

EUROPEAN CARDIOLOGY: Challenges and Opportunities for the next decade

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PARIS France**

President European Society of Cardiology

Declaration Of Interest 2010

➤ **Speaker :**

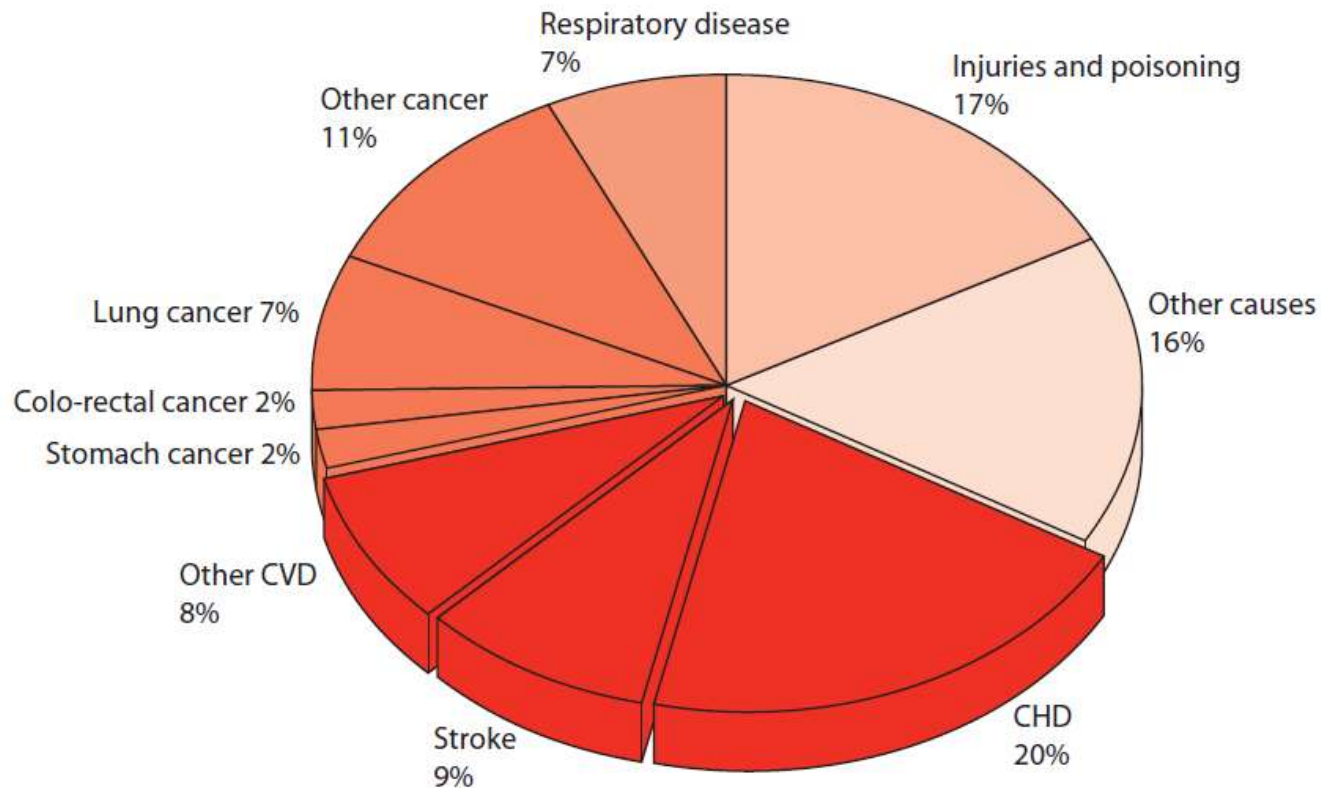
Servier, Menarini, Sanofi, Boehringer Ingelheim,
Astra Zeneca, Glaxo SmithKline

➤ **Consultant / Trial Committee Member :**

Servier, Johnson & Johnson, Sanofi,
Nile Therapeutics, Bristol Myers-Squibb

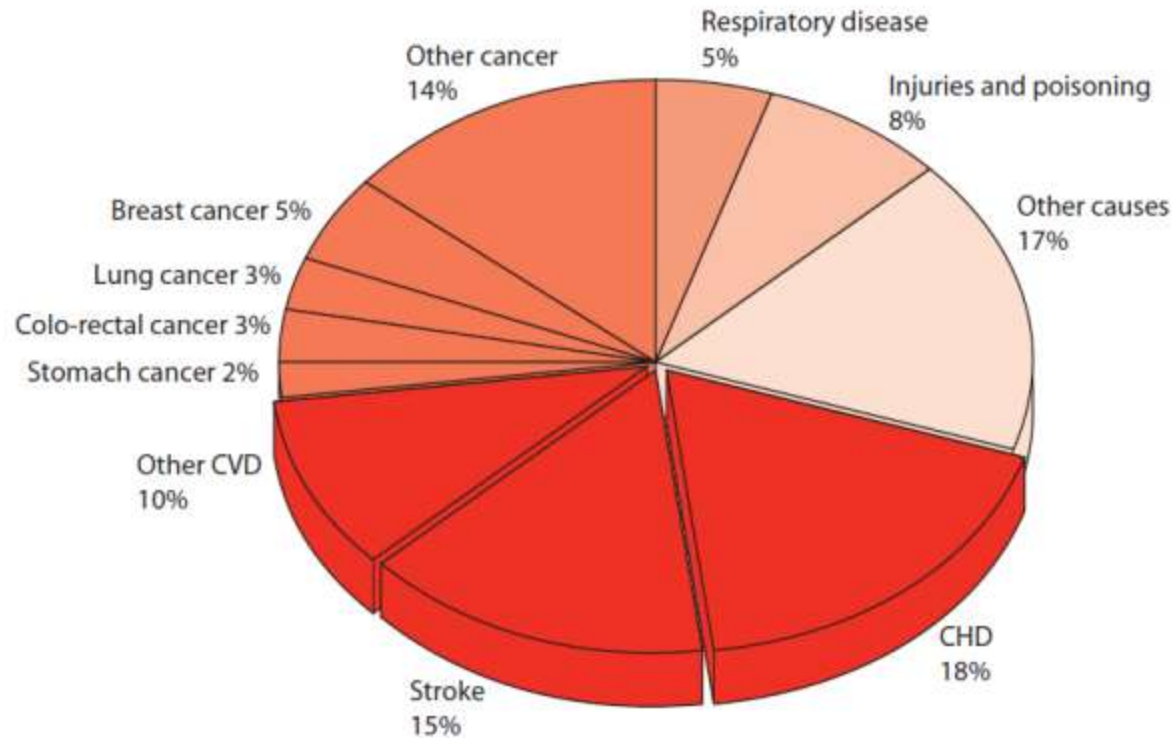
European deaths by cause in men

Figure 1.2a Deaths under 75 by cause, men, latest available year, Europe



European deaths by cause in women

Figure 1.2b Deaths under 75 by cause, women, latest available year, Europe

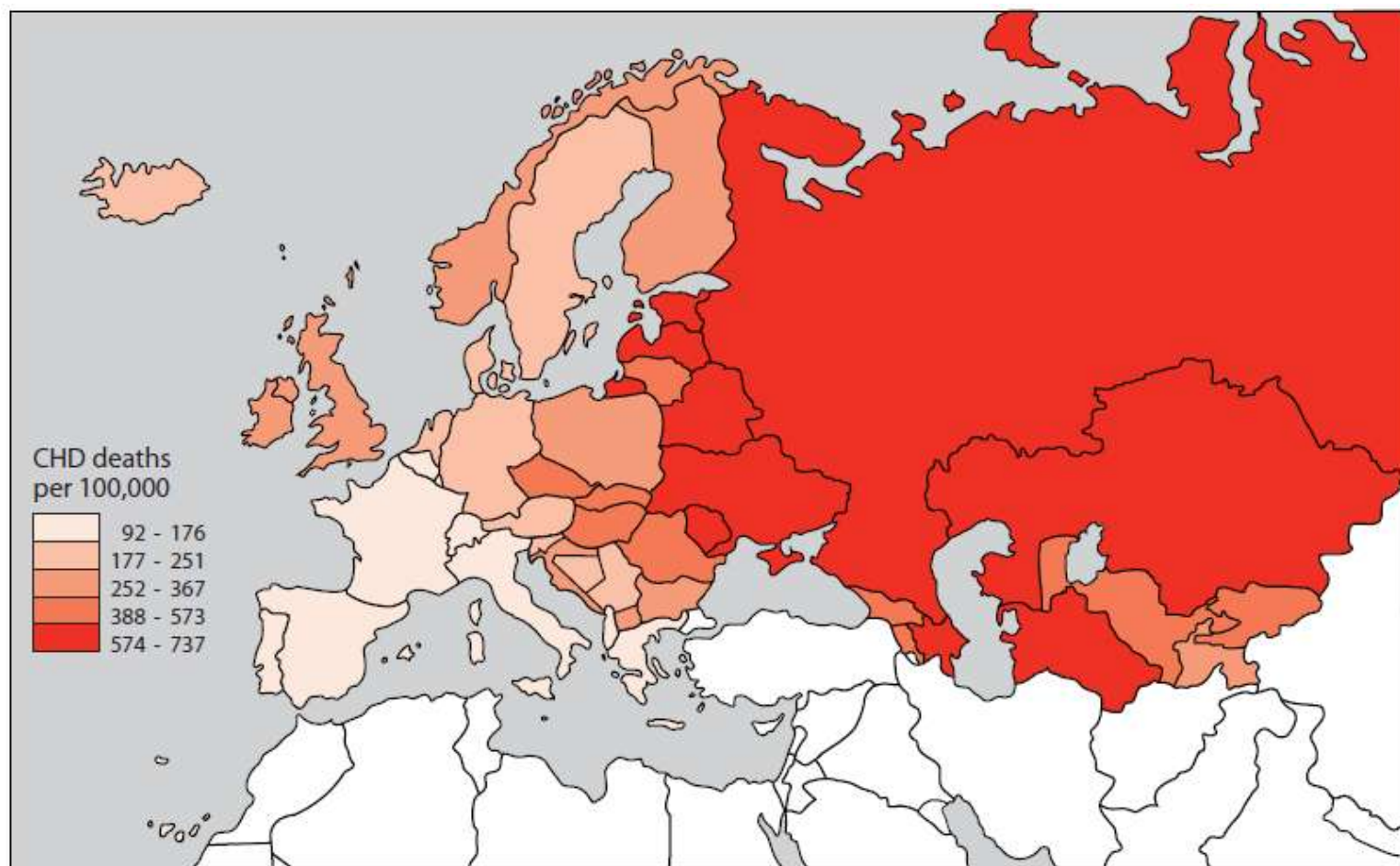


EUROPEAN CARDIOLOGY

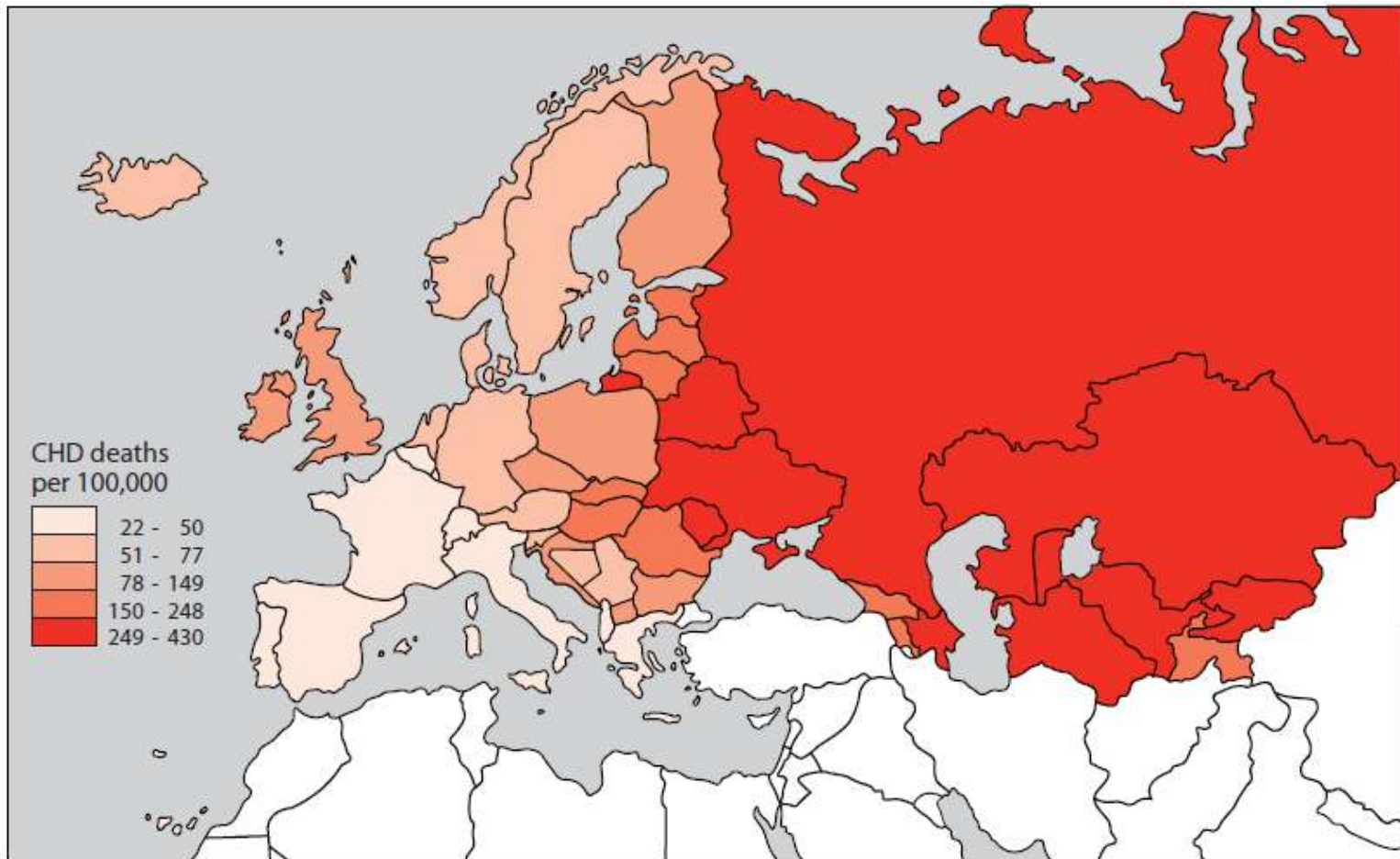
The Context (I)

- Heterogeneity of risk.
- Heterogeneity of access to procedures.

