



Bringing prevention to the population: an important role for cardiologists in policy-making

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Introduction

The European cardiology community has long been involved in the prevention of the disease it was trained to cure and treat. This commitment is actually engraved in the mission statement of the European Society of Cardiology (ESC): 'to reduce the burden of cardiovascular disease in Europe'. The ESC reflected this commitment to cardiovascular disease prevention with the creation of dedicated committees, such as the working group on Epidemiology and Prevention and the working group on Cardiac Rehabilitation and Exercise Pathology. In 2004, these merged to form the European Association of Cardiovascular Prevention and Rehabilitation (EACPR), an affiliated association of the ESC. However, cardiology practice with individual patients is very different from mass strategies. Cardiologists therefore soon sought the support of policies to help implement prevention plans at the population level. In 2004, the then President of the ESC, Professor Michal Tendera stated that 'Cardiologists alone cannot handle the problem of cardiovascular disease'; this declaration is even truer for preventing the disease.

The European Society of Cardiology engaged in influencing European policies in 2002, with the creation of a dedicated Committee for EU Relations. They became familiar with EU policies and learned to adapt to EU jargon. 'Prevention' strategies had to evolve into 'Heart health promotion strategies'. The horizontal approach adopted by the European Commission in the field of public health prompted the ESC to address risk factors and upstream health determinants.

What it takes to be a good heart doctor is not necessarily what it takes to be a good spin doctor. However, cardiologists adapted swiftly in providing accurate expertise and alarming statistics on the huge burden and inequity of the disease across the EU and including also Europe in a wider perspective.

The ESC has then successfully engaged, along with Brussels-based heart health promotion NGO, the European Heart

Network (EHN) on the EU policy arena creating a European Heart Health Charter. This was already within short time period of 2 years translated into 26 languages and officially adopted by a majority of EU member nations and several other European countries.¹

More recently, the cardiologists perceived the prospect, from policy-makers, that combining efforts with other diseases could make our voice stronger and more influential.

The initial strategy to combat heart diseases across Europe, competing for attention with other no less alarming health threats, thus had to evolve into a campaign to address a group of diseases, based on their common pathways. This had to be done on a voluntary basis, without common budget or common strategy. In addition, we had to overcome the major political challenge of bringing together science from different horizons to convey a single message benefiting all of the pathologies represented in the group.

A European chronic disease alliance is born

In June 2009, the European Society of Cardiology therefore invited 10 medical organizations representing diabetes, respiratory diseases, and cancer to reflect on common health determinants, identify areas where there was sufficient evidence to support policy recommendations and discuss a possible long-term cooperation.

Four risk factors were identified as presenting enough commonalities to justify joint action: tobacco, nutrition, alcohol, and physical inactivity. The European Chronic Disease Alliance currently comprises 10 not-for-profit European organizations (see [Box 1](#)) representing over 100 000 health professionals. Several other organizations have recently applied to join.

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Box 1 The European Chronic Disease Alliance members

- European Association for the Study of the Liver (EASL)
- European CanCer Organisation (ECCO)
- European Heart Network (EHN)
- European Kidney Health Alliance (EKHA)
- European Respiratory Society (ERS)
- European Society of Cardiology (ESC)
- European Society of Hypertension (ESH)
- European Society for Medical Oncology (ESMO)
- Federation of European Nurses in Diabetes (FEND)
- International Diabetes Federation – European Region (IDF Europe)

The Alliance thus addresses all the major non-communicable chronic diseases, including heart disease, stroke, hypertension, diabetes, kidney diseases, cancer, and respiratory and liver diseases. Taken together, chronic diseases together account for >86% of deaths in Europe.²

This newly created and informal alliance then nominated a writing group. Their task was to review existing evidence on the four common identified risk factors and propose policy recommendations, to be implemented at EU level and also at the national level. The overall objective was to delineate a comprehensive strategy for preservation of health by avoiding chronic diseases with shared risk factors. In this context, it should be noted that the recommendations advocated in the document does not deal with detection and treatment of people at high risk of falling ill or

