

How can we improve secondary prevention of Cardiovascular Disease (CVD) in Europe?

CVD is the number 1 killer in Europe¹, costing the EU **€282bn** a year²

Secondary prevention involves correctly managing risk factors in people already living with CVD, which can prevent recurring and fatal heart attacks and strokes

Major CVD risk factors are well known but often not treated as per medical guidelines

High blood pressure



Reducing systolic blood pressure by **5mmHg** reduces the risk of major CV events by **10%**³

High LDL cholesterol



Each **1 mmol/L drop** in LDL-C levels reduces all-cause mortality by **10%**⁴

High blood sugar



CVD is a major cause of morbidity and mortality in people living with diabetes^{5,6}

Tobacco smoking



CVD risk in **under 50s** who smoke tobacco is **5 x higher** than in non-smokers⁷

1.2 million

fatal heart attacks and strokes could be avoided in the EU over the next ten years if **70%** of people living with CVD had their risk factors better managed. Quitting smoking alone would account for just under a third of these averted deaths.

Number of averted deaths over ten years due to better controlled blood pressure, LDL-cholesterol and blood sugar⁸



Recommendations to improve secondary CVD prevention

1 Joint Diabetes & Heart Health Checks



Establish joint diabetes and heart health checks for at-risk individuals, available in accessible settings, standardised to ensure early diagnosis of CVD and effective intervention across the EU.

2 EU Cardiovascular Health Plan



Develop a European Cardiovascular Health Plan, following the European Alliance for Cardiovascular Health (EACH) proposal⁹.

3 National Cardiovascular Health Plans



All EU Member States to develop, implement and fund national cardiovascular health plans to ensure access to CVD related healthcare, reducing inequalities in CVD prevention and treatment.

4 Standardised Treatment Guidelines



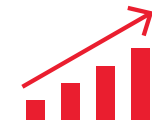
Ensure all EU Member States follow standardised treatment guidelines so all patients can reach targets for blood pressure and LDL-C.

5 Better Data Collection



Enhance data collection across the EU to allow for more accurate estimations of the power of optimized secondary prevention and enhanced determination of cost-benefits.

6 Healthcare System Incentives



Design healthcare system incentives like key performance indicators and pay-for-performance schemes to increase the proportion of patients reaching lifestyle treatment targets for CVD risk factors.

References

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