Male CHD death rates 35 –74 years



Female CHD death rates 35 – 74 years



SCORE

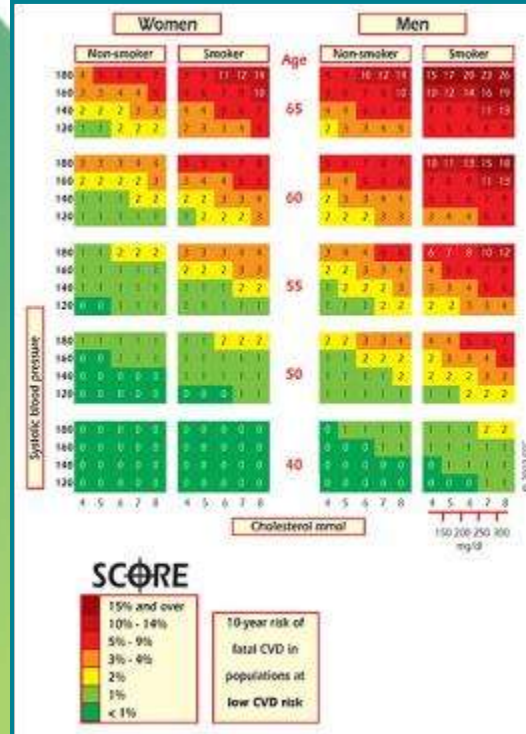
Belgium, France, Greece, Italy,
Luxembourg, Spain, Switzerland, Portugal

The rest of Europe

- Gender
- Smoking status
- Age
- Systolic blood pressure
- Total cholesterol

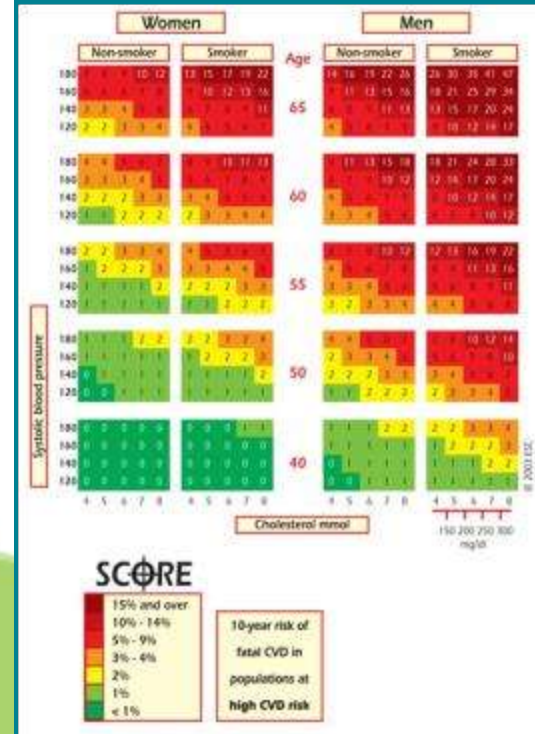
**10 year risk
of fatal CVD**

Low Risk Chart



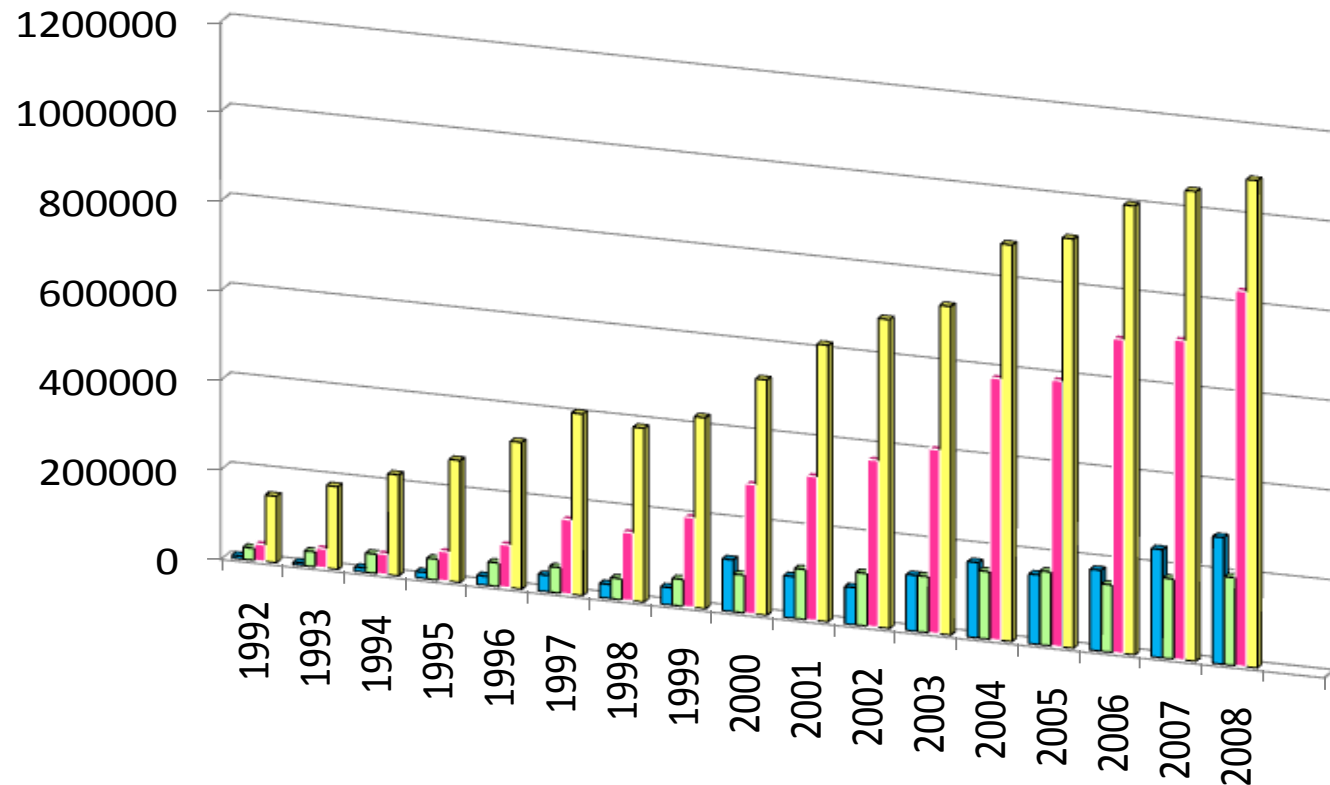
Based on Conroy et al, Eur Heart J, 2003, 24:987-1003 Copyright©: 2003 European Society of Cardiology. All rights reserved.

High Risk Chart



Based on Conroy et al, Eur Heart J, 2003, 24:987-1003 Copyright©: 2003 European Society of Cardiology. All rights reserved.

PCI Substrata 1992 - 2008

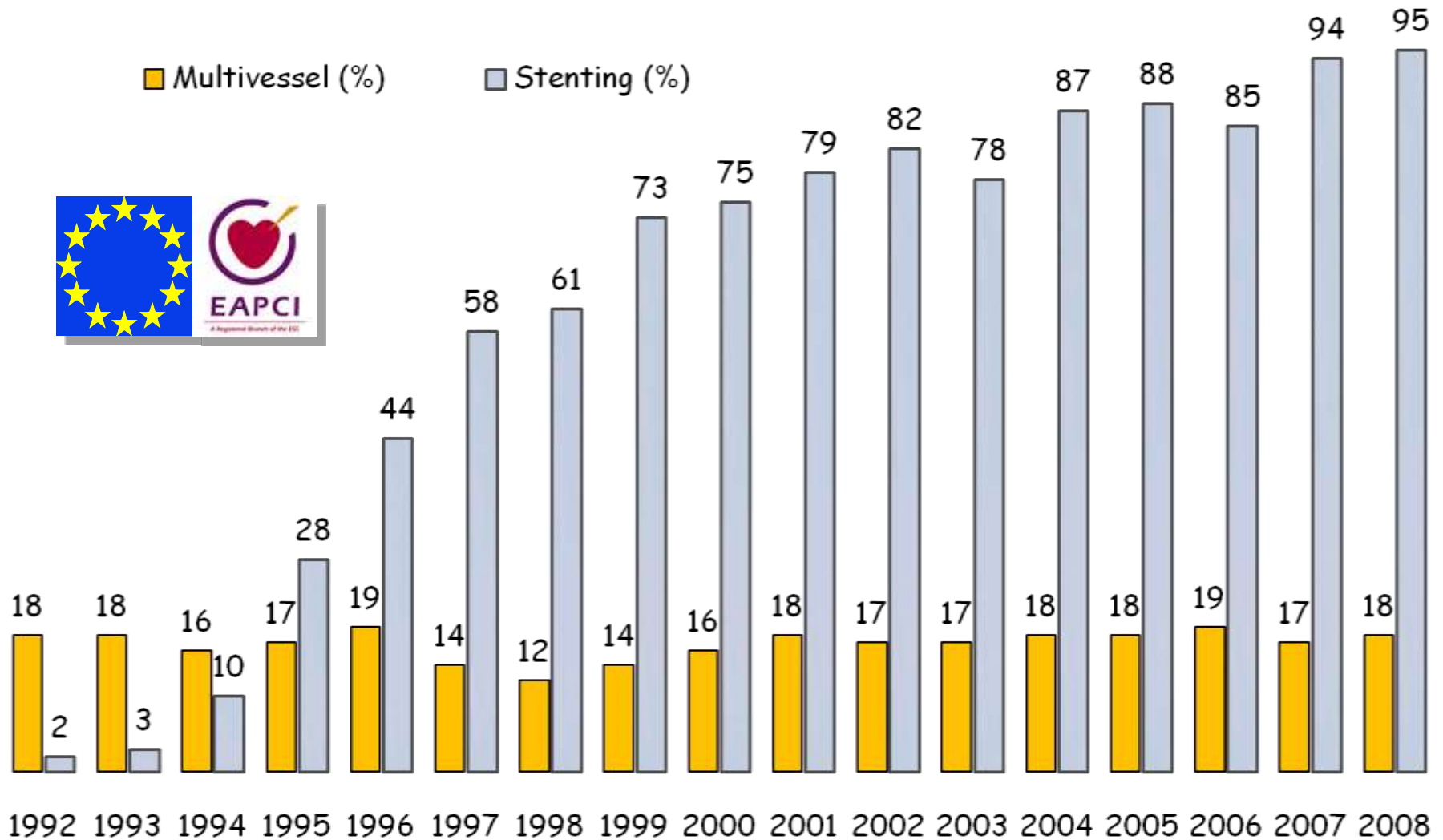


■ PCI for ongoing MI ■ Multivessel PCI ■ Ad hoc PCI ■ Total PCI

acute MI

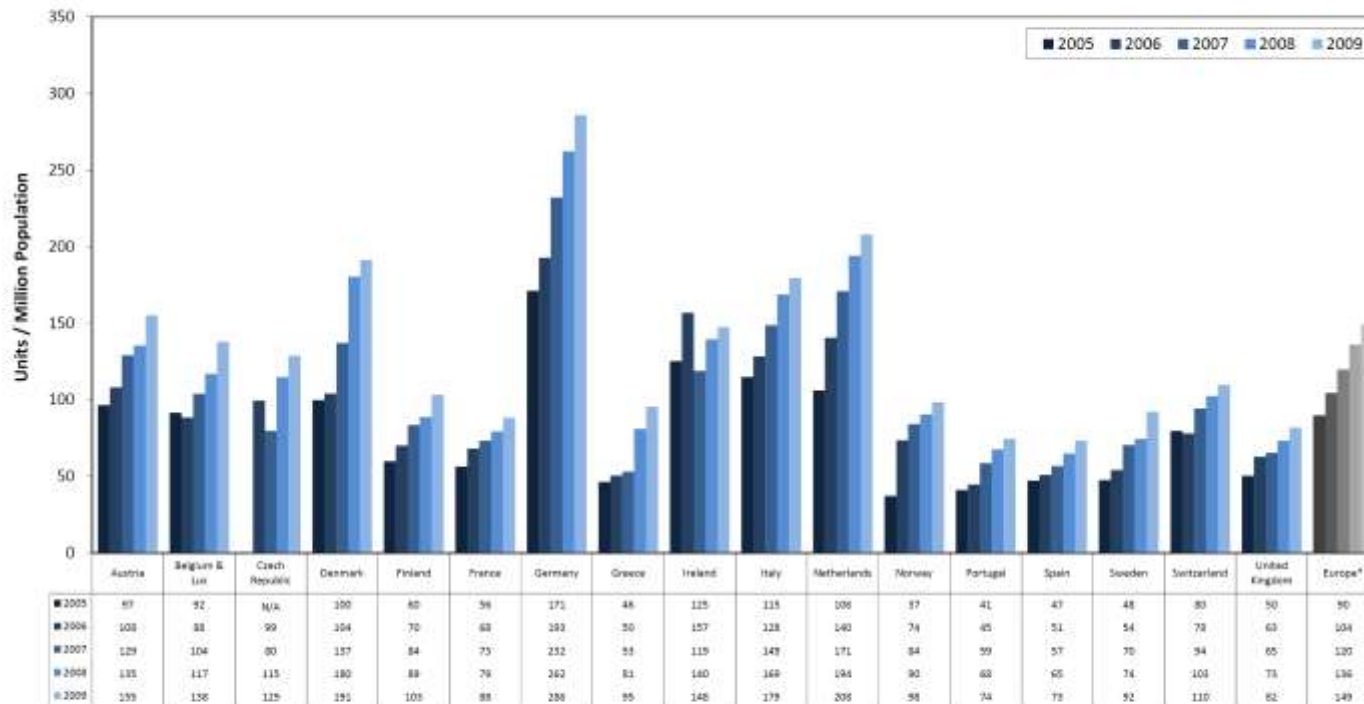
Stenting in Europe

(Registry of the European Society of Cardiology)