Box 2 Policy recommendations of the European Chronic Disease Alliance

TOBACCO	NUTRITION	PHYSICAL ACTIVITY	ALCOHOL
THE CHRONIC DISEASE ALLIANCE RECOMMENDS:			
At EU level	At EU level	At EU level	At EU level
<ul style="list-style-type: none"> • Harmonise taxation across EU • Standardize packaging with all branding removed • Ban Internet sales • All regulatory, scientific and advisory capacity should be independent • Complete disclosure of tobacco components 	<ul style="list-style-type: none"> • EC to set a firm agenda in product reformulation: fat, sugar and salt • EU ban on trans fats • Mandatory food labelling with traffic light coding • Integrated Food and Agriculture policy • Prohibit all marketing of unhealthy food to children 	<ul style="list-style-type: none"> • Intensify collection, analysis & dissemination of information on effectiveness of interventions • Monitor EU citizen's participation in physical activity through regular survey 	<ul style="list-style-type: none"> • Ban alcohol advertising, promotion & sponsorship of events via media or sports • Uniform EU tax rates for all alcoholic beverages • Restriction of advertising for alcohol products • Reinforce awareness
At national level	At national level	At national level	At national level
<ul style="list-style-type: none"> • Fully implement the Framework Convention for Tobacco Control (FCTC) • Ban tobacco advertising • Comprehensive ban on smoking in all public & workplaces • Increase tobacco tax above inflation • Ban cigarette machines 	<ul style="list-style-type: none"> • Control provision & sale of fatty snacks, confectionary and sweet drinks in public institutions, such as schools and hospitals • Introduce subsidies on healthy foods to improve patterns of food consumption 	<ul style="list-style-type: none"> • Set standards to prioritise non-motorised transport & recreational areas encouraging physical activity • Encourage in-school & after school sport • Monitor child & adolescent growth 	<ul style="list-style-type: none"> • Reduce the availability of alcohol by reducing the number of outlets • Develop help & care against alcohol dependence • Train staff in primary care to recognize signs of alcohol-use disorders • Reduce legal alcohol concentration in the blood to 0.2 g/L for all vehicle drivers

already ill. The focus is on societal measures that would decrease the number of people who develop a risk factor pattern that subsequently may cause a variety of chronic diseases. Detection and managing people at risk remain a business for the involved professionals behind the participating organizations as further outlined in already existing guidelines and recommendations.

The four common health determinants

Tobacco

Scientific evidence leaves no room for discussion on the terrible health effects of smoking and passive smoking. Smoking causes most chronic non-communicable diseases, including common cancers, cardiovascular diseases, obstructive pulmonary diseases, and diabetes.

Preventing young people from starting to smoke must be a priority, because individuals who have not taken up smoking by 20 years of age are unlikely to do so at a later stage in life.

Furthermore, there is also strong evidence that stopping smoking before middle age significantly reduces the risks of developing cardiovascular disease. Much has been done in Europe to promote smoke-free environments and encourage smokers to quit. Smoking is the only risk factor that can claim a dedicated binding international treaty, the Framework Convention on Tobacco Control (FCTC), now ratified by 172 countries. Measures proposed by the Convention are cost-saving and have an immediate positive impact on the public: smoking bans in the workplace implemented in several European countries resulted in a 17% decrease in heart attacks.³

Yet, tobacco is still widely available across Europe and statistics show that although smoking is decreasing in men, women are increasingly consuming tobacco in many EU countries.

The European Chronic Disease Alliance therefore proposes a series of strong recommendations, targeted at EU policy makers and to Member States, to help reduce tobacco use (see [Box 2](#)).

Nutrition

Equally strong evidence exists on nutrition and health. A poor diet powerfully increases subsequent chronic diseases. However, the approach is made more delicate by the simple fact that nutrition is a vital need and cannot be clearly identified as a toxic behaviour like tobacco consumption.

The list of diseases resulting from unhealthy diets includes cardiovascular diseases, hypertension, obesity, type 2 diabetes, emphysema, respiratory infections, and many common cancers.

As with tobacco, the adoption of a balanced diet is enough to significantly and rapidly reduce the health threat. As an example, increasing the daily intake of fruit and vegetables to 600 g could prevent over 135 000 deaths from cardiovascular diseases each year in the European Union.⁴

Healthy diets recommendations are straight forward but immediately face opposition from vested interests. The processed food industry lobbies for unfettered marketing of unhealthy food and zero regulation of food composition. Health policies overlap

agriculture, taxation, freedom of circulation for goods, and go far beyond the mere interest of public health.

The current policy for salt and saturated fat reduction is self-regulation. However, voluntary self-regulation has failed to demonstrate any significant progress. This failure echoes previous experience in other areas such as tobacco and alcohol control.

