

Prevention is better than cure for killer cardiovascular disease

July 6 2012

European experts in cardiovascular medicine will today gather at a two day symposium to address the national agenda on cardiovascular disease prevention, held at Imperial College London and sponsored by leading independent academic and professional publisher SAGE.

One session at the conference, chaired by Professors Joep Perk and David Wood will focus on the new 2012 Joint European Societies' Guidelines on [cardiovascular disease](#) prevention in clinical practice, which will appear in August issue (volume 19, issue 4) of the European Society of Cardiology's *European Journal of Preventive Cardiology*, published by SAGE.

Our chances of succumbing to cardiovascular disease (CVD) are strongly connected to our lifestyles. Smoking, an unhealthy diet, [physical inactivity](#), and stress can all take their toll. According to The [World Health Organization](#) (WHO), over three-quarters of all CVD mortality could be prevented with adequate [lifestyle changes](#).

CVD prevention is a society-wide effort, and needs a co-ordinated set of actions at both public and individual level. Health experts use [cardiovascular epidemiology](#) and evidence based medicine to uncover the most effective paths to prevention.

In the new joint European Guidelines, healthcare providers will find answers to key questions including:

- What is CVD prevention?
- Why is it needed?
- Who should benefit from it?
- How can CVD prevention be applied?
- When is the right moment to act?
- Where should prevention programmes be provided and implemented?

According to the experts behind the review, atherosclerotic CVD (furring of the arteries) remains the leading cause of premature death worldwide. CVD affects both men and women; of all deaths that occur before age 75 in Europe, 42% are due to CVD in women and 38% in men.

Prevention works. Over 50% of the reductions seen in coronary [heart disease mortality](#) relate to changes in risk factors, and 40% to improved treatments. This is a lifelong endeavour – we should begin efforts to prevent CVD from birth – if not before.

In terms of prevention, the experts say it's not just those most at risk that should be targeted. Education programmes aimed at the entire population are still needed. Even though there are some gaps in our understanding, there is ample evidence to justify intensive public health and individual preventive efforts.

We still need to better understand why both populations and individuals change their behaviour – exactly how changes in behaviour translate into changes in disease patterns is not always understood. More research, including research that goes right back to foetal development, is needed to better prevent CVD. We still don't know whether preventative measures can help us to completely avoid CVD, or whether these efforts merely delay its onset. We also need more data on CVD morbidity and mortality throughout the world.

This version of the joint guidelines updates the previous one issued in 2007. There is a greater focus on new scientific knowledge, and grading systems are deployed, which allow more evidence-based recommendations to be adapted to clinical practice's requirements.

The Fifth Joint Task Force (JTF) of the [European Society of Cardiology](#) and Other Societies on Cardiovascular Disease Prevention in Clinical Practice, made up of representatives of nine societies plus invited experts, developed the new guidelines. The European Association for Cardiovascular Prevention & Rehabilitation (EACPR) also contributed. Experts from the nine organizations performed a comprehensive review and a critical evaluation of diagnostic and therapeutic procedures, including assessment of the risk benefit ratio. The level of evidence and the strength of recommendation of particular treatment options were weighed and graded according to ESC recommendations.

"The authors of the guidelines hope that this document will advocate a real partnership among politicians, physicians, allied health personnel, scientific associations, heart foundations, voluntary organizations, and consumers' associations. Using the complete spectrum of evidence in medicine from experimental trials to observations in populations, the aim is to foster both health promotion at the population level and primary and cardiovascular [prevention](#) at the clinical level" the JTF concluded.

More information: "European Guidelines on cardiovascular disease prevention in clinical practice (version 2012)" published today, 05 July 2012 in *European Journal of Preventive Cardiology*.

www.escardio.org/guidelines

Provided by SAGE Publications

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