National Differences in ICD implantation

Defibrillators - Units per million inhabitants

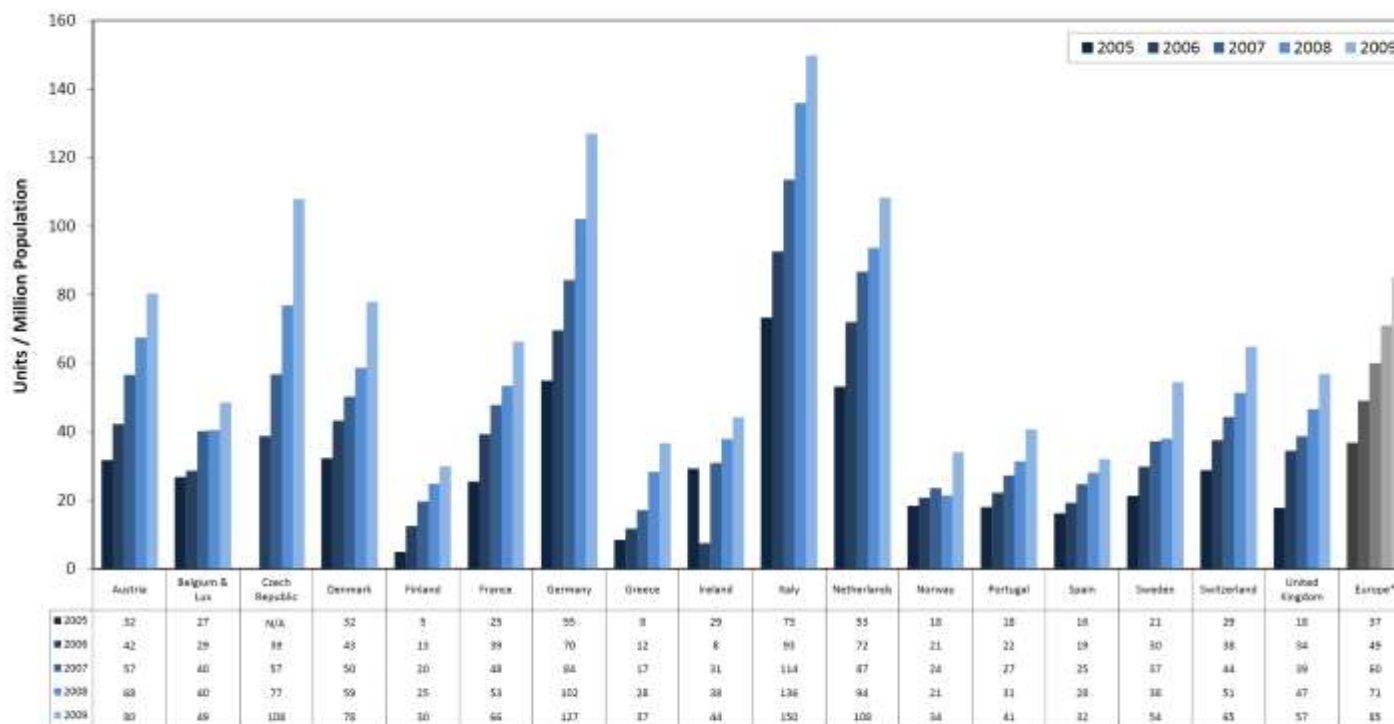


(c) 2009 Eucomed. All rights reserved.

Source population data: OECD
Units - Eucomed based on reports from major manufacturers
* Europe represents total of listed countries

National Differences in ICD implantation

CRT-D - Units per million inhabitants



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Source population data: OECD
Units - Eucomed based on reports from major manufacturers
* Europe represents total of listed countries

Europe : GDP/Health expenditure %

	Country	Total expenditure on health as % of GDP	GDP/head (\$)
	Austria	10.3	45,181
	Croatia	7.7	14,414
	France	10.5	41,511
	Germany	10.6	40,415
	Greece	9.9	33,433
	Norway	9.7	83,922
	Russia	6	9,075
	Spain	8.1	32,066
	Turkey	7.7	9,629

EUROPEAN CARDIOLOGY

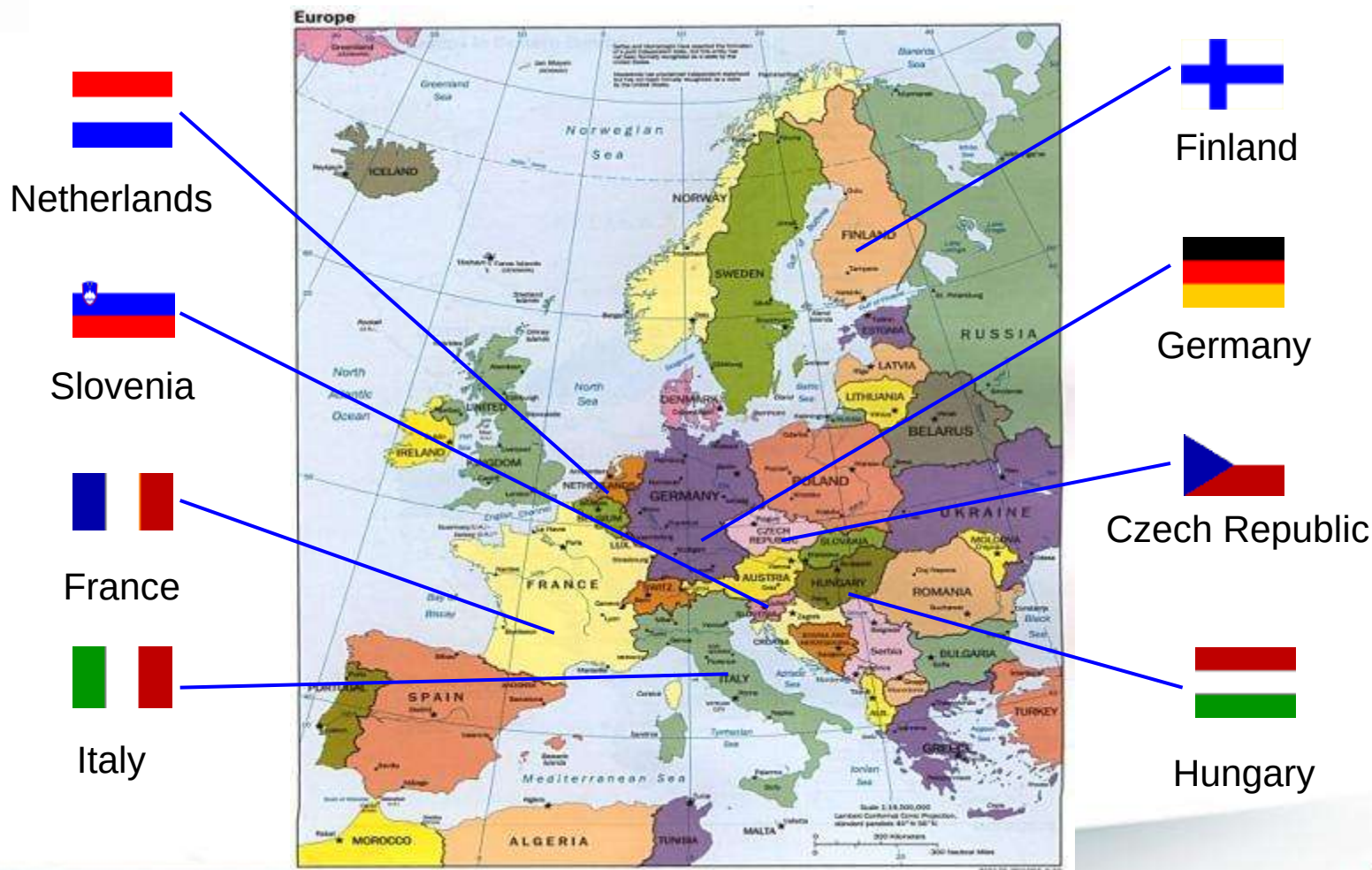
The Context (II)

- Substantial investment in sophisticated devices / procedures.
- Lack of implementation of simple prevention measures.





