# PREVENTION IMPLEMENTATION PACKAGE

www.escardio.org/EACPR

EACPR
European Association for Cardiovascular Prevention and Rehabilitation
A Registered Branch of the ESC

EUROPEAN SOCIETY OF CARDIOLOGY®

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# Welcome Address

Congratulations!

You have been officially appointed **National CVD Prevention Coordinator** by the President of your National Cardiac Society.

With the launch of the **European Guidelines on Cardiovascular Prevention in Clinical Practice** (version 2012), you will play an increasingly important role in the field of preventive cardiology.

As National CVD Prevention Coordinator, we invite you to work closely with the ESC National Guidelines Coordinators, and the National Cardiac Societies, to build national multi-disciplinary professional alliances and establish contact with local Health Authorities to promote CVD prevention on the political agenda.

This will require a strong commitment to local actions and the ability to devote time to increased prevention activities.

This package is designed to assist you in your role and gives information about your mission. Enclosed you will find useful contacts, a description of available implementation tools, and a resource library for further reading on implementation strategies.

Looking forward to our collaboration,

Yours sincerely,

Assoc. Professor Stephan Gielen
EACPR President-Elect

Dr Pantaleo Giannuzzi
EACPR President

Professor Ian Graham
EACPR Prevention Implementation Chairperson

National CVD Prevention Coordinators

# Role and Responsibilities

# National CVD Prevention Coordinators

National CVD Prevention Coordinators (NCPC) are appointed by the Presidents of the National Cardiac Societies in ESC member countries.

## What is your mission?

NCPCs are in charge of implementing a CVD Prevention Strategy in their country.
The European Association for Cardiovascular Prevention and Rehabilitation (EACPR) will be working directly with the coordinators to oversee the Guidelines implementation.

## What can you do?

- Work closely with your National Cardiac Society and ESC National Guidelines Coordinator* to facilitate the endorsement, adaptation, translation, and publication of the European Guidelines on CVD Prevention at national level

- Build a national multi-disciplinary group, involving both health professionals and policy makers, with other relevant partners as appropriate:

  - National societies and organizations active in the field of CVD prevention
    (general practice, heart foundation and specialist bodies such as societies of hypertension, atherosclerosis, diabetes, internal medicine, stroke, behavioural medicine etc., where such exist)

  - Senior representatives of national departments of health, health services or equivalent

- Work actively with the health authorities to promote the implementation of the "European Heart Health Charter" initiative in-country

- Coordinate the development of CVD Prevention tools at national level, for example by contributing to the development, adaptation and promotion of country-specific or translated version of HeartScore®

- Negotiate CME accreditation of these tools at national level

- Act as a direct and privileged contact with the EACPR for national implementation strategies

- Report on achievements on an annual basis

## How long is your mandate?

National CVD Prevention Coordinators are appointed for duration of the European Guidelines on CVD Prevention in Clinical Practice (version 2012), starting from 2012, and until its next update (3-4 years).

* For more information see page 20

National CVD Prevention Coordinators

# Contact List

## National CVD Prevention Coordinators - Contact List*

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** No information available at print date for Algeria, Kosovo, Moldavia, Norway, and Tunisia. For an updated list visit the ESC-website: www.escardio.org*

European Guidelines on CVD Prevention in Clinical Practice



# What is new?

# What is new?

The 2012 Guidelines from the nine joint societies cooperating in the 5th Joint European Societies Task Force differs in several ways from previous versions. Here we consider changes in structure, the grading of evidence, risk assessment and management, as well as implementation strategies.

The new Guidelines are shorter and more concise than the previous ones, with a focus on the "what, why, whom, how and where" of preventive cardiology.

## European Guidelines on CVD Prevention in Clinical Practice (version 2012)

Each chapter commences with "Key messages" and "Recommendations" as the basis of guidance and closes off with "Most important new information" (for the quick reader) and "Remaining gaps in evidence", giving direction for needed research.

With regard to the **grading of evidence**, the GRADE system was added to the existing ESC system to allow more emphasis on lifestyle change and on data from population studies.

Further important novelties are: the introduction of four classes of CVD risk (see below), the increasing number of low risk countries in Europe, greater emphasis on the behavioural aspects of prevention and the introduction of a completely new chapter (V) on the "where" of prevention: the implementation at different levels of clinical practice and the role of decision makers in health care.

