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Report on Cardiovascular Disease Prevention Summit

Executive summary of meeting, 16 November 2019, European Heart House, Sophia Antipolis, France



Figure 1 European Summit on Cardiovascular Disease Prevention participants, November 2019.

The European Summit on Cardiovascular Disease Prevention (CVD), organized within the framework of the ESC Prevention of CVD Programme, took place in November 2019 at the European Heart House in Sophia Antipolis, France.

The Summit brought together key opinion leaders and national representatives from 36 countries, together with advocacy experts, to discuss resources and strategies that can be adapted to help translate guidelines into daily practice and support healthcare professionals in the development of an effective clinical and political implementation plan adapted to socioeconomic and cultural conditions.

Cardiovascular disease prevention is everyone's responsibility

Prevention of cardiovascular disease (CVD) is a task for all health professionals. Every encounter should be viewed as an opportunity to repeat short messages on how to maintain and improve health.

However, if everyone is responsible, who is in charge? This was a key question raised during the 2019 European Summit on CVD Prevention held at the European Heart House in Nice, France. The answer is likely to vary by country, but in many states, general practitioners (GPs) are well placed to take the leading role.

The Summit was organized within the framework of the ESC Prevention of CVD Programme (The programme is supported by Amgen, AstraZeneca, Ferrer for good, and Sanofi and Regeneron in the form of educational grants.), an innovative project aimed at promoting effective prevention among survivors of cardiovascular events and people with risk factors. Led by the European Association of

Preventive Cardiology (EAPC), the programme is a collaborative endeavour with the Acute Cardiovascular Care Association (ACCA), and the Association of Cardiovascular Nursing and Allied Professions (ACNAP).

The event brought together key opinion leaders, EAPC National CVD Prevention Coordinators, and Young Ambassadors, along with National ACNAP representatives and advocacy experts. Key items on the agenda were discussions on how to reduce gaps in guideline implementation, learn about resources that help translate guidelines into effective care and explore how to engage patients and politicians.

The magnitude of the problem

European surveys show that risk factors are poorly controlled in high-risk CVD patients. An analysis in 31 countries using data from 28 studies, including EUROASPIRE V and the Survey of Risk Factors, found that 50% of hypertension is uncontrolled and up to 90% of patients have uncontrolled dyslipidaemias. More than one-fifth of high-risk CVD patients smoke, over one-third has a body mass index above 30 kg/m², and 59% do not meet the minimum recommendations for physical activity.

Reports on unmet needs in CVD prevention are available on the ESC website for Dyslipidaemia, Hypertension, Obesity, Physical Activity, and Smoking.

Survey of Risk Factor continues to recruit centres (<http://surriskfactor-audit.com>). The study provides a way to check the performance of national prevention, compare data between countries and generate evidence for politicians on the effectiveness of prevention efforts.



(L) Prof Arno Hoes presenting on Guidelines implementation, (R) Interaction & discussion

Risk assessment tools

Risk prediction tools are essential for objective assessment and accurate clinical decision making. The EAPC recommends HeartScore (www.heartscore.org) to predict 10-year risk of CVD death in patients from low- and high-risk European countries and the University of Utrecht's U-Prevent (www.u-prevent.com), which provides risk algorithms for all patient ages and subgroups and offers a lifetime perspective for each. For patients with manifest CVD, the SMART Risk Score estimates the 10-year risk of recurrent vascular events. The Decision Aid & Flowchart helps choose a risk estimation tool for individual patients.

Despite evidence favouring objective risk calculation, a recent survey found that many GPs and cardiologists continue to use clinical judgement alone. The study recommended providing simple risk assessment tools to encourage their use. To that end, the EAPC is working with the University of Utrecht to develop a risk assessment app for tablets and mobile phones to be launched in 2020.

Patient engagement

Effective communication with patients about risk and behaviour change is one of the biggest challenges in CVD prevention. To counteract fake news and increase awareness, patients need trustworthy sources of information. The ESC's first patient website on CVD prevention (www.Healthy-Heart.org) provides facts and advice on lifestyle, risk factors, and medication. Text and videos cover three main areas: how the cardiovascular system works, primary prevention, and living with heart disease.

Health literacy and the psychological aspects of heart disease are sometimes forgotten in CVD prevention. Data from EUROASPIRE V show that cardiovascular patients with better health literacy have less anxiety and depression and a better quality of life. Patients with high quality of life scores perceive their condition as less threatening. This means that health professionals should assess illness perception and health literacy as a step towards improving quality of life. Patients may

then be able to sustain healthy lifestyle changes and adhere to medications.

Influencing national and European policies

Cardiovascular disease is underestimated and ignored by many politicians and decision-makers, in part, because we have promoted our successes so effectively. There is no dedicated policy action or funding in Europe, leaving the medical profession to tackle CVD in isolation. The cardiovascular community must highlight CVD as a public health problem of extraordinary magnitude. Namely, which CVDs are the number one cause of death, accounting for 31% of all deaths worldwide and 47% of deaths in Europe.

The ESC Advocacy Committee is working to raise cardiovascular health as a priority for citizens, health providers and Ministers of Health. National CVD Prevention Coordinators have been tasked with creating a guideline implementation roadmap to share with health ministers and European Union (EU) representatives and forming multidisciplinary implementation groups. It is time to create a culture of prevention by connecting health professionals, patients, caregivers, scientists, educators, and politicians.

We are forming a great army for the battle to prevent CVD. Will you join us?

Conflict of interest: The programme is supported by Amgen, AstraZeneca, Ferrer for good, and Sanofi and Regeneron in the form of educational grants.