EUROASPIRE I, II and III

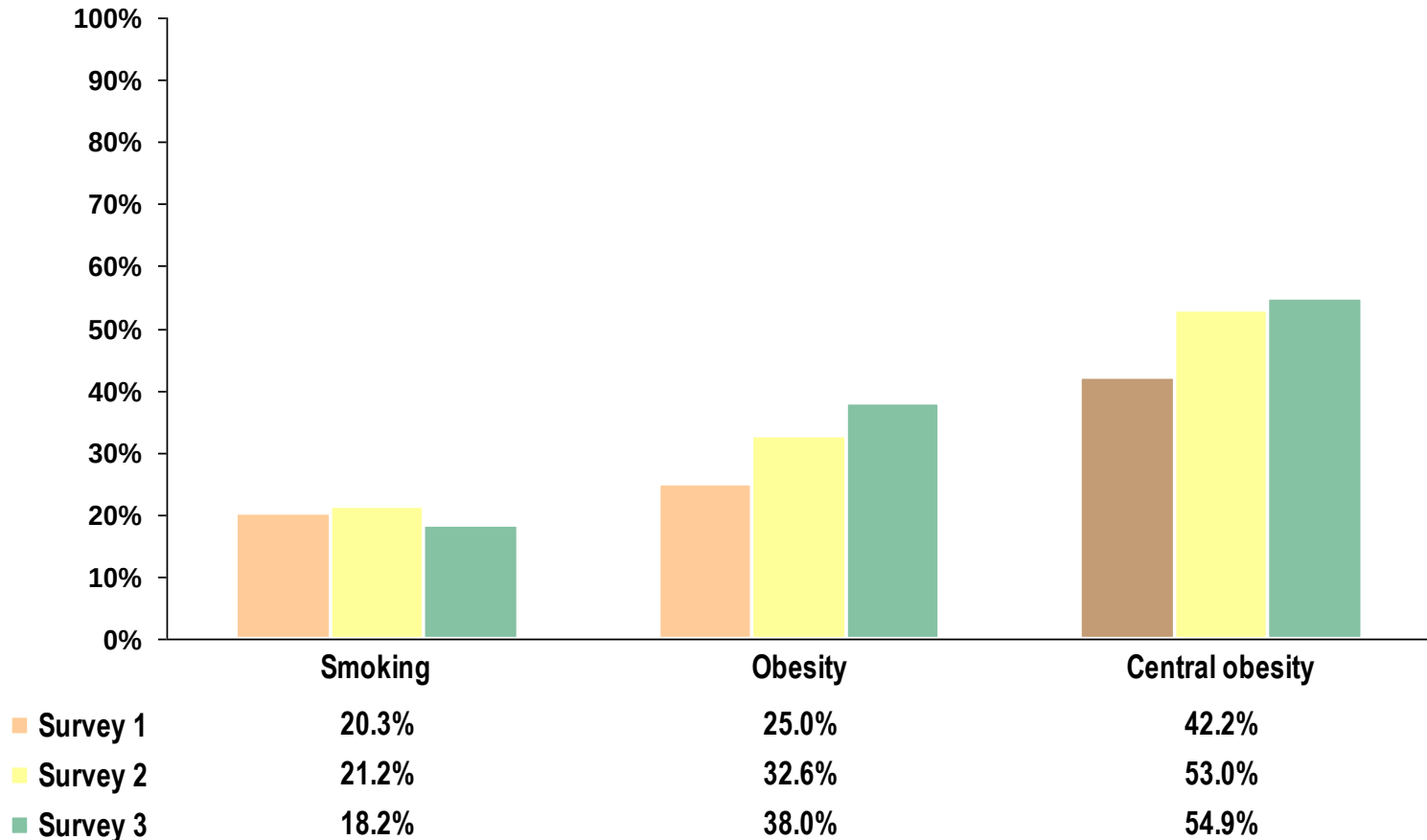


Prevalence of smoking, obesity* and central obesity**



*Body mass index $\geq 30 \text{ kg/m}^2$

**Waist circumference $\geq 88 \text{ cm}$ for women and $\geq 102 \text{ cm}$ for men

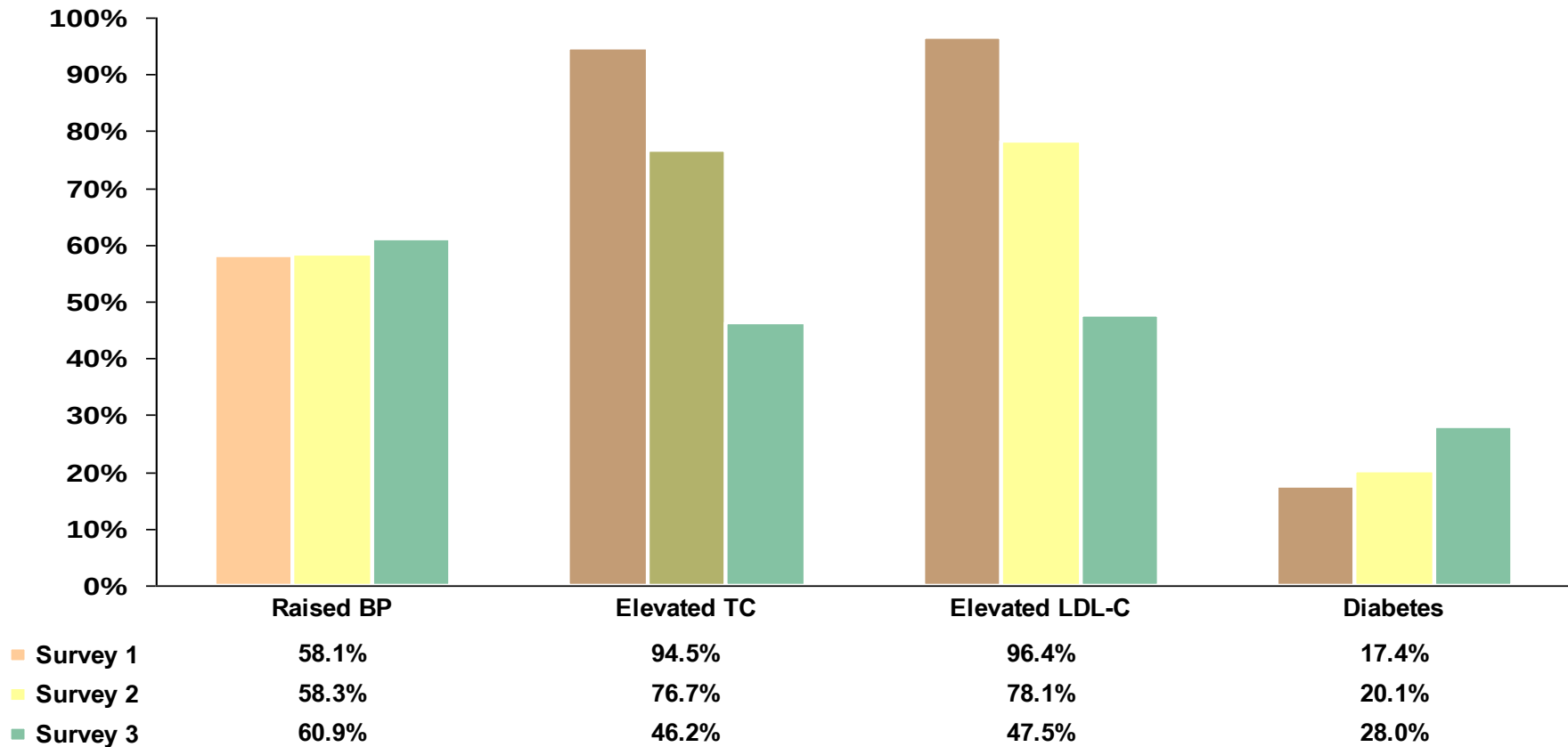


Prevalence of raised blood pressure*, elevated TC** and LDL-C***, and self-reported diabetes mellitus