Thus, to summarise the main differences compared to the 2007 Guidelines:

## Risk assessment

The introduction of four levels of risk:

- **Very high risk**: subjects with any of the following: CVD, Type 2 diabetes, or type 1 diabetes & target organ damage, moderate to severe CKD (GFR <60ml/min/1.73m2), a SCORE >10%
- **High risk**: subjects with markedly elevated single risk factors: familial dyslipidaemias, severe hypertension, and /or a SCORE > 5% and <10%
- **Moderate risk**: SCORE >1% and <5% at 10 years, further modulated by a family history of premature CAD, abdominal obesity, insufficient physical activity, social class, HDL-C, TG, hs-CRP
- **Low risk**: SCORE less than 1% and free of these qualifiers
- Subclinical organ damage in hypertension predicts cardiovascular death independently of SCORE. A combination of both may improve risk prediction, particularly in individuals at low and moderate risk (SCORE 1-4%).
- New emerging biomarkers may add value to more precisely assess CVD risk in specific subgroups at moderate, unusual or undefined levels of risk (e.g. asymptomatic patients affected by a rare metabolic, inflammatory, endocrine or social condition associated with atherosclerosis).
- Measurement of coronary artery calcification and vascular ultrasound screening may be considered for risk assessment in asymptomatic adults at moderate risk.
- Asymptomatic women and older people benefit from risk scoring to determine risk management.
- All persons with obstructive sleep apnoea or with erectile dysfunction should undergo clinical evaluation including CVD risk assessment and management.
- Recent meta-analyses have shown that symptoms of anxiety and the type D personality may increase CVD risk and contribute to worse clinical outcome.

## Risk management

- Smoking bans in public places, by law, lead to a decrease in incidence of myocardial infarction and are endorsed.
- New evidence on the health effects of passive smoking strengthens the recommendation on passive smoking.
- More evidence on the impact of total diet/dietary patterns has become available, particularly with regard to the benefits of the Mediterranean type of diet.
- Accumulated new evidence indicates that homocysteine is not a causal risk factor for CVD.
- All major antihypertensive drug classes (i.e. diuretics, ACE inhibitors, calcium antagonists, angiotensin receptor antagonists and beta-blockers) do not differ significantly in their BP-lowering efficacy.
- Antihypertensive treatment is beneficial in patients aged ≥ 80 years.
- LDL cholesterol is recommended as the primary lipid analysis for screening and risk assessment as well as target for treatment.
- HDL cholesterol being a strong risk indicator is to be used for risk estimation but not as a target for treatment.
- The usual treatment target for $HbA_{1c}$ has been increased from < 6.5% to < 7.0%.
- The blood pressure target in diabetes is <140/80 mmHg
- Aspirin is no longer recommended for primary prevention in people with diabetes.
- Psychological interventions (including cognitive-behavioural strategies) may counteract psychosocial stress, promote healthy behaviours thus contributing to preventing CVD.
- Evidence suggests that reducing the frequency of dosage is the most effective single approach to enhance medication adherence.

## Implementation in clinical practice

- The European Heart Health Charter marks the start of a new era of political engagement in preventive cardiology.
- The higher the level of preventive care based on guidelines and performance measures, the greater the impact on CVD morbidity and mortality.
- The introduction of specific quality-improvement programmes after acute coronary syndromes improves discharge recommendations thus paving the way for prevention.
- The physician in general practice is the key person to initiate, coordinate and provide long-term follow-up for CVD prevention.
- Nurse-led clinics or nurse-coordinated multidisciplinary prevention programmes are more effective than usual care in reducing CVD risk, in a variety of healthcare settings.
- Cardiac rehabilitation is cost effective in reducing risk of cardiovascular events.
- Self-help groups for CVD patients may increase independence and improve quality of life.

**Joep Perk**
Chairperson of the European Guidelines on Cardiovascular Disease Prevention in Clinical Practice (version 2012) The Fifth Joint Task Force of the European Society and Other Societies on Cardiovascular Disease Prevention in Clinical Practice.

# Strategies for Implementation

# Strategies for Implementation

## How to implement the Guidelines?

Together with the ESC National Guidelines Coordinator, facilitate the **endorsement**, **translation*** and **adaptation** of the European Guidelines on CVD Prevention.

