Health challenges facing Europe: time to act

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Why action is needed now?

• Chronic Non-Communicable Diseases account for 86% of deaths in the EU

• CNCD are treatable but rarely curable – and they are costly
  – Treatment
  – Carer
  – Lost productivity

• CNCD threatens the Europe 2020 targets
Female deaths by cause in Europe

- CHD: 21%
- Stroke: 18%
- Other CVD: 15%
- Respiratory disease: 6%
- Injuries and poisoning: 5%
- Other causes: 17%
- Breast cancer: 3%
- Lung cancer: 2%
- Colo-rectal cancer: 2%
- Stomach cancer: 2%
- Other cancer: 9%
Female deaths under 65 years by cause in Europe

- CHD: 12%
- Stroke: 10%
- Other CVD: 8%
- Other cancers: 14%
- Breast cancer: 7%
- Lung cancer: 2%
- Colo-rectal cancer: 3%
- Stomach cancer: 2%
- Injuries and poisoning: 14%
- Other causes: 21%
- Respiratory disease: 6%
Age standardised CHD death rates
Women 35 – 74 years in Europe
Age standardised CHD death rates
Women 35 – 74 years between 1968-97
CHD death rate per 100,000 in men < 65 years

Disability adjusted life years lost by cause

- Neuropsychiatric disorders: 25%
- Injuries: 12%
- All other causes: 29%
- Cancer: 15%
- Other CVD: 5%
- Stroke: 5%
- CHD: 9%
CABG operation rates per million: crude and adjusted for CHD rates
Only 3% of Healthcare spending is targeted at prevention
IMPACT: CHD mortality fall Poland

Risk Factors worse +7%
- Obesity (increase) +4.5%
- Diabetes (increase) +2.5%

Risk Factors better -66%
- Cholesterol (diet) -39%
- Smoking -11%
- Physical activity -10%
- Population BP fall 0%
  (↑Men ↓Women)

Treatments -38%
- AMI treatments -5%
- Unstable angina -4%
- Secondary prevention -7%
- Heart failure -12%
- Angina: CABG surgery -2%
- Angina ASA -1%
- Hypertension therapies -2%
- Statins (Primary prevention) -3%

Unexplained -10%

26,200 fewer deaths in 2005 →
IMPACT: CHD mortality fall Italy

Risk Factors worse
- Obesity (increase) + 2%  
- Diabetes (increase) + 2.5%

Risk Factors better
- Cholesterol - 25 %  
- Smoking - 9%  
- Population BP fall - 4%  
- Physical activity (incr.) - 6%

Treatments
- Angina -12%  
- CABG & PTCA - 2%  
- Angina: Aspirin etc - 1%  
- Hypertension therapies - 1%  
- Statins 1° prevention - 2%

42,927 fewer deaths
EUROASPIRE III

Participating countries

Ireland

Germany

Czech Republic

France

Croatia

Spain

Italy

Netherlands

UK

Finland

Russia

Latvia

Lithuania

Poland

Hungary

Bulgaria

Greece

Cyprus

Turkey
Prevalence of smoking, obesity* and central obesity**

*Body mass index ≥ 30 kg/m²
**Waist circumference ≥ 88 cm for women and ≥ 102 cm for men
Trends in prevalence of smoking in EUROASPIRE I, II and III surveys

- **Men**
  - EUROASPIRE I
  - EUROASPIRE II
  - EUROASPIRE III

- **Women**
  - EUROASPIRE I
  - EUROASPIRE II
  - EUROASPIRE III

Prevalence (%) vs Age (years)
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 $\geq 4.5$ mmol/l; *** LDL-C $\geq 2.5$ mmol/l

Survey 1 58.1% 94.5% 96.4% 17.4%
Survey 2 58.3% 76.7% 78.1% 20.1%
Survey 3 60.9% 46.2% 47.5% 28.0%
Cardiovascular Protective Drug Therapies

- **Antiplatelets**: 80.8% (Survey 1), 83.6% (Survey 2), 93.2% (Survey 3)
- **Beta-blockers**: 56.0% (Survey 1), 69.0% (Survey 2), 85.5% (Survey 3)
- **ACE/ARB’s**: 31.0% (Survey 1), 49.2% (Survey 2), 74.5% (Survey 3)
- **Statins**: 18.1% (Survey 1), 57.3% (Survey 2), 87.0% (Survey 3)
Cost of cardiovascular diseases in the European Union

• Cardiovascular diseases cost the economies of the EU approximately €192 billion/year (2006)

• Of the total cost:
  — €110bn (57%) was spent on healthcare
  — €42bn (22%) in informal care costs
  — €27bn (14%) due to early mortality and
  — €14bn (7%) due to absence from work
Actions required

• Primordial prevention: populations
• Primary prevention: high risk individuals
• Early detection of asymptomatic disease
• Symptomatic disease: effective and cost effective delivery of evidence based treatments
• Secondary prevention and rehabilitation