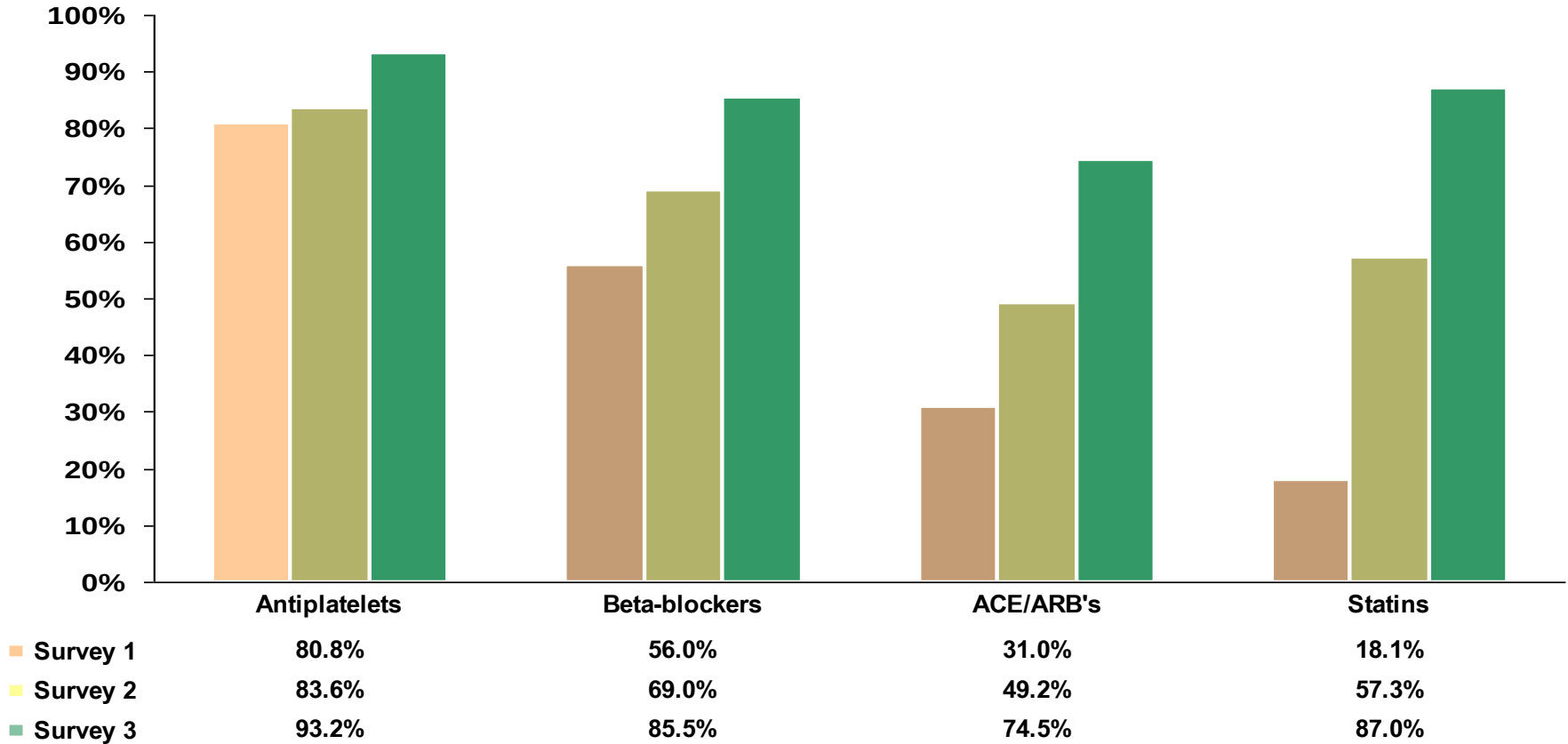


*SBP/DBP $\geq 140/90$ mmHg for non-diabetics or $\geq 130/80$ mmHg diabetics

** TC ≥ 4.5 mmol/l; *** LDL-C ≥ 4.5 mmol/l



Cardiovascular Protective Drug Therapies

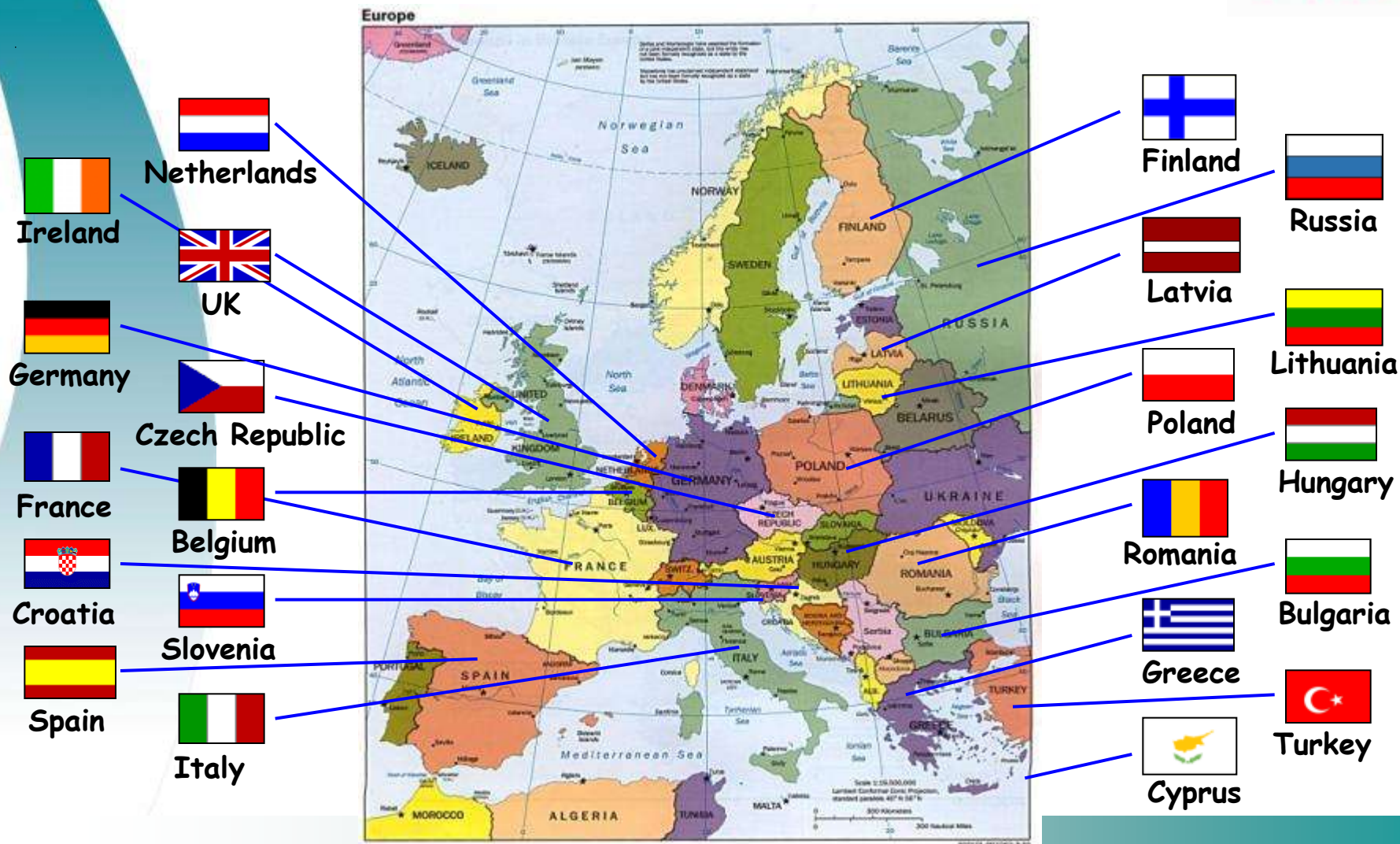




EUROASPIRE III Hospital

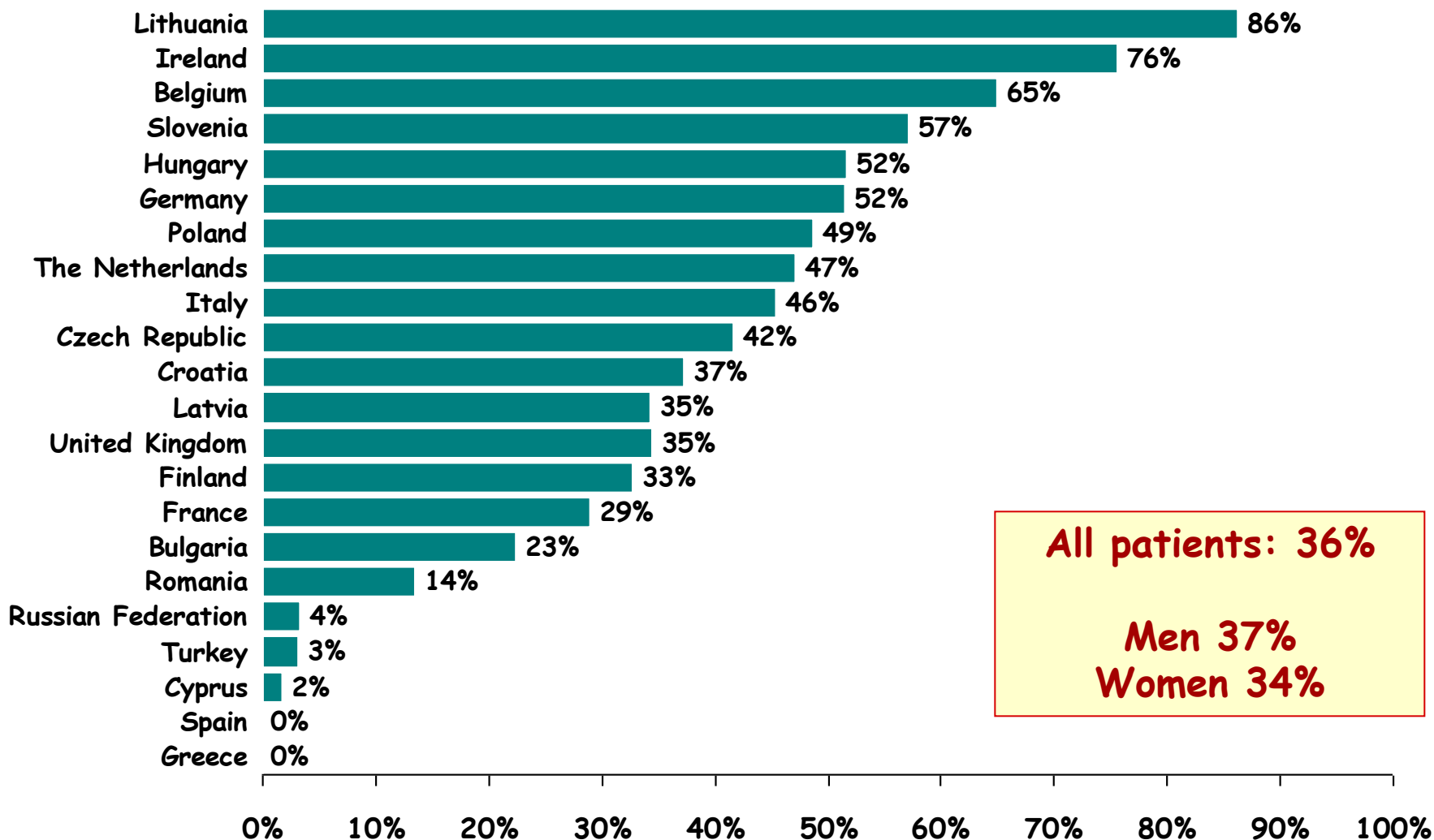


8966 coronary patients



K Kotseva, et al Lancet 2009; 373; 929-940

Attendance to a CPR programme among all patients* by country



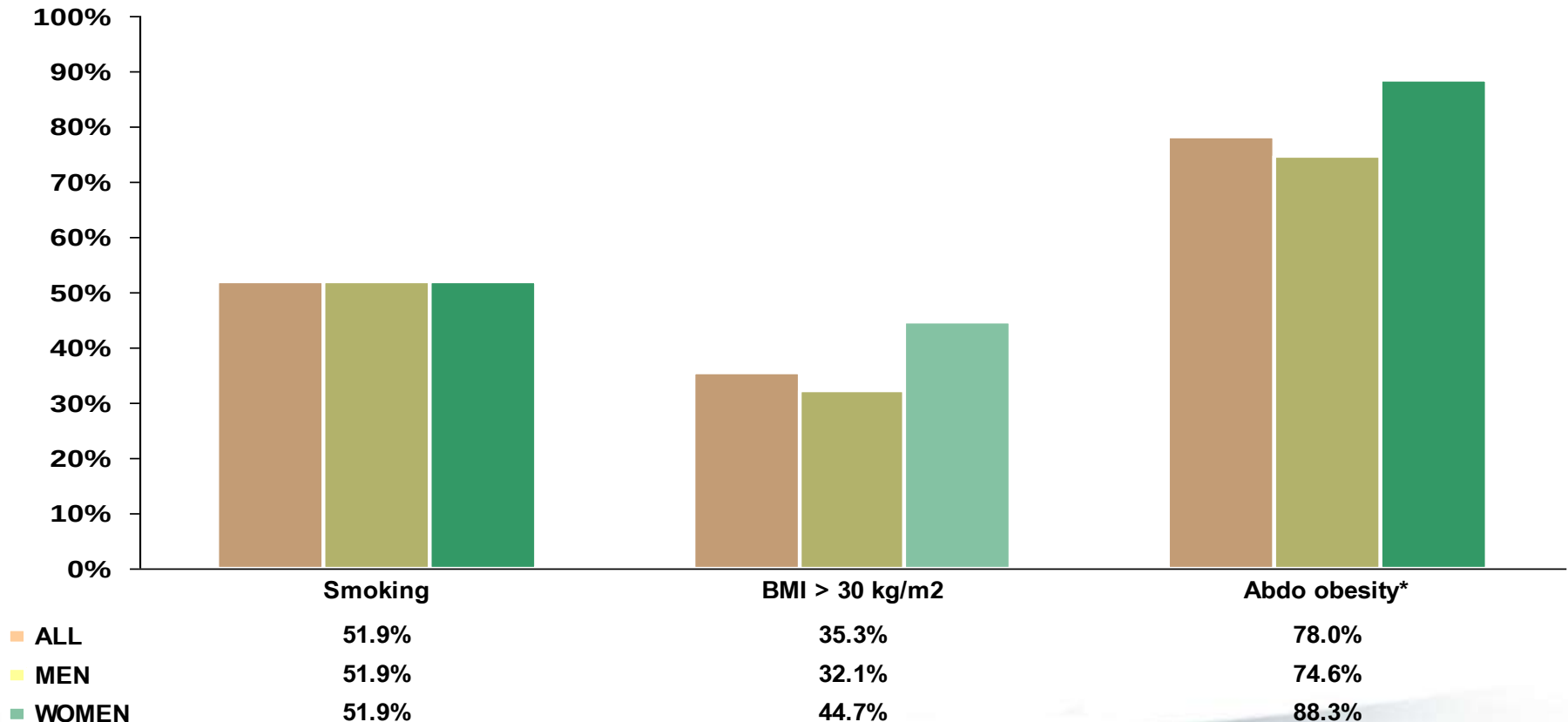
* Attending at least one session

CPR attendance rate if advised to follow = 81%



EUROASPIRE III Coronary patients

* WC > 94 cm (men); > 84 cm (women)



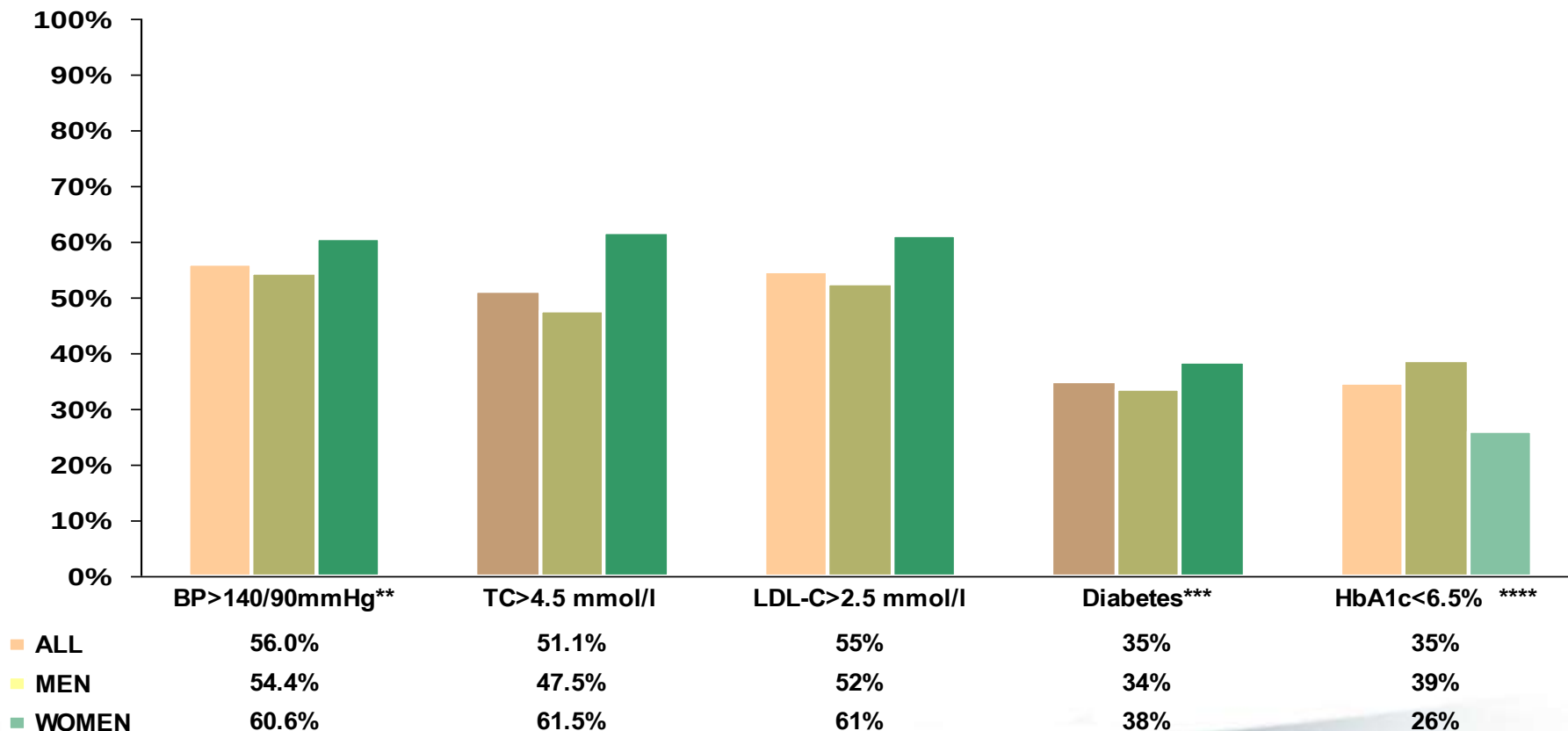
K Kotseva, et al EJCP&R 2009; 16:121-37



EUROASPIRE III Coronary patients

****SBP/DBP $\geq$ 140/90 mmHg for non-diabetics or $\geq$ 130/80 mmHg for diabetes**

******Self-reported and/or glucose $\geq$ 7.0 mmol/l; **** in patients with self reported diabetes**



K Kotseva, et al EJCP&R 2009; 16:121-37

EUROASPIRE III PRIMARY CARE

4366 high risk individuals



Germany



UK



Belgium



Slovenia



Spain



Italy



Finland



Latvia



Poland



Romania

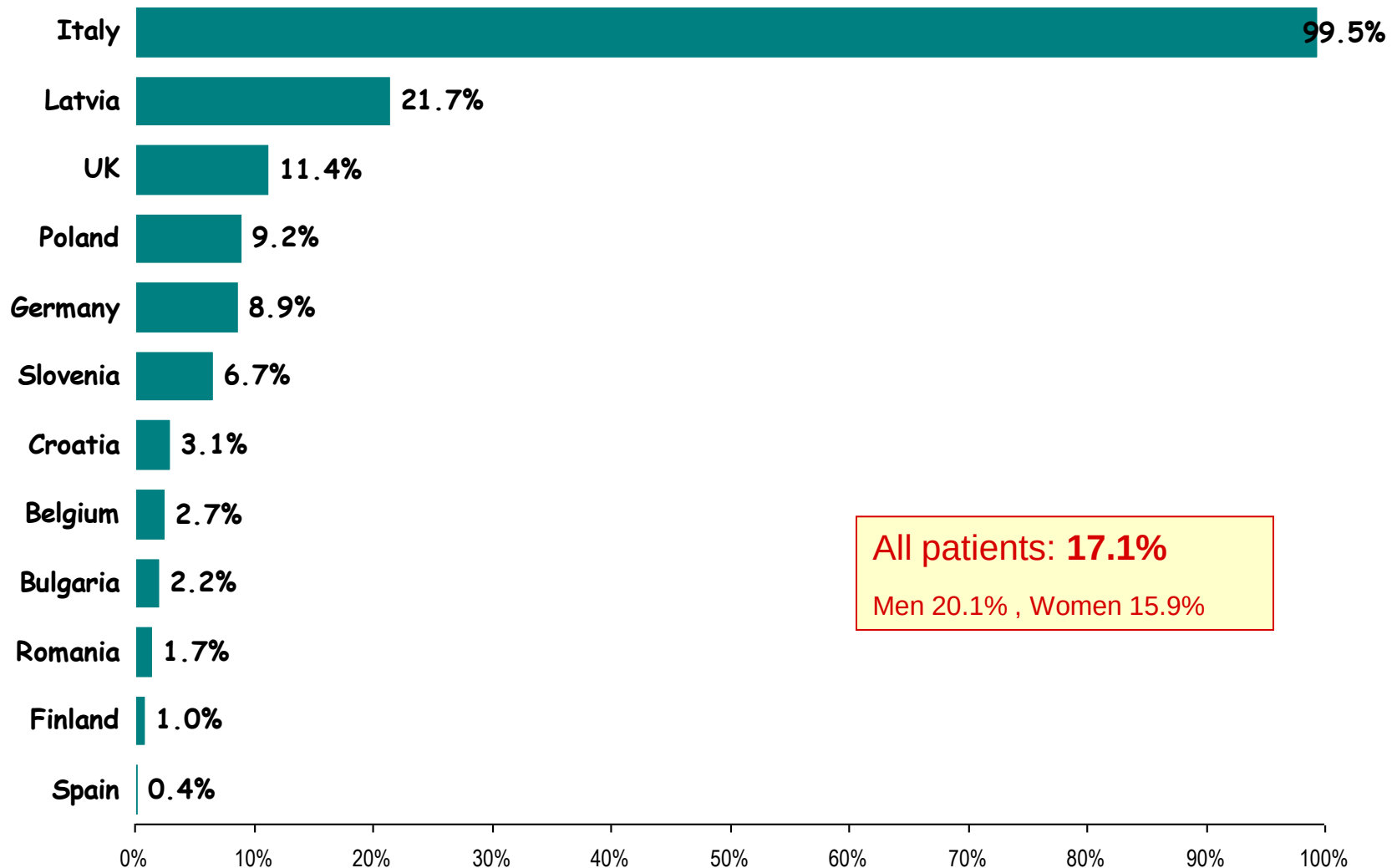


Croatia



Bulgaria

Advise to follow programme for lifestyle & risk factor management*

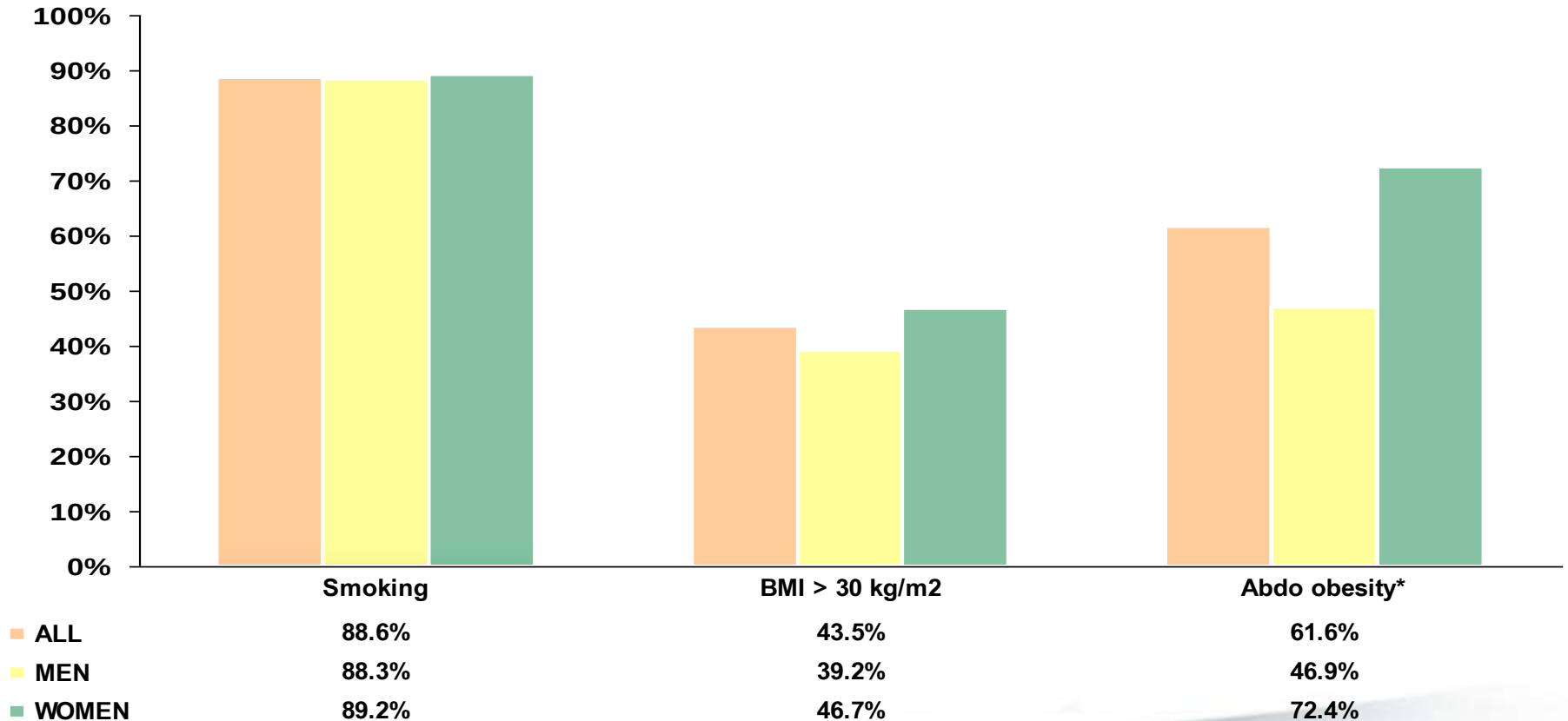


* Over the last 3 years



EUROASPIRE III PRIMARY CARE

* WC > 94 cm (men); > 84 cm (women)