Define targets, responsibilities and time lines, taking into account local cultural, socio-economic, and medical issues**:

- **Forge National Alliances** to encourage health professionals and politicians to develop incentives to help the local population make healthy lifestyle choices (nutrition, tobacco, exercise).
- **Develop National Strategies** to encourage and support voluntary preventive efforts by Non-Governmental Organisations.
- **Lobby** at national level for a legislative framework that facilitates effective preventive measures.
- **Adapt** the implementation tools for your country:

  - Health Professional e-Toolkit
  - SCORE charts
  - HeartScore®
  - Guidelines Learning Tool

- **Promote** the use of management tools such as HeartScore®.
- **Organise** national implementation meetings or joint sessions at congresses.
- **Measure and report!**
  All National CVD Prevention Coordinators are asked to provide regular feedback on preventive efforts and to share their experiences with both successes and failures.

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**Find useful information in enclosed pocket document "The Rules for Translation of ESC Guidelines and their derivative Products".*

***A recent report illustrates the impact that local specifics have on implementation strategies and results: Hannah McGee, Karen Morgan & Helen Burke, Royal College of Surgeons in Ireland "Implementation of the 4th Joint Societies' Task Force Guidelines on Cardiovascular Disease Prevention in Clinical Practice – Evaluating implementation across 13 European countries", Report for the Prevention Implementation Committee, European Association of Cardiovascular Prevention and Rehabilitation, February 2011.*

*For further reading see also our "Resource Library" on page 21.*

# Available Tools

# Available Tools

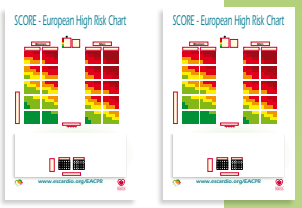
## Risk Assessment and Management Tools

### What is available?

Through its prevention programmes, the ESC has developed several educational materials and decision making tools to support health professionals and policy makers in their daily practice, in close collaboration with the EACPR:

### SCORE Risk Charts

(**S**ystematic **CO**ronary **R**isk **E**valuation)
High & Low cardiovascular Risk Charts based on gender, age, total cholesterol, systolic blood pressure and smoking status, with relative risk chart, qualifiers and instructions




### Pocket Guidelines and Slide-sets

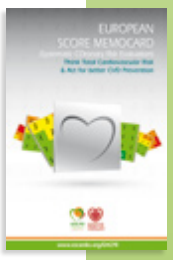
Derived from the European Guidelines on Cardiovascular Disease Prevention in Clinical Practice (version 2012) – available in September 2012

### Health Professional e-Toolkit

The Health Professional Toolkit comprises all available resources to facilitate the implementation of the European Guidelines on CVD Prevention in daily practice.

### European Score Memocard

Key recommendations for CVD risk assessment and management (SCORE Charts, Priorities and Targets)



### Patients' Information Poster

To be printed as a poster or leaflet

## HeartScore
**www.heartscore.org**

### A unique and interactive risk prediction and management system

HeartScore® is the electronic counterpart of the SCORE risk charts. Designed for health professionals, HeartScore® combines rapid total risk prediction with management advice.

### HeartScore® Benefits

- Allows quick & easy risk estimation
- Gives a graphical picture of absolute CVD risk
- Helps optimize the potential benefits of intervention
- Identifies the relative impact of modifiable risk factors
- Offers direct access to relevant information in current guidelines
- Gives a tailored printed health advice based on the patients' actual risk profile
- Encourages behavioural change & compliance to treatment

### Tailored to individual countries

HeartScore® can be easily adapted to different countries to offer clinicians a rapid, interactive access to appropriate local preventive advice. Several country-specific and translated versions of HeartScore® have been developed in close collaboration with the National CVD Prevention Coordinators and the National Cardiac Societies.

Being flexible and interactive, HeartScore® can be updated in real-time as new cohort studies become available, and can incorporate new languages, new risk factors and new endpoints.

### How to adapt these tools at National Level?

- Read pp. 21–32 of the enclosed policy for translation of ESC Guidelines and their derivative products (pocket document)
- Contact us for more information (see page 22)

## Audit & Measurement tools

There are two ongoing ESC/EACPR audits of risk factor control to help assess the efficacy of efforts to control risk factors, and you are cordially invited to participate in either or both. Both offer the opportunity to participate in an international partnership. Many countries require evidence of participation in audit for accreditation and/or training purposes, which gives added value to participation.

