera

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But: are "we" really doing the "best"?

tctMD/the heart beat News Conferences Slides & More Top

NEWS | ESC 2018

Sobering News From Europe: CVD Risk Factors Are on the Rise or Holding Firm

CHD patients are smoking more, exercising less, and less likely to attend cardiac rehab, and that's "a major cause for concern."

By Todd Neale | August 27, 2018

- The prevalence of current smoking increased from 16% to 19%, with the greatest increase observed in women younger than 60.
- Roughly 80% of patients remained overweight, with 37% being obese.
- The percentage of patients who reported meeting the physical activity goal of more than 30 minutes five times a week declined from 44% to 34%.
- No gains were seen in blood pressure control, with half of patients continuing to have uncontrolled levels despite use of antihypertensive drugs.
- There was an uptick in self-reported diabetes from 26% to 30%. In this group, more than 40% had an HbA1c level above the goal of less than 7%, with most failing to achieve LDL cholesterol and blood pressure targets.
- Use of major classes of cardioprotective medications remained unchanged, although 93% of patients were on antiplatelets and more than 80% were taking beta-blockers, antihypertensives, and statins. About three-quarters were taking ACE inhibitors or angiotensin receptor blockers.

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Best practice: North Karelia project

NEWS / NEWS AND PRESS RELEASES /

North Karelia Project – An unrepeatable success story in public health

23.5.2018 | NORDIC WELFARE NEWS | HEALTH NEWS | SOCIETY & ECONOMY

NEWS

AUTHOR: CHRISTA LIUKAS

Conceptualising public health

Johannes Kananen is a university lecturer in social work at the Swedish School of Social Science of the University of Helsinki and a docent of social and public policy.

Together with Sophy Bergenheim and Merle Wessel, Kananen has edited the recently published book Conceptualising Public Health – Historical and Contemporary Struggles over Key Concepts (Routledge).

A few decades ago in eastern Finland, a dramatic reduction in the cardiovascular disease mortality rate was achieved through special circumstances: the same would not have worked elsewhere, nor would such a project gain similar success in contemporary Finland.

In the 1970s, cardiovascular diseases were more prevalent in Finland – particularly in eastern Finland – than in other countries. Public officials came to the conclusion that too many citizens were dying of heart attacks and decided to fight the risk factors. An experiment named after the eastern province of North Karelia was launched.

"The North Karelia Project, carried out from 1972 to 1995, was an immense health policy intervention," summarises **Johannes Kananen**, a university lecturer in social work at the University of Helsinki.

The North Karelia Project is often presented as an international success story that progressed linearly from its commencement to the analysis of results. The further the project progressed, the lower the mortality rate related to cardiovascular diseases fell.

EUROPEAN SOCIETY OF CARDIOLOGY

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How to find and disseminate best practices?

ESC European Society of Cardiology

The ESC | Congresses & Events | Journals | Guidelines | Education | Research

European Society of Cardiology › Subspecialty communities › European Association of Preventive Cardiology › Advocacy › Prevention in your country

European Association of Preventive Cardiology

About EAPC
Advocacy
Congresses
Education
Membership & Communities

Overview of Cardiovascular Prevention in Europe (OCPE) in ESC member countries

National Prevention activities, campaigns and projects according to the "Country of the Month" reports of National CVD Prevention Coordinators

In the "Country of the Month" reports from the National CVD Prevention Coordinators in ESC member countries there is a dedicated chapter on "prevention activities". In this chapter you can find a large variety of activities throughout Europe like:

- CVD risk finding screening campaings
- projects to improve food habits among the young
- national anti-smoking intitiatives
- efforts to improve physical health in the general population

and many more.

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Overview of Cardiac Rehabilitation (OCRE) in ESC member countries

EAPC European Association of Preventive Cardiology

Updated version 2.0:

New!
- Maps highlighting differences between countries by topics
- Intuitive tables and graphics for better comparison

Example:
Length of CR:
The outpatient programme duration varies between countries

Next steps:
The updated version 2.0 should be available on the "Prevention in your Country" section before the ESC Congress in Munich.

ESC

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Best practice: national smoking bans

Cochrane
Trusted evidence.
Informed decisions.
Better health.

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Our evidence | About us | Join Cochrane | News and jobs | Cochrane Library

Have national smoking bans worked in reducing harms of passive smoking?

Print

The most robust evidence yet, now available in the Cochrane Library, suggests that national smoking legislation does reduce the harms of passive smoking, and particularly risks from heart disease.

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Worst practices ?


Politik 〉 Österreichs Parlament kippt Rauchverbot in Gastronomie

E-Paper

ANZEIGE

Entdecken Sie Ihr Gold neu. Lesen Sie mehr zu aktuellen Themen.

Frankfurter Allgemeine
Politik

RUBRIKEN INLAND AUSLAND STAAT UND RECHT TRUMPS PRÄSIDENTSCHAFT DIE GEGENWART POLITISCHE BÜCHER

ÖSTERREICH

Parlament kippt Rauchverbot in Gastronomie

AKTUALISIERT AM 22.03.2018 - 15:58

Die schwarz-rote Vorgängerregierung hatte ein Rauchverbot in Österreichs Kneipen und Restaurants beschlossen. Noch bevor es in Kraft treten konnte, hat die neue Koalition aus ÖVP und FPÖ das Verbot nun gekippt.

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Worst practices: Smoking doctors

- Griekenland: 21%
- Italy, France: >25%
- Netherlands:
  GPs 8%, cardiologists 4%, pulmonologists 4%

- China: 41%
- US: 10%
- Australia: 5%

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Conclusion

- Improving cardiovascular health in Europe is a top priority

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