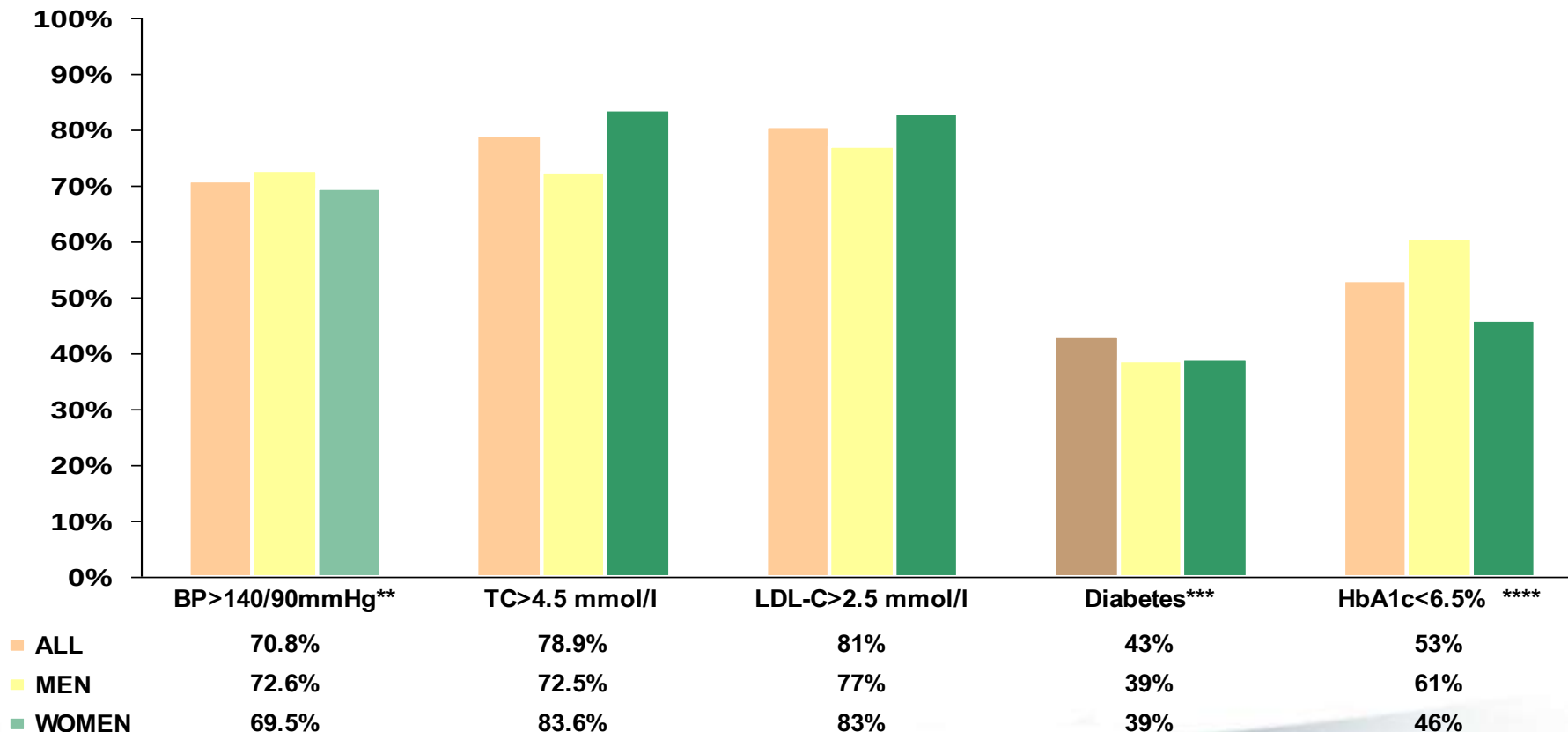
K Kotseva, et al EJCP&R 2010



EUROASPIRE III PRIMARY CARE

****SBP/DBP $\geq$ 140/90 mmHg for non-diabetics or $\geq$ 130/80 mmHg for diabetes**

******Self-reported and/or glucose $\geq$ 7.0 mmol/l; **** in patients with self reported diabetes**



K Kotseva, et al EJCP&R 2010

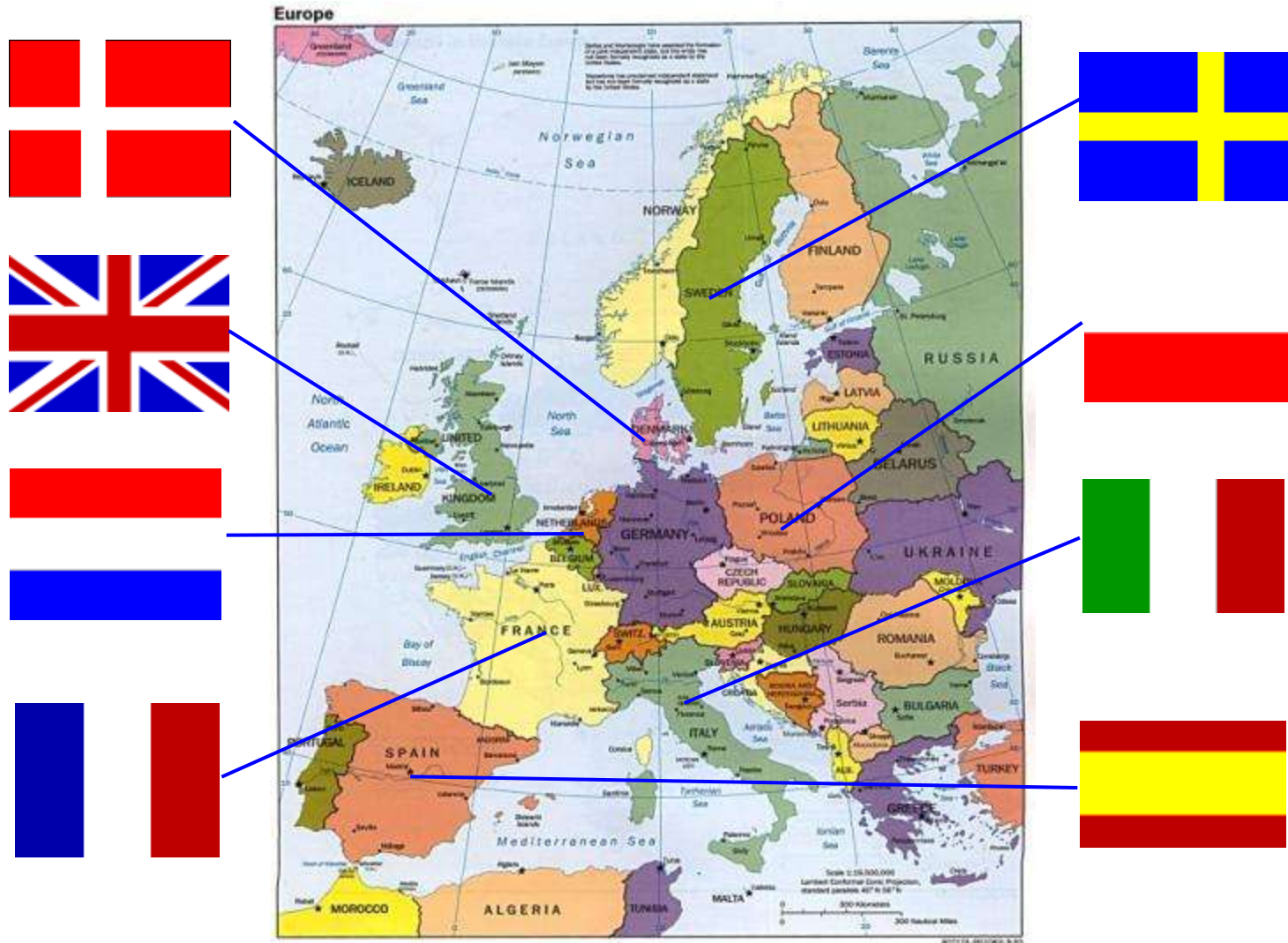
WHY IS IT SO ?

- **Different stakeholders with different perspectives :**
 - Hospitals (fee for service) vs social security systems.
 - Private vs Public systems.
- **Lack of awareness / interest for health economics.**
- **Lack of collaboration between professionals: GPs dietiticians, nurses, rehabilitation, cardiologists (... ..)**



EUROACTION

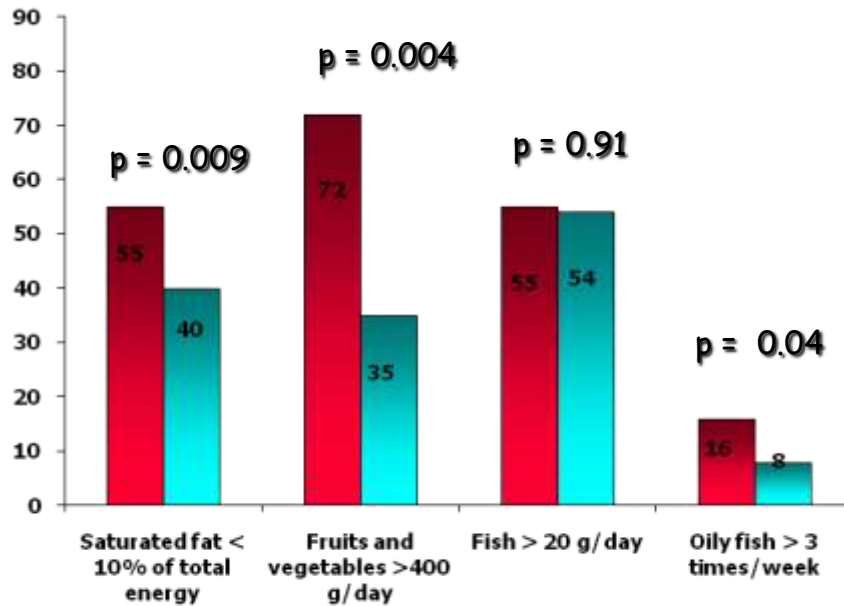
ESC demonstration project in preventive cardiology



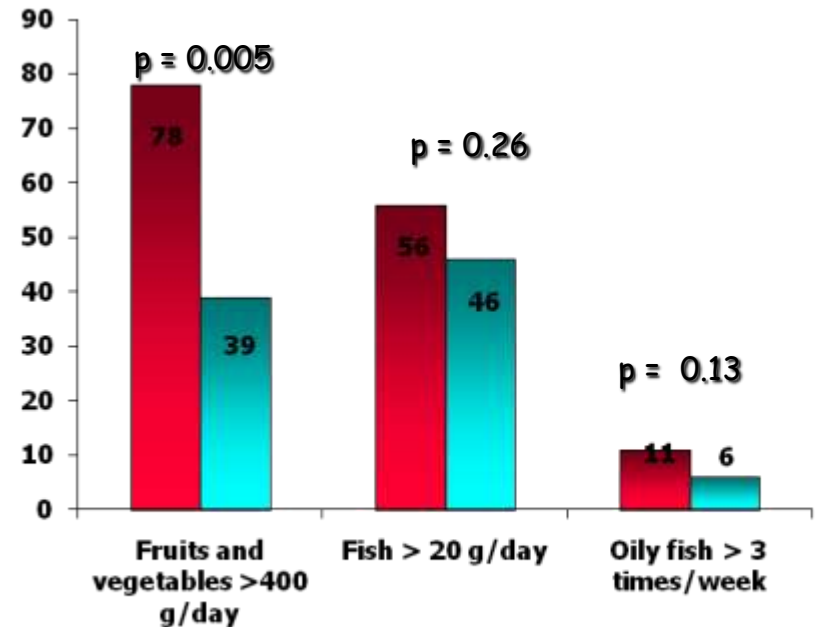
Wood D A, et al Lancet 2008; 371: 1999-2012

