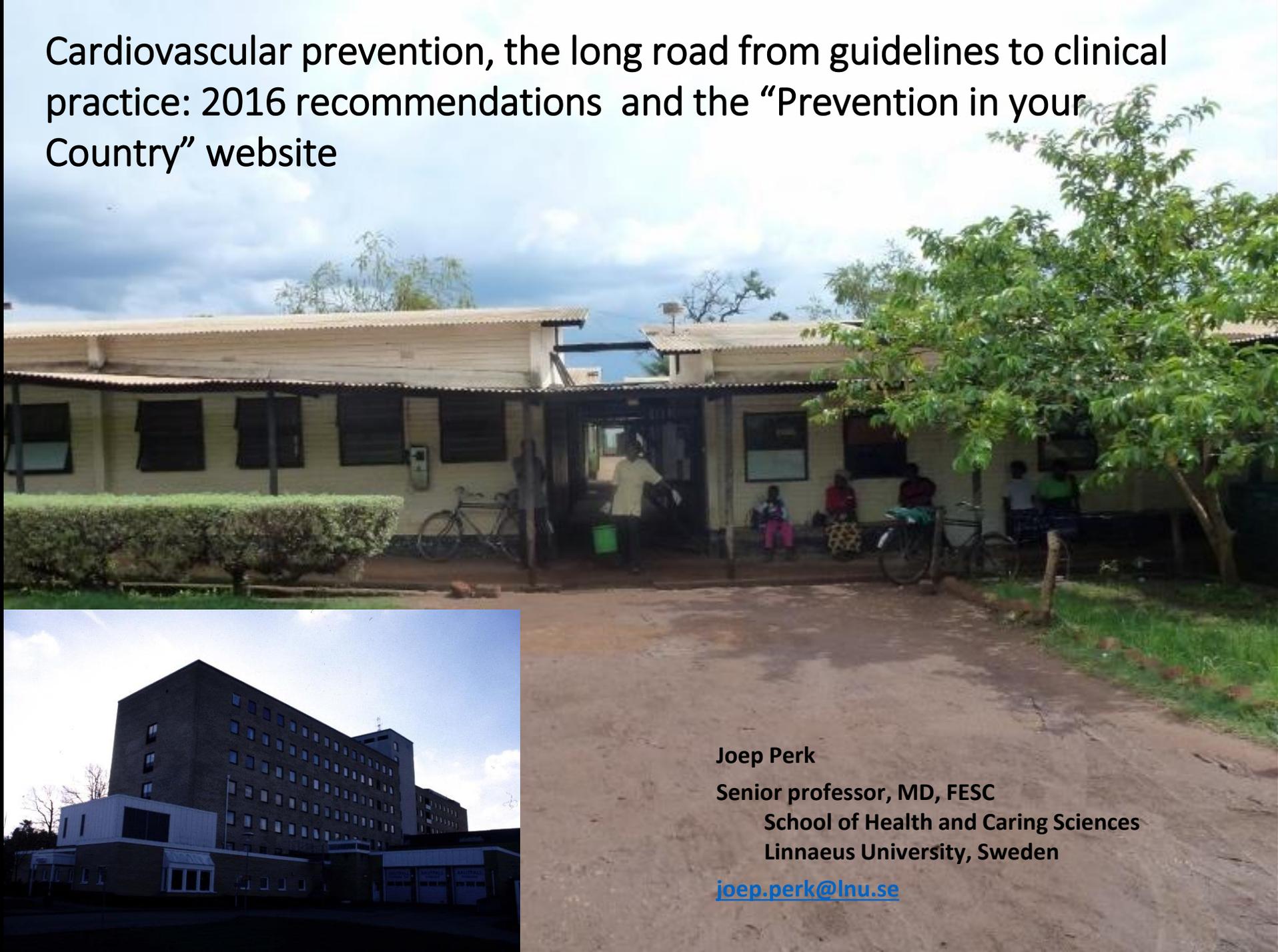


Cardiovascular prevention, the long road from guidelines to clinical practice: 2016 recommendations and the “Prevention in your Country” website



