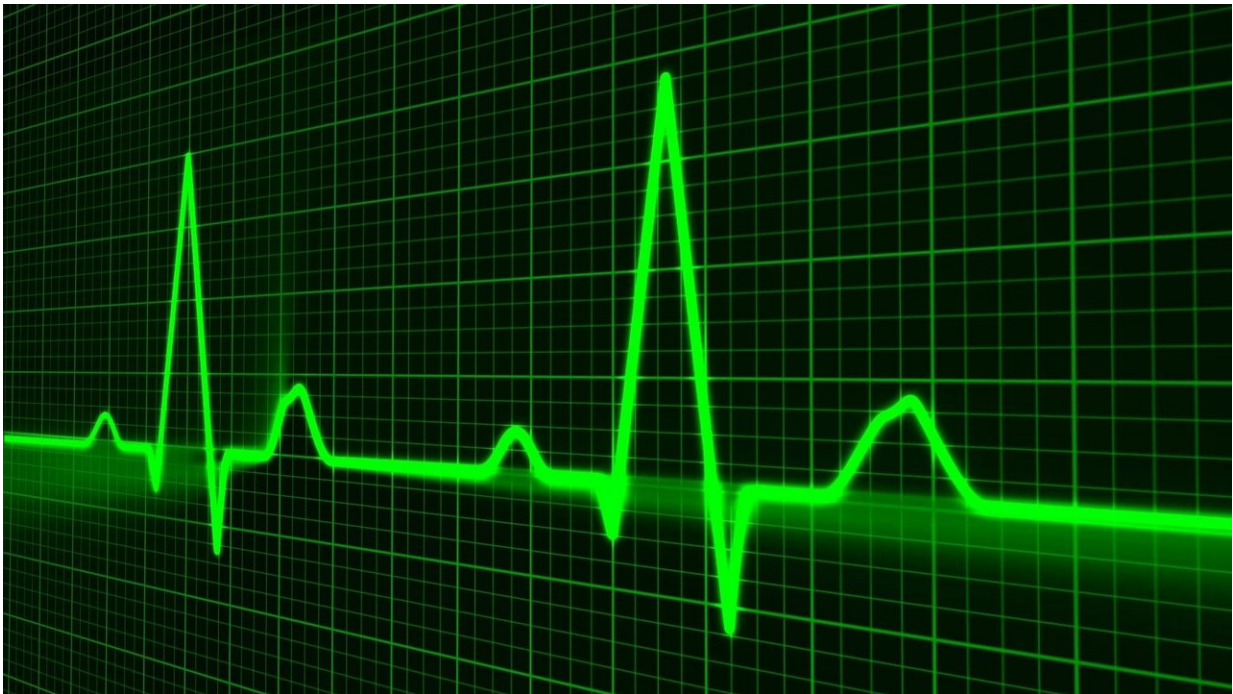


Middle-income countries are hardest hit by cardiovascular disease in Europe

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Middle-income countries shoulder the bulk of morbidity and mortality from cardiovascular disease (CVD) in Europe, according to a major report published today in *European Heart Journal*, the flagship journal of the European Society of Cardiology (ESC).

The document details the burden of CVD in the 57 ESC member

countries, the infrastructure and human resources available for treatment, and the vast differences between states in access to modern diagnostics and therapies.

CVD remains the most common cause of death in Europe and around the world, accounting for 47 percent of all deaths in [women](#) and 39 percent of all deaths in men in ESC member countries. During the past 27 years, there has been only a modest decline in CVD in Europe, and in 11 countries there has been no drop at all. Likewise, the incidence of CVD's major components, [coronary heart disease](#) (narrowed arteries supplying the heart with blood) and stroke, have shown only minor reductions.

Compared to [high-income countries](#), [middle-income countries](#) have:

- More [premature death](#) (before 70 years) due to CVD
- A greater proportion of potential years of life lost due to CVD
- Higher age-standardized incidence and prevalence of coronary heart disease and stroke
- Three times more years lost due to CVD ill-health, disability, or early death

"The statistics emphasize the need for concerted application of CVD prevention policies, particularly in middle-income countries where the need is greatest," said Professor Panos Vardas, a past ESC president and current chief strategy officer of the ESC's European Heart Agency in Brussels.

"Middle-income countries are less able to meet the costs of contemporary healthcare than high-income countries leaving patients with no access to modern cardiovascular facilities," he added. "The availability of transcatheter valve implantation, complex techniques for treating atherosclerotic coronary heart disease, and heart transplantation

varies hugely."

Analyses according to sex show that compared to women, men have:

- Higher age-standardized CVD mortality rates per 100,000 people in both high-income (283 for women vs. 410 for men) and middle-income countries (790 for women vs. 1,022 for men)
- Higher age-standardized incidence per 100,000 inhabitants (132.0 for women vs. 235.9 for men) and prevalence per 100,000 people (1,895 for women vs. 2,665 for men) of coronary heart disease
- Higher age-standardized incidence per 100,000 people (130.3 for women vs. 159.9 for men) and prevalence per 100,000 people (1,272 for women vs. 1,322 for men) of stroke
- Almost twice as many years lost due to CVD ill-health, disability, or early death (3,219 vs. 5,925 per 100,000 people in women and men, respectively)

"CVD is the most common cause of premature death (before 70) in men, whereas in women the most common cause is cancer," noted Professor Adam Timmis, head of the report writing team.

Other notable statistics:

- Coronary [heart](#) disease and stroke accounted for 82 percent of years lost due to CVD ill-health, disability, or early death
- Age-standardized years lost due to CVD ill-health, disability, or [early death](#) have been in steep decline over the past 27 years, with just two middle-income countries recording an increase

Professor Timmis said: "The potential reversibility of risk factors, including [high blood pressure](#) and elevated cholesterol, and unhealthy behaviors such as sedentary lifestyles and poor diets provide a huge

opportunity to address the health inequalities documented in this report."

But he added: "The World Health Organization's target for a 25 percent relative reduction in mortality from CVD, cancer, diabetes, and chronic respiratory disease by 2025 is unlikely to be achieved, with the modest downward CVD trends documented in this report concealing alarming increases in mortality in some member countries."

More information: Adam Timmis et al. European Society of Cardiology: Cardiovascular Disease Statistics 2019, *European Heart Journal* (2019). [DOI: 10.1093/eurheartj/ehz859](https://doi.org/10.1093/eurheartj/ehz859)

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