Proportions of patients achieving the European targets for a healthy diet

Hospital



General Practice

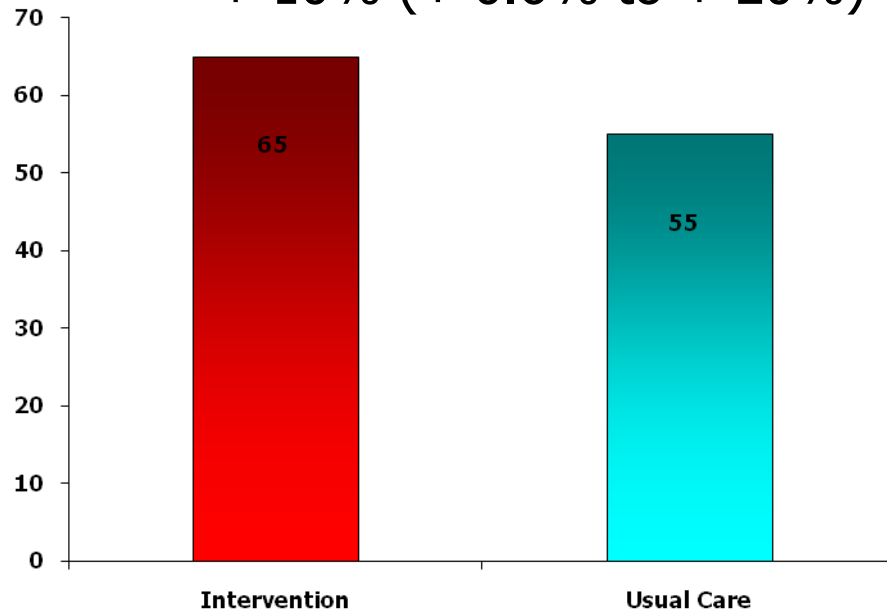


□ Intervention □ Usual Care

Proportion of patients achieving the European target for blood pressure

Hospital

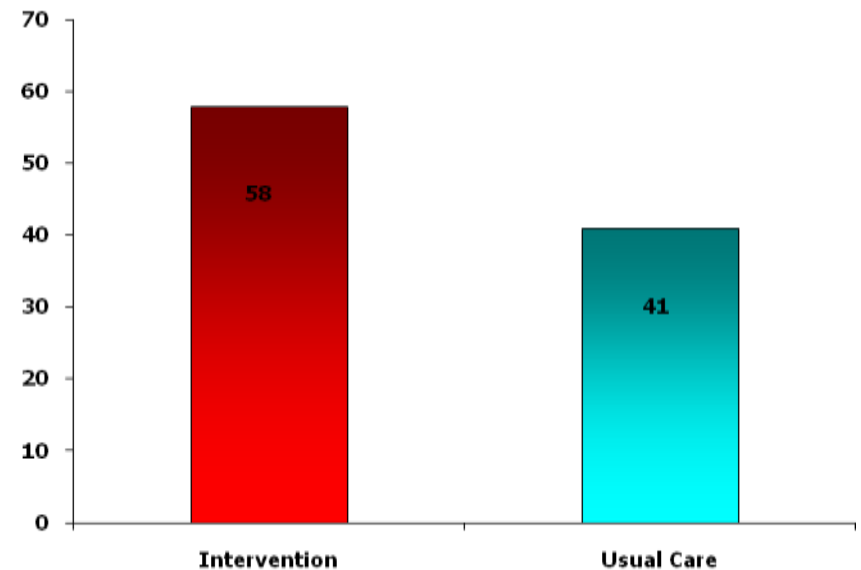
+ 10% (+ 0.6% to + 20%)



$P = 0.04$

General Practice

+ 17% (+ 2% to + 32%)



$p = 0.03$

□ Intervention □ Usual Care

Nurse-coordinated multidisciplinary, family-based cardiovascular disease prevention programme (EUROACTION) for patients with coronary heart disease and asymptomatic individuals at high risk of cardiovascular disease: a paired, cluster-randomised controlled trial

*D A Wood, K Kotseva, S Connolly, C Jennings, A Mead, J Jones, A Holden, D De Bacquer, T Collier, G De Backer, O Faergeman, on behalf of EUROACTION Study Group**

Summary

Background Our aim was to investigate whether a nurse-coordinated multidisciplinary, family-based preventive cardiology programme could improve standards of preventive care in routine clinical practice.

Methods In a matched, cluster-randomised, controlled trial in eight European countries, six pairs of hospitals and six pairs of general practices were assigned to an intervention programme (INT) or usual care (UC) for patients with coronary heart disease or those at high risk of developing cardiovascular disease. The primary endpoints—measured at 1 year—were family-based lifestyle change; management of blood pressure, lipids, and blood glucose to target concentrations; and prescription of cardioprotective drugs. Analysis was by intention to treat. The trial is registered as ISRCTN 71715857.

Lancet 2008; 371: 1999–2012

See [Comment](#) page 1973

*Members listed at end of paper

Department of Cardiovascular Medicine, National Heart and Lung Institute at Charing Cross Campus, Imperial College, London, UK (Prof D A Wood MSc, K Kotseva MD, S Connolly MD, C Jennings BA, A Mead BSc, J Jones MSc, A Holden MSc);

ARE THERE SOLUTIONS ?

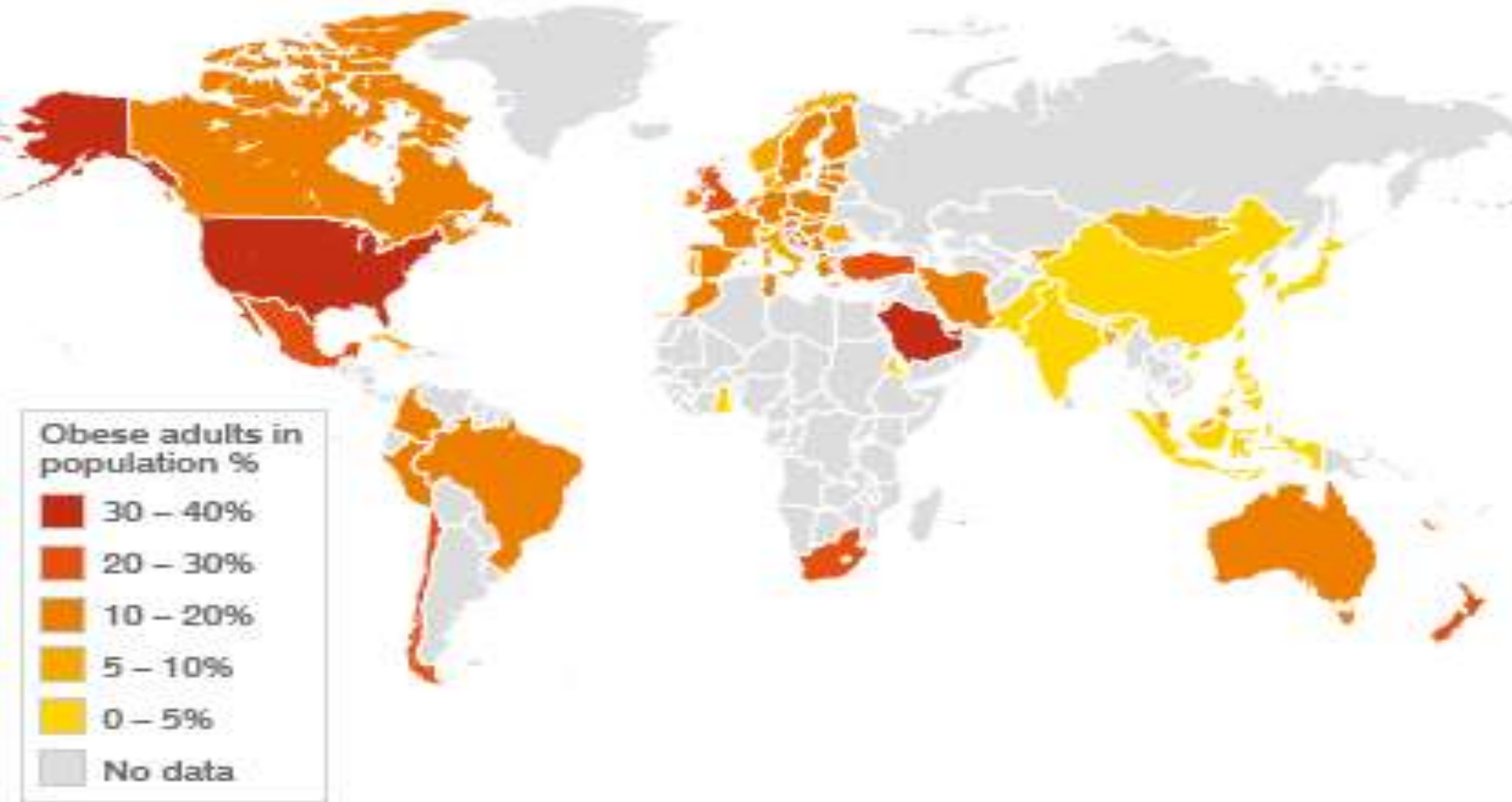
1. Invest in prevention.
2. Create alliances with sister societies for the management of chronic diseases.
3. Create alliances with other professionals :
 - GPs
 - Nurses

Declining medical demography.

4. Homogenise education in cardiology.

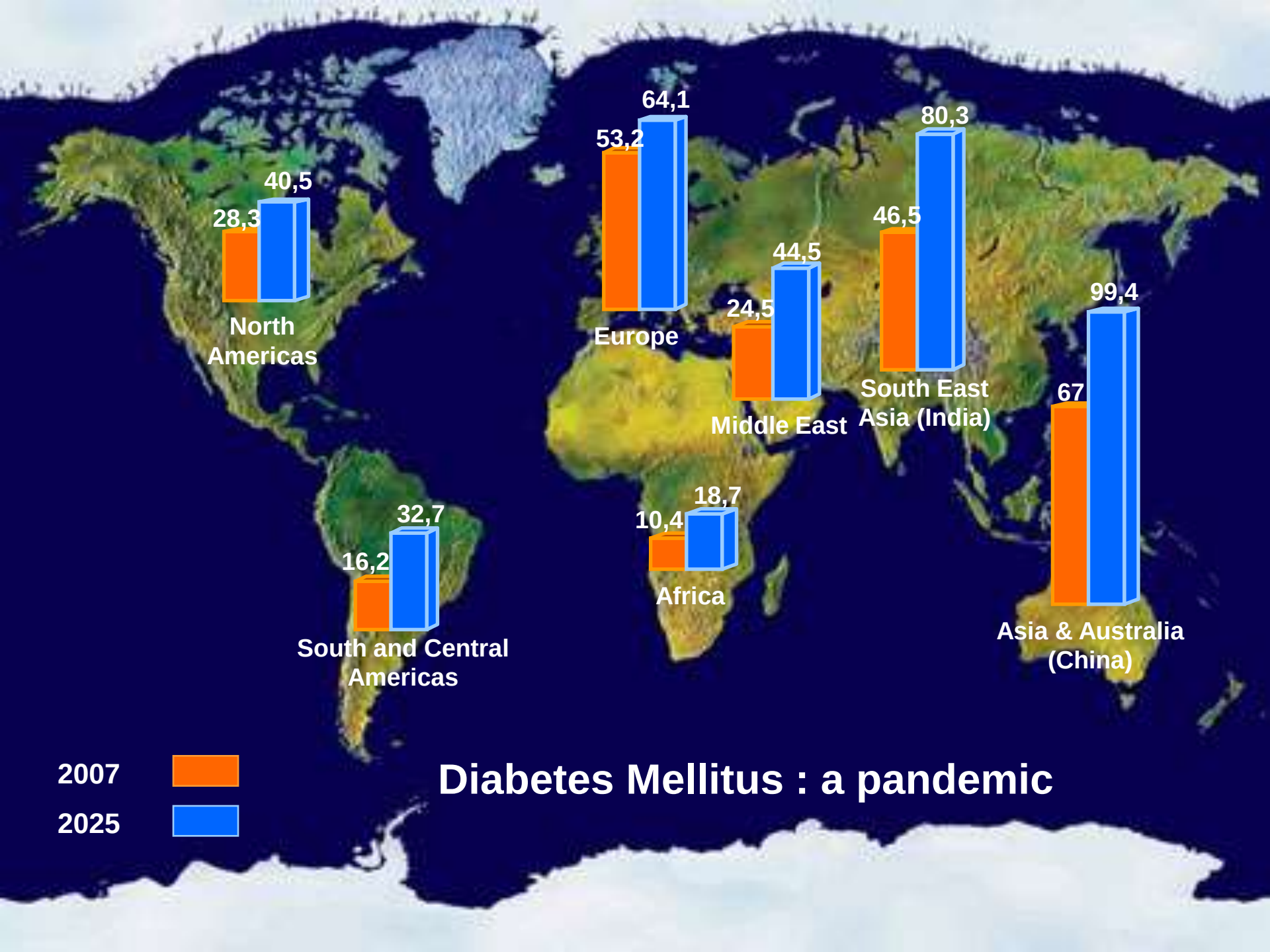
Obesity in the world

THE GLOBAL OBESITY PROBLEM



An obese adult is classified as having a Body Mass Index equal to or greater than 30

SOURCE: World Health Organization, 2005



ESC ROAD MAP 2010-2012

- **Priority to education.**
- **Develop research activities.**
- **Improve our visibility.**
- **Adapt to a changing environment.**