**EUROASPIRE:** This in-depth audit is conducted in two centres per country and is well established and internationally known. It is detailed and uses standardized methodology.

For more information please contact: Professor Kornelia Kotseva - k.kotseva@imperial.ac.uk
Professor David Wood - d.wood@imperial.ac.uk

**SURF (Survey of Risk Factors)** is a more recent development which studies the same diagnostic groups but collects core information only. It is short and simple (60 seconds per patient). It is designed to complement EuroAspire by allowing more centres to participate in audit to increase representativeness.

For more information please contact: Doctor Marie-Therese Cooney - therese.cooney@yahoo.com
Professor Ian Graham - ian@grahams.net

## How can the EACPR help you?

**Should a national society wish to translate or adapt one of the above tools at national level, the EACPR can:**

- Provide templates of existing documents (SCORE tables, SCORE Memocard)
- Assist in the calibration of a national SCORE chart*
- Assist in the development of HeartScore® national versions (translated or country-specific)*
- Provide letter templates to contact your ministry of health

**Networking opportunities:**

- National Coordinators have the opportunity to share their experience and best practice via the EACPR e-newsletter, sent quarterly to all EACPR members
- Meetings can be organized at EuroPRevent congresses (April/May of each year)
- A European Forum for CVD Prevention is organized each year at the ESC Congress (September)
- Regular surveys will be sent to you to facilitate exchanges with the EACPR

**Meeting endorsement**

- CVD Prevention meetings / educational courses can be submitted for EACPR endorsement or enlistment on the EACPR website.

**Contact**
**the EACPR Team!**
**eacpr@escardio.org**

** See the derived product policy for pricing*

# Useful Information

ESC National Guidelines Coordinators
Resource Library
ESC Contacts

# Useful Information

## ESC National Guidelines Coordinators

The role of the ESC National Guidelines Coordinator is to coordinate and communicate with its National Society of Cardiology and the ESC Committee for Practice Guidelines (CPG) the endorsement, possible translation and implementation of the ESC Clinical Practice Guidelines.

**Core mission of the National Guidelines Coordinator:**

Participate in the annual ESC CPG/NS meeting at the EHH dedicated to the ESC Clinical Practice Guidelines.
Help with the selection of national experts to be involved in the review process of future ESC Clinical Practice Guidelines.

Be active in the endorsement and translation processes of the ESC Clinical Practice Guidelines:

- **Coordinate** with its National Society of Cardiology the decision to officially endorse the ESC Clinical Practice Guidelines as well as their possible translations.
- **Coordinate** the completion and return of the endorsement forms which are available from the ESC Web Site.
- **Participate in the nomination** of topic experts for specific national implementation programmes and activities and jointly coordinate these actions with the nominated experts.
- **Ensure** the rules for the use and translation of ESC Clinical Practice Guidelines are followed, as well as those for their derivative Pocket Guidelines and Guidelines Slide-sets.

Be active in their National implementation programme of the ESC Clinical Practice Guidelines.

**Coordinate** these programmes with the **ESC Committee for Practice Guidelines, the ESC Working Groups, Associations and Councils**: creation and translation of educational materials, educational courses, scientific sessions during the national congresses, national implementation group/NS meeting coinciding with the ESC Guidelines launch, possible creation of simplified summaries of the ESC Guidelines to be made available for patients.

**How to contact a National Guidelines Coordinator?**

If you would like to get in touch with a National Guidelines Coordinator, please contact:
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**Veronica Dean**
Head of Practice Guidelines Department

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## Resource Library


- Karen Morgan, Helen Burke, Hannah McGee: "Benchmarking progress in the implementation of the Fourth Joint Societies' Task Force Guidelines on the Prevention of Cardiovascular Disease in Clinical Practice", European Journal of Preventive Cardiology 2012, 0(00) 1-7.

- Hannah McGee, Karen Morgan & Helen Burke, Royal College of Surgeons in Ireland: "Implementation of the 4th Joint Societies' Task Force Guidelines on cardiovascular Disease Prevention in Clinical Practice – Evaluating implementation across 13 European countries", Report for the Prevention Implementation Committee, European Association of Cardiovascular Prevention and Rehabilitation, February 2011.

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