Joep Perk

Senior professor, MD, FESC

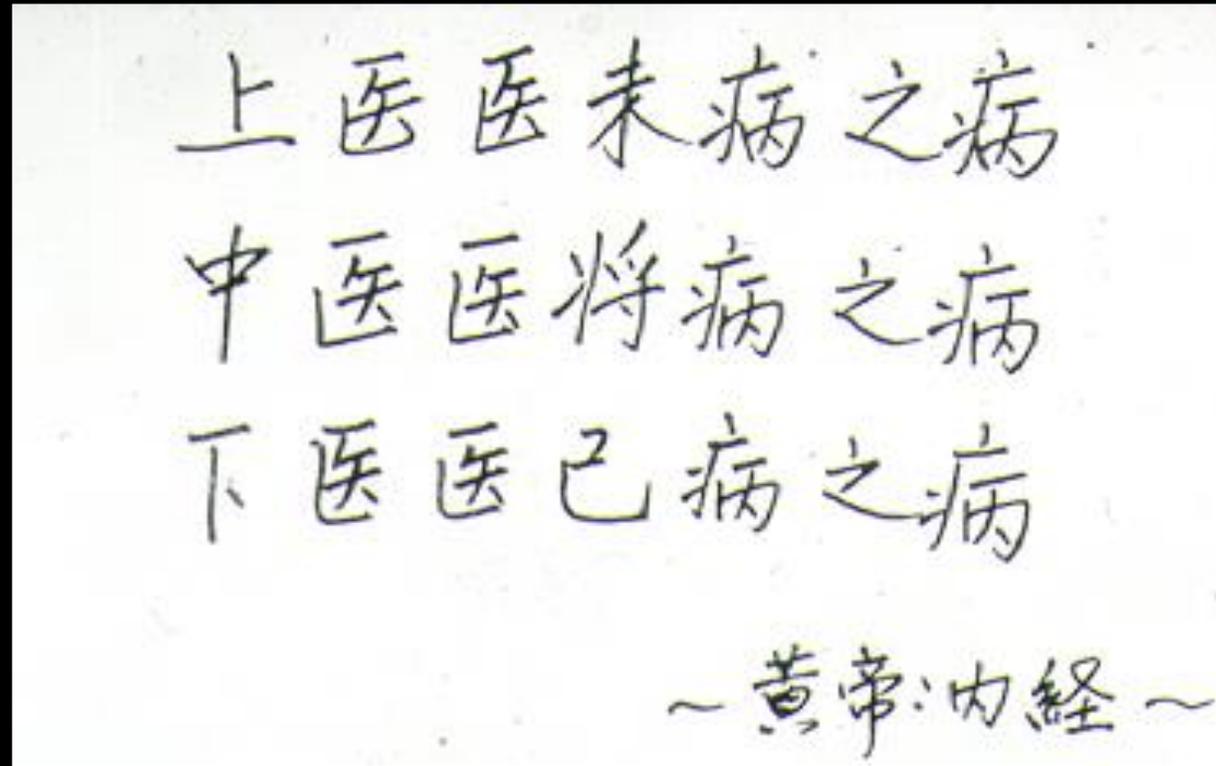
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Chinese wisdom

(Huang Dee: Nai - Ching 2600 B.C. 1st Chinese Medical Text)



*“Superior doctors prevent the disease.
Mediocre doctors treat the disease before evident.
Inferior doctors treat the full blown disease.”*



Carl von Linné (Linnaeus),
1733:

"A users' guide for the human body"

Tobacco, even snuff and chewing tobacco, are all poisonous.

One should regularly take light physical exercise, up to one third of the day.

Both he who eats too much or too little will destroy his body gradually

A harmonious mind prolongs life, a sad state of mind may shorten it

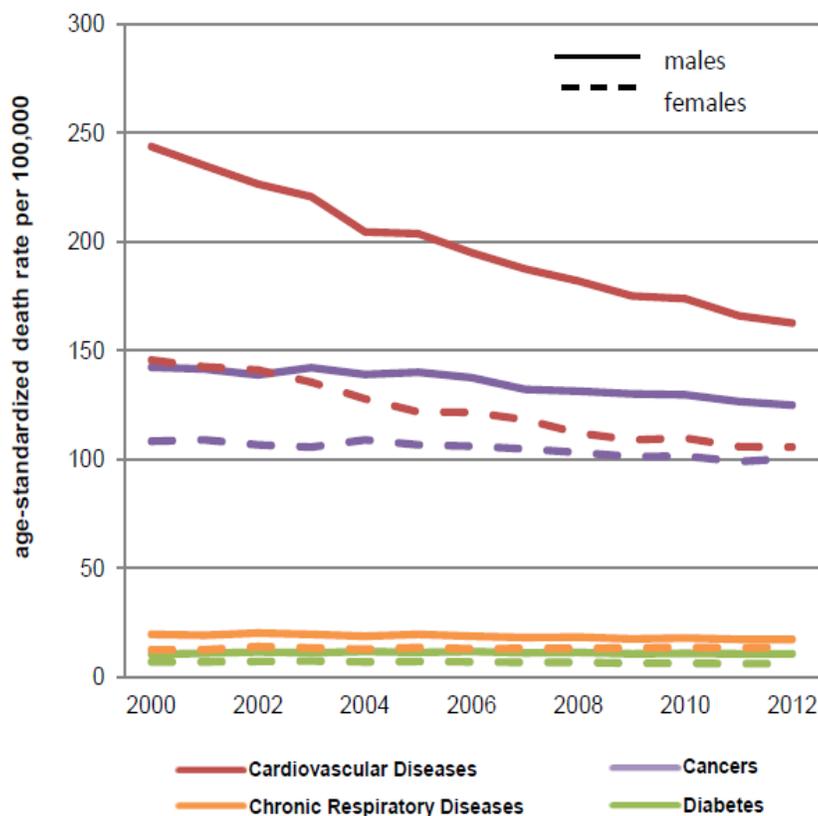
Anything new under the sun...?