Effective, evidence-based interventions favoured by the European Chronic Disease Alliance are population-wide actions: legislation, regulation, taxation, and subsidies. These are consistently cost saving. They also reduce health inequalities by addressing the whole population, regardless of social, economic, and physical environments.

The recommendations contained in the policy paper published by the European Chronic Disease Alliance address the large spectrum of stakeholders. Proposals include integrating the EU food and agriculture policies and banning marketing of unhealthy food to children.

Alcohol

Alcohol is a common risk factor for most of the disease represented in the European Chronic Disease Alliance. However, the liver is the primary organ damaged by excessive alcohol consumption. Collateral damage is extensive. Alcohol excess damages the individual, the family, and the community. However, alcohol control programmes can be very effective.

As for tobacco, taxation is a key element in alcohol marketing across Member States, a policy area where public health arguments are rarely heard in the debates.

Much remains to be done in the fields of advertising, labelling, and education, in particular towards children, areas where the European Union has a real role to play.

Physical activity

The sedentary way of life is one of the characteristics of developed countries and results in an increase of body weight, in turn leading to higher risks of obesity, diabetes, common cancers, cardiovascular disease, and liver and respiratory diseases.

As for smoking and nutrition, simple changes in lifestyle behaviour—a mere 30 min of brisk walk per day—will suffice to reverse the trend.

The European Chronic Disease Alliance not only recommends the inclusion of sports and physical activity at school from a very early age, but also addresses the broader environment. Urban planning and public transport development, if designed with public health in mind, can strongly contribute to a healthier and more active population.

Policy measures recommended by the Chronic Disease Alliance are essentially tailored for Member States as they address areas which remain in their policy remit ([Box 2](#)).

Health is wealth

While addressing the risk factors common to the chronic non-communicable disease represented in the Alliance, clinicians had to take into consideration environments that they were not previously familiar with. Treating or providing advice to a patient is very different to comparing taxation rates on a pack of cigarettes across the European Union. This needs a mental leap, bringing the physician to another level of health promotion.

Looking now at the broader picture, the physicians involved in the European Chronic Disease Alliance have acknowledged that these are very difficult economic times. The essential motivation of the EU is a financially more competitive and innovative Union. Introducing the burden of chronic disease in terms of human lives may not be enough to achieve changes in policy.

Our newly qualified publicists, therefore, make a powerful economic point in the European Chronic Disease Alliance policy paper. They clearly demonstrate how preventing chronic diseases in the European population can directly contribute to meeting the European Union's competitiveness strategy, by maintaining a healthier workforce, contributing to the EU's productivity, reinforcing the health economic sector and reducing health care costs.

The dissemination plan led to a meeting with the EU Commissioner for Health, Mr John Dalli, in July 2010. While he promised to take immediate action to help tackle chronic diseases in Europe, concrete plans remain to be seen.

In October, the European Parliament issued a powerful statement on chronic diseases in Europe. This followed a meeting of four informal groups of Members of the European Parliament with interests respectively in preventing cancer, cardiovascular diseases, diabetes, and liver diseases. Here, the European Chronic Disease Alliance policy paper was presented and warmly welcomed.

Cooperation with the Belgian Presidency of the EU led to a dedicated conference on the treatment and prevention of Chronic diseases in October 2010. This resulted in Conclusions of the Council of Health Ministers⁵ in December 2010, which

clearly convey the messages contained in the European Chronic Disease Alliance policy paper. More importantly, these conclusions will pave the way for future actions and disseminations of the European Chronic Disease Alliance.

By embracing the 'Health is wealth' slogan, the European Chronic Disease Alliance is ensuring it will be heard by the European Union leadership.

Having achieved policy traction, we must then move to effective action.

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Now in its 30th year, the *European Heart Journal* has reached a milestone achievement. The publication's Impact Factor for 2010 surpassed 10. The efforts and energy of the editorial team have been rewarded, and it is hoped that the *Journal* will continue its upward momentum in the world of cardiology.

The European Society of Cardiology President, Michel Komajda, congratulates the *EJ* editorial team:

Dear Tom,

I have just received your message indicating that the European Heart Journal impact factor went over 10 for the first time in its history. This is of course a matter of pride for our Society. I therefore would like to ask you to convey my congratulations to the Editorial team which, under your leadership achieved such an outstanding performance.

With very best regards



M. Komajda, President ESC