ESC European Society of Cardiology

European Heart Journal (2024) **00**, 1–2
https://doi.org/10.1093/eurheartj/ehae329

CardioPulse

Events and Meetings

Congress wrap-up: ESC Preventive Cardiology 2024 in Athens

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The ESC Preventive Cardiology Congress 2024 was held in Athens, Greece from 25–27 of April. Attendees complimented the vibrant atmosphere, interactive formats (*Figure 1A* and *B*), and the conference programme,[1] which was themed 'The heart and beyond'. 'It was a congress worthy of the occasion as we celebrated the 20 years anniversary of the European Association of Preventive Cardiology (EAPC) in Athens, where the first ESC Preventive Cardiology was held.' said Prof. Michael Papadakis, EAPC president.

The conference hosted four Young Investigator Sessions with presentations of outstanding quality as well as the Viviane Conraads Award given to a member of the association for outstanding research accomplishments in the early stage of their career. This year's winner John William McEvoy from Galway, Ireland, has published landmark studies on biomarkers of cardiovascular risk with an emphasis on hypertension and atherosclerosis. Professor McEvoy has been a vital partner in the EUROASPIRE programme, co-coordinating the INTERASPIRE survey and current phase VI of EUROASPIRE, which assess risk factor prevalence, health behaviour, and the implementation of secondary prevention measures. 'I did not necessarily follow a set course, but let myself guide by my interests.' he remembers, but advises 'You should still look where the action is in your field, for example what novel tools are being developed.'

A focus on obesity

Several sessions addressed the topic of obesity, one of the great global health threats identified by the World Health Organization. Available strategies to lose weight were discussed, including the recent incretin receptor agonists. 'Do those pharmacological tools have to be taken life-long or can they be discontinued at some point?' asks speaker Marjolein Snaterse-Zuidam from Amsterdam, The Netherlands. 'It depends!' is the take-home message from comments by audience and subsequent speakers. 'We have to distinguish between obese people and individuals with overweight' says Jean-Paul Schmid from Gais, Switzerland, 'For obese people, lifestyle measures such as diet and exercise alone are not sufficient to achieve and maintain significant weight loss.' Subsequent speaker Martin Bahls from Greifswald, Germany comes back to this issue: 'Follow-up analyses have shown that about one third of patients who discontinued semaglutide after 12 months lost at least another 25% of their weight during the one-year-follow-up, while approximately 45% of patients regained at least 25% of the weight they lost during the semaglutide treatment. This clearly shows that there are different phenogroups of individuals and that we should adjust subsequent treatment according to their initial response to the therapy.'

'Does weight loss medication also reduce cardiovascular risk?' was another important question to be discussed. 'What is more important: Losing Weight or improving fitness?' asks Mercedes Carnethon from Chicago, USA, and concludes: 'While losing weight is obviously very relevant in highly obese individuals, we need to make sure cardiovascular fitness is maintained and ideally improved.' 'The weight we lose is not only adipose tissue' adds Andreas Pfeiffer from Berlin, Germany, 'about 30% of the weight lost under semaglutide treatment is lean mass, a significant part of that is muscle. We need sufficient protein in our diet and we need exercise training to compensate that'. Dominique Hansen from Hasselt, Belgium, agrees: 'Diet-induced muscle loss can be prevented if you add on exercise training.' and he explains further 'It's not only about weight loss. We need to take care of overall cardiovascular health. Even in those individuals who are obese, fitness determines cardiovascular risk. There is only one intervention that can improve physical fitness and this is exercise.'

Improving risk assessment and risk management

Further sessions discussed how to best assess cardiovascular risk, including the use of imaging techniques and artificial intelligence, and

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Figure 1 *(A)* Debating the right answer for the interactive questions? ©European Society of Cardiology. *(B)* Lively interaction during the moderated poster presentations. ©European Society of Cardiology

the application of genetic vs. protein scores to guide clinical decision making in cardiovascular multimorbidity. 'Are imaging tools just a fancy toy, or can they add real value to cardiovascular risk prediction?' was the question in the joint session held by the EHJ and the EJPC. 'Intracoronary imaging such as OCT can indeed be very helpful to identify the culprit and underlying mechanisms and for example patients with ruptured fibrous cap might potentially benefit more from an intense anti-inflammatory therapy.' says Konstantinos Koskinas from Berne, Switzerland, 'Although we obviously need better evidence to prove these observational data.' 'Even in patients without risk factors, a high calcium score indicates a 3–6 fold higher risk to encounter MACE.' adds Victoria Delgado from Barcelona, Spain in her presentation on computed tomography, 'and taking a statin will then reduce risk by a relevant degree'. The oversubscribed practical tutorials 'Heart work - State of the art quantitative exercise imaging' underline the great interest in imaging in the field of preventive cardiology.

Cardiovascular risk is modified by multiple factors in the great majority of individuals we see nowadays and therefore we also need to manage cardiovascular risk in a comprehensive manner. 'We know a lot about what affects cardiovascular risk and how we can reduce it, but in reality, we fail in bringing these measures to the people.' say Anne-Grete Semb and Daniel Neuenhaeuserer, in their sum-up of messages in risk factor management and cardiac rehabilitation. 'We go by the same guidelines, but where a patient live does make a huge difference for what treatment they get.' was a common conclusion from all three speakers in the session 'Cardiovascular Realities across Europe'. 'Although Norway is technically a low-cardiovascular risk country, we see that only about 50% of patients with MI are actually referred to cardiac rehabilitation, and we also worry about declining adherence to medication over time.' reports Charlotte Ingul from Norway.

The patient needs to take centre stage

'Patient involvement needs to be more than tokenistic! It is often only a rubber stamp on a grant application, but we need to involve patients already at the start when we design anything that affects them. It might be effective from a doctor's point of view, but might simply not be convenient to the patients.' UK speaker Lis Neubeck points out. She also observes another issue: 'The use of health technology by the patients has greatly increased, but is lacking on the part of the healthcare provider: technological skills of staff are often suboptimal, individual digital systems are difficult to access and do not talk to each other.' And even for data-savvy patients, the volume of monitoring data available is sometimes overwhelming, arrhythmia patient Inga Drossart explains. In her peer group, she got the feedback that approximately one-third of young rhythm patients chose not to self-monitor. 'We should keep in mind that as a patient, we already have a disease burden and a treatment burden. We should be careful not add a monitoring burden to that, unless it provides a real benefit.'

'The programme showcases the spectrum of cardiovascular prevention and was well received by our attendees.', concludes Ana Abreu, president-elect of the EAPC, 'We are already looking forward to next year's ESC Preventive Cardiology, to be held 3–5 April 2025 in Milan, Italy.'

Declarations

Disclosure of Interest

All authors declare no disclosure of interest for this contribution.

Reference

1. https://esc365.escardio.org/results? query=&page=1&sort=MostRelevant&years=2024&eventtypes=EuroPrevent.