Sweden

Total population: 9 511 000

Income Group: High

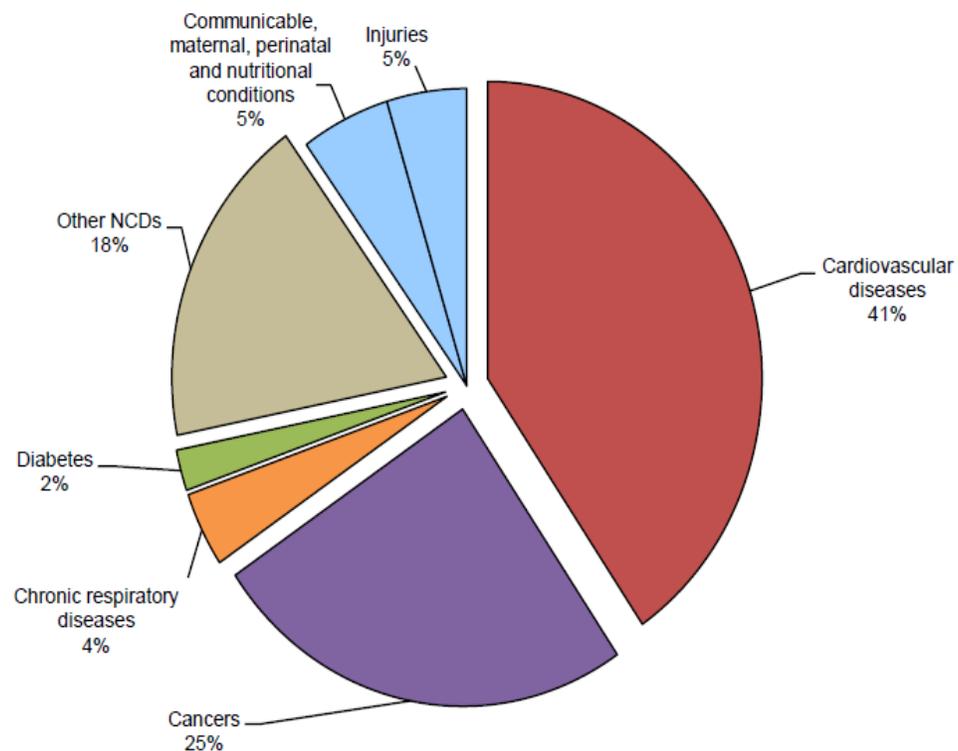
Age-standardized death rates



Percentage of population living in urban areas: 85.2%

Population proportion between ages 30 and 70 years: 50.9%

Proportional mortality (% of total deaths, all ages, both sexes)