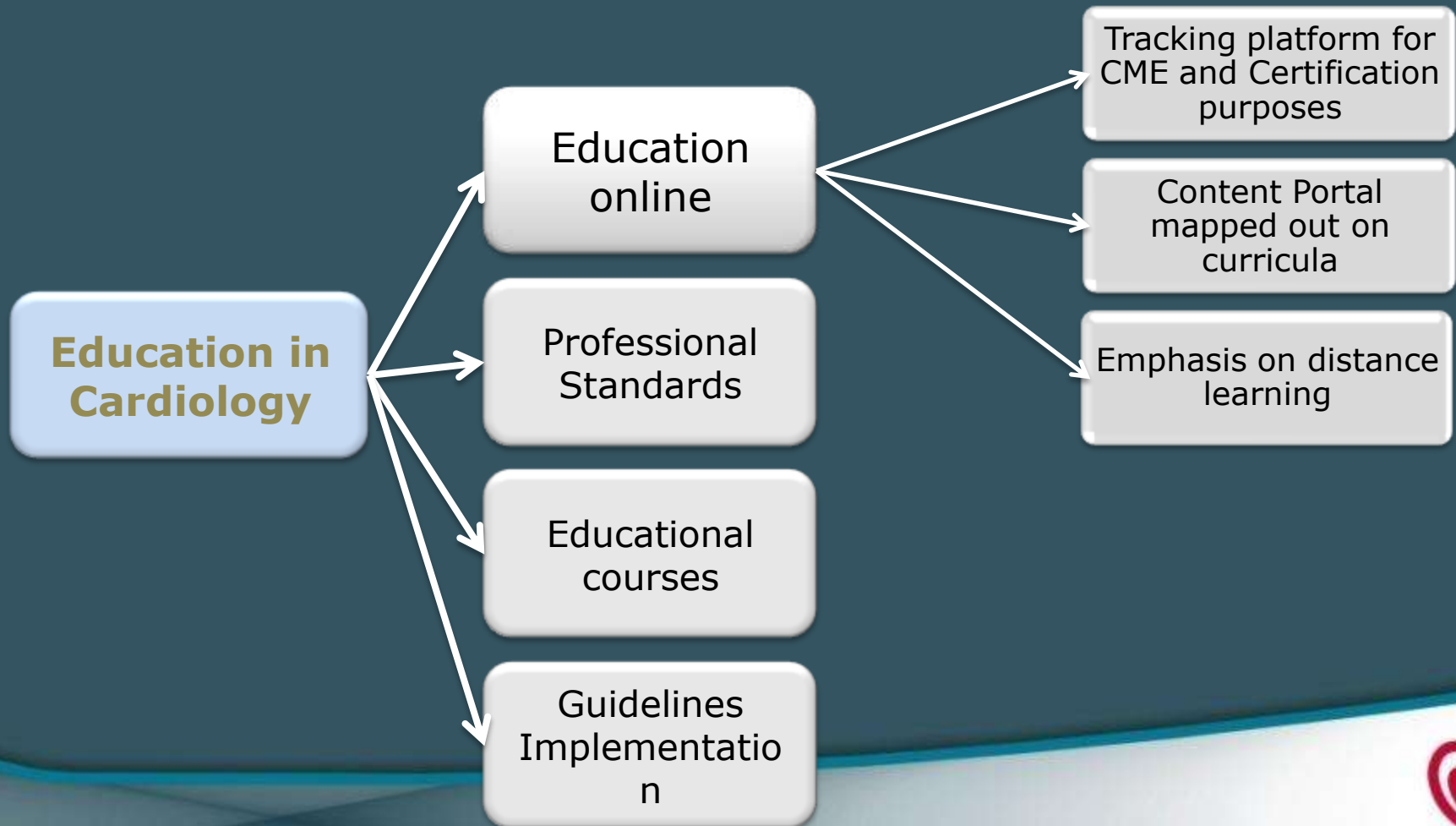


Priority to Education

- ❖ Remote distance courses webcasts / webinars.
- ❖ Workshops with National Societies.
- ❖ Homogenous validation procedures.

EDUCATION IN CARDIOLOGY

New initiatives



- New initiatives aimed at bring ESC scientific content closer to ESC Members
 - Distance learning developments
 - Local events
 - Guidelines implementation initiatives

SCHEDULE OVERVIEW Sept 2010 - Aug 2013

From Sept. 2010 to Aug. 2011

	TF
September 2010	
October 2010	
November 2010	
December 2010	
January 2011	Pregnancy
February 2011	
March 2011	PAD
April 2011	Dyslipidemias
May 2011	
June 2011	NSTE-ACS UNI Definition of MI
July 2011	
August 2011	

**TOTAL
GUIDELINES** 5

From Sept. 2011 to Aug. 2012

	TF
September 2011	
October 2011	
November 2011	
December 2011	VHD
January 2012	CVD Prevention
February 2012	
March 2012	HF
April 2012	
May 2012	
June 2012	AMI STEMI
July 2012	
August 2012	

**TOTAL
GUIDELINES** 4

From Sept. 2012 to Aug. 2013

	TF
September 2012	
October 2012	
November 2012	
December 2012	Diabetes
January 2013	
February 2013	Arterial Hypertension
March 2013	
April 2013	Stable Arterial Disease
May 2013	Cardiac Pacing
June 2013	
July 2013	
August 2013	

**TOTAL
GUIDELINES** 4

Develop Research Activities

- ❖ ESC Research Foundation.
- ❖ Euro Observation Research Project.
- ❖ Research Grants.

EORP Provisional Programme

2009	2010	2011	2012
Heart Failure	Heart Failure	Heart Failure	Heart Failure
Pregnancy in Cardiac Diseases	Pregnancy in Cardiac Diseases	Pregnancy in Cardiac Diseases	-
	Atrial Fib. Ablation	Atrial Fib. Ablation	Atrial Fib. Ablation
	Percutaneous Valve	Percutaneous Valve	Percutaneous Valve
	Angina/IHD	Angina/IHD	Angina/IHD
		ACS?	ACS
		Cardiomyopathies	Cardiomyopathies

Improve our visibility

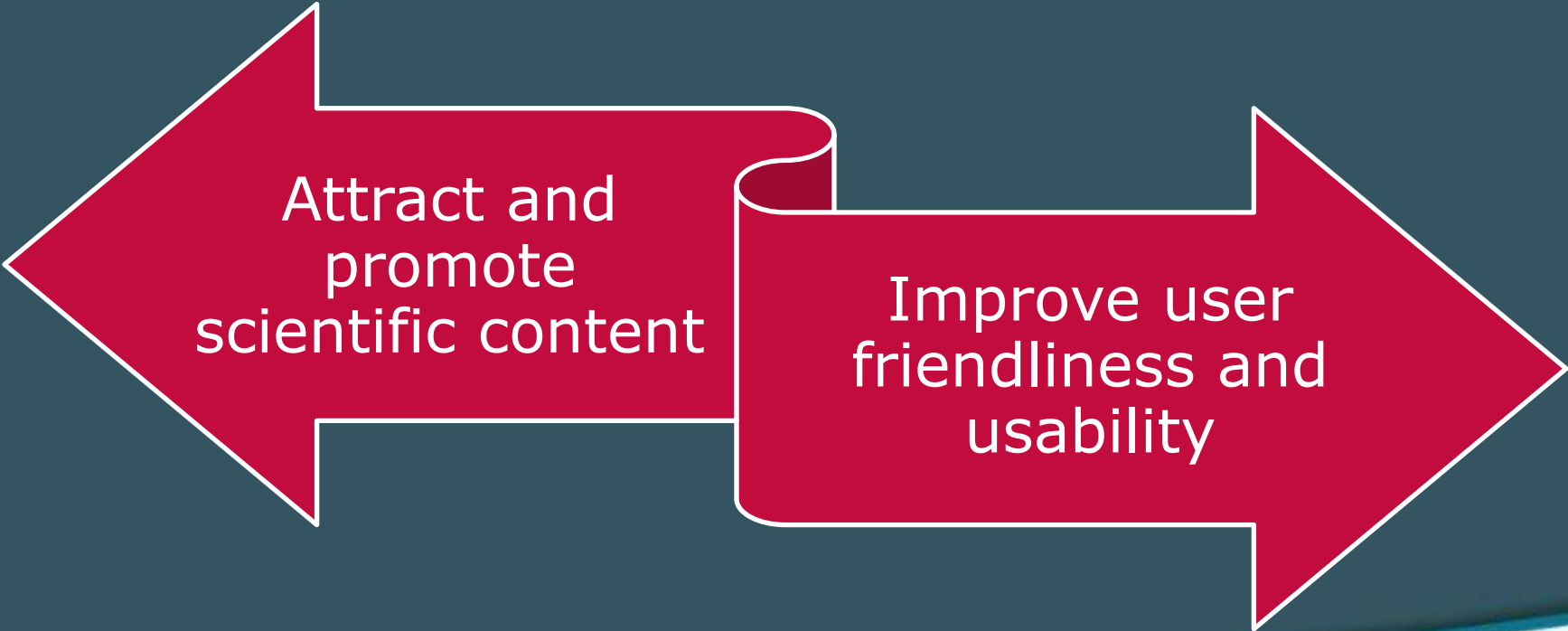
- ❖ Web site
- ❖ Press / Media
- ❖ EU Lobbying

ESC E-communication

ESC web site traffic in 2010

- Unique visitors: ~ 100,000 per month (*90,000 in 2009*)
- Visits: ~150,000 per month
- Page views: ~ 1 million per month
- Total visits: 2,005,691
- Page views: 11,815,673
- ~ 7,000 web pages

ESC Web Site priorities 2011



Attract and
promote
scientific content

Improve user
friendliness and
usability

Projects 2011-2012

- **Search Engine and journal content**
- News and targeted audiences: **cardiologists of tomorrow**
- **ESC Congress goes « Mobile »**
- Support Education activities, « Global scientific Initiatives »
- **More visibility for National Societies**
- Working Group content and congresses promotion
- Networking tool
- Association projects: EAE 3D Echo Box update, ...

Alliance for Biomedical Research in Europe





**EUROPEAN
SOCIETY OF
CARDIOLOGY®**

ESC Global Scientific Activities

www.escardio.org



**EUROPEAN
SOCIETY OF
CARDIOLOGY®**

Develop our International Influence

Global Scientific Activities



. China



. Brazil



. Saudi Arabia



. Mexico



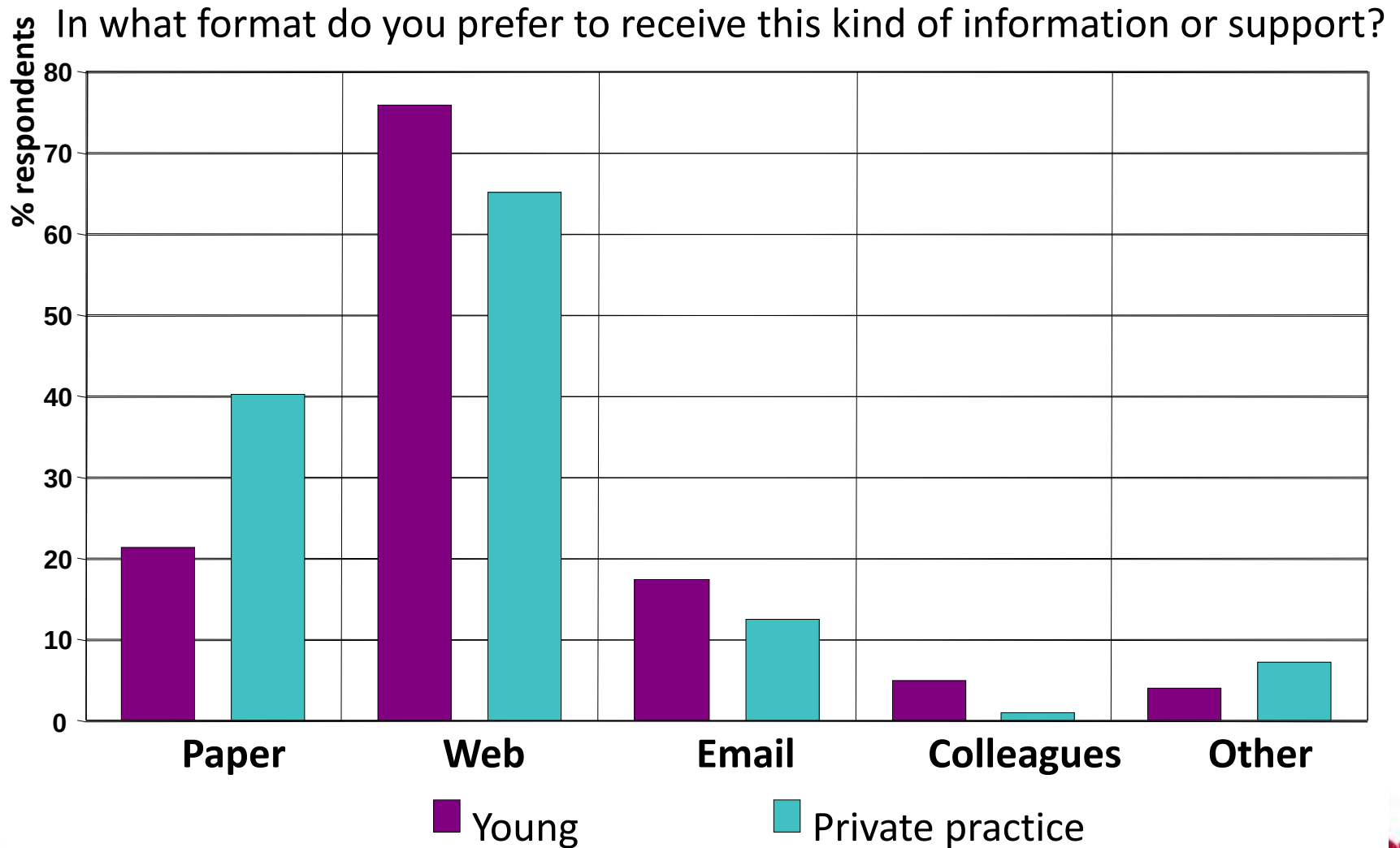
. Asia Pacific (Malaysia)



Anticipate a changing environment

- Change in industry support. Towards « global packages » of scientific services and unrestricted grants: a Society of members vs clients.
- Relationship between ESC and Industry.

Guideline Format Preference



LOOK TOWARDS THE FUTURE

- **Attract the young « All Electronic » generation**

⇒ Web / distance learning activities.

- **Create alliances between all professionals**



**We are the voice of cardiac
patients in ESC Countries.**