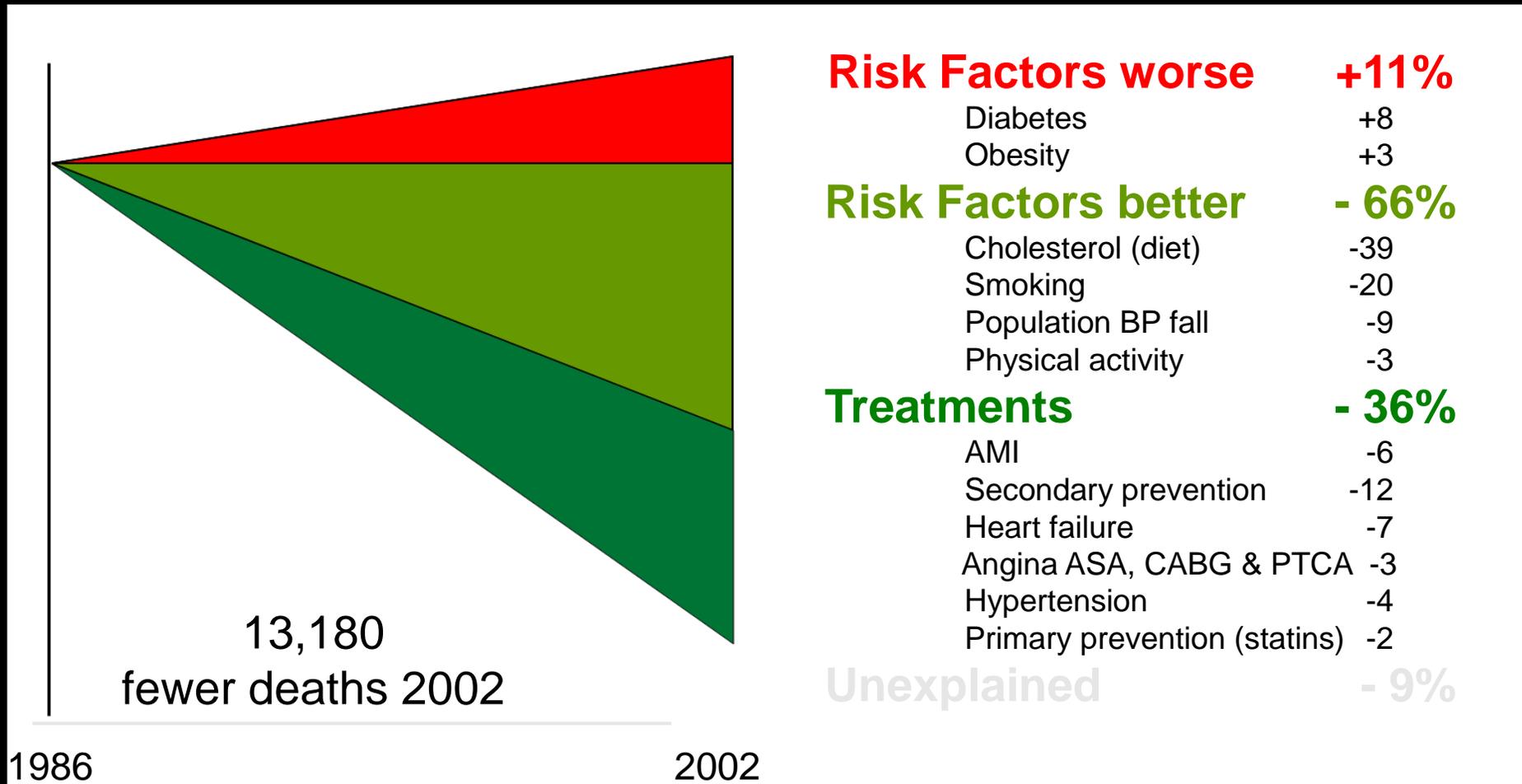


Total deaths: 91,000

NCDs are estimated to account for 90% of total deaths.

Explaining the fall in CHD deaths

Swedish experiences

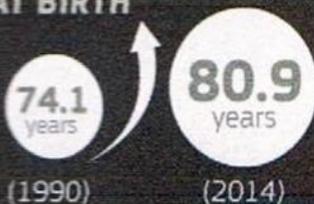


HEALTH AT A GLANCE: EUROPE 2016

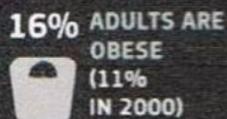
- STATE OF HEALTH IN THE EU CYCLE -

EFFECTIVE HEALTH SYSTEMS

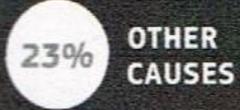
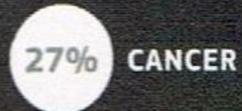
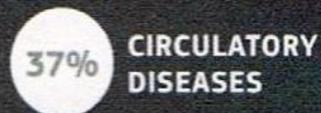
LIFE EXPECTANCY AT BIRTH



RISK FACTORS (2014)



MORTALITY CAUSES (2013)



PREMATURE DEATHS FROM CHRONIC DISEASES



POLICY FOCUS



REDUCE PREMATURE DEATHS



REDUCE TOBACCO AND ALCOHOL USE, TACKLE OBESITY



IMPROVE QUALITY OF ACUTE AND CHRONIC CARE

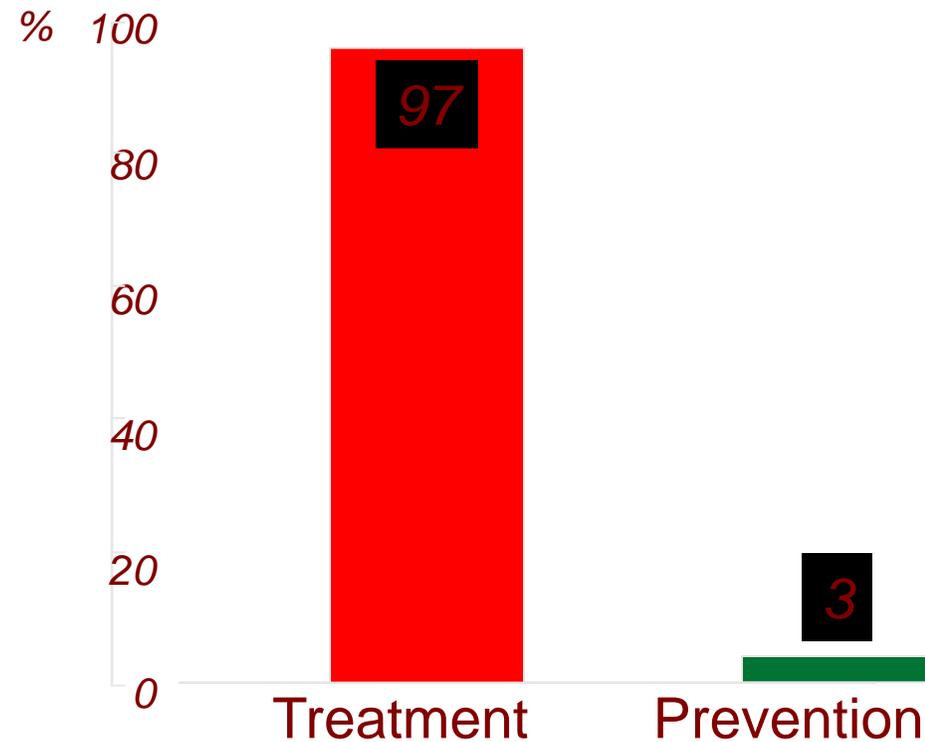
REGIONAL COMMITTEE FOR EUROPE 66th SESSION

Copenhagen, Denmark, 12–15 September 2016

Action plan for the prevention and control of noncommunicable diseases in the WHO European Region

<http://www.euro.who.int/>

Resources allocated in Europe (EU)



From "the appeal on the occasion of the incoming European Commission" Februari 2010

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)



Risk factor goals and target levels

Smoking	No exposure to tobacco in any form.
Diet	Low in saturated fat with a focus on wholegrain products, vegetables, fruit and fish.
Physical activity	At least 150 minutes a week of moderate aerobic PA (30 minutes for 5 days/week) or 75 minutes a week of vigorous aerobic PA (15 minutes for 5 days/week) or a combination thereof.
Body weight	BMI 20–25 kg/m ² . Waist circumference <94 cm (men) and or <80 cm (women).
Blood pressure	<140/90 mmHg.
Lipid LDL is the primary target	Very high-risk: <1.8 mmol/L (<70 mg/dL) , or a reduction of at least 50% if the baseline is between 1.8 and 3.5 mmol/L (70 and 135 mg/dL). High-risk: <2.6 mmol/L (<100 mg/dL) or a reduction of at least 50% if the baseline is between 2.6 and 5.2 mmol/L (100 and 200 mg/dL). Low to moderate risk: <3.0 mmol/L (115 mg/dL).
HDL-C	No target but >1.0 mmol/L (>40 mg/dL) in men and >1.2 mmol/L (>45 mg/dL) in women indicate lower risk.
Triglycerides	No target but <1.7 mmol/L (<150 mg/dL) indicates lower risk and higher levels indicate a need to look for other risk factors.
Diabetes	HbA1c: <7% (<53 mmol/L).

Population-based approaches to diet

	Recommendations	Class	Level
Governmental restrictions and mandates	Legislation on composition of foods to reduce energy density, salt and saturated fat, and (added) sugar content of foods and beverages, and to limit portion sizes is recommended.	I	B
	Elimination of industrially produced trans fats is recommended.	I	A
	Facilitating an integrated and coherent policy and activities of the (local) governments, non-governmental organizations, food industry, retail, catering, schools, workplaces and other stakeholders to promote a healthy diet and to prevent overweight is recommended.	I	C
	Legislation restricting marketing aimed at children of foods that are high in fats, sugar and/or salt, less healthy options, junk foods, drinks with alcohol and non-alcoholic beverages rich in sugar (e.g. on TV, internet, social media and on food packages) is recommended.	I	C
Media and education	Reformulation of foods accompanied by educational information campaigns should be considered to create awareness on the nutrition quality of foods among consumers.	IIa	C
Labelling and information	Mandatory and harmonized simplified front-of-pack nutrition labelling is recommended.	I	C
	Independently and coherently formulated criteria for nutrient profiles should be considered in support of health and nutrition claims and front-of-pack logos (e.g. traffic lights, healthy choices, key-holes).	IIa	C
	Mandatory nutrition labelling for non-pre-packaged foods, including in restaurants hospitals and workplaces, should be considered.	IIa	C

Population-based approaches to physical activity

	Recommendations	Class	Level
Schools	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	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

Population-based approaches to smoking and other tobacco use

	Recommendations	Class	Level
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
Media and education	Telephone and internet based lines for cessation counselling and support services are recommended.	I	A
	Media and educational campaigns as part of multicomponent strategies to reduce smoking and increase quit rates, reduce passive smoking and use of smokeless tobacco are recommended.	I	A
	Media and educational campaigns concentrating solely on reducing smoking, increasing quit rates, reducing passive smoking and the use of smokeless tobacco should be considered.	IIa	B

Protecting against alcohol abuse

	Recommendations	Class	Level
Governmental restrictions and mandates	Regulating physical availability of alcoholic beverages is recommended, including minimum legal purchase age, restrictions on outlet density and time and place of sales, public health oriented licensing systems, and governmental monopolies of retail sales.	I	B
	Drink-driving countermeasures are recommended such as lowered blood alcohol concentration limits and “zero tolerance”, random breath testing and sobriety check points.	I	B
	Implementing comprehensive restrictions and bans on advertising and promotion of alcoholic beverages is recommended.	I	C
Media and education	Educational information campaigns may be considered to create awareness on the hazardous effects of alcohol.	IIb	B
Labelling and information	Labelling alcohol with information on caloric content and health warning messages of the harmful effects of alcohol may be considered.	IIb	B
Economic incentives	Taxes on alcoholic beverages are recommended.	I	B



Preventive cardiology can we learn from each other?



Our mission: To promote excellence in research, practice, education and policy in cardiovascular health, primary and secondary prevention



The EACP network of National Cardiovascular Prevention Coordinators (NCPC)

- Cardiologists, members of the ESC and EAPC
- Appointed by the National Cardiac Societies
- Good overview of prevention/rehabilitation
- Collaborating in national networks
- 61 NCPC's in 56 countries

Prevention in your Country

Overall objective:

To facilitate more effective implementation of CVD prevention.

Aim:

To provide web-based information on CVD prevention among the ESC member states to inspire both national coordinators and others in the field of preventive cardiology

To support exchange of ideas between countries

Opening page:

- interactive chart of countries: each second month two new countries will light up **orange**, previously entered countries in **green**

At the chart:

- Infobox of the country with name and portrait of the National Coordinator, click link to opening page on level I



[http://www.escardio.org/Sub-specialty-communities/European-Association-of-Preventive-Cardiology-\(EAPC\)/Prevention-in-your-country/country-of-the-month](http://www.escardio.org/Sub-specialty-communities/European-Association-of-Preventive-Cardiology-(EAPC)/Prevention-in-your-country/country-of-the-month)

The overview website

Aim

- To provide a comparison of cardiovascular prevention practice between European countries and to present “flagship” projects

For whom?

- For all categories of health workers
- For decision makers at different levels
- For dedicated NGO's

How, when?

- One website for the overview of cardiovascular prevention activities (3 levels)
- One website for the overview of cardiac rehabilitation (3 levels)

The overview website

Aim

- To provide a comparison of cardiovascular prevention practice between European countries and to present “flagship” projects and shortcomings.

For whom?

- For all categories of health workers
- For decision makers at different levels
- For dedicated NGO's

How, when?

- One website for the overview of cardiovascular prevention activities
- One website for the overview of cardiac rehabilitation (3 levels)

Work in progress

Testversions ready

Launch at ESC Barcelona August

Voltaire, Candide - "Il faut cultiver notre jardin"

