

The Declaration of Polish medical community indicating the need for implementation of the National Programme of Prevention and Treatment of Heart Failure

signed during the 7th National Heart Failure Societies Presidents Summit of Heart Failure Association of the ESC on 4th November 2017, Krakow, Poland.

We, the undersigned signatories of the Declaration, hereby certify that:

The extension of lifespan in the beginning of 21st century is mainly the result of more effective treatment of cardiovascular diseases. However, cardiovascular diseases still remain the main cause of deaths in Poland.

Heart Failure is the epidemic of 21st century.

Heart failure is the final stage of the majority of cardiovascular diseases and a significant problem touching not only older but even younger people. In Poland the number of people with heart failure reaches 1 000 000, and each year there are 220 000 new cases. The number of heart failure hospitalizations amounts to ca. 180 000 per year, and is the most common reason of hospital admissions in Poland. Over 60 000 Polish people die of heart failure each year. Arterial hypertension, diabetes, and ischaemic heart disease are the main illnesses leading to heart failure, and as a consequence over 12 000 000 Poles are at risk of developing heart failure during their lifetime.

Heart Failure is the global problem of health care system in Poland and worldwide. To a considerable degree, it affects hospital and out-patient treatment and their financing. It concerns a complex care of heart failure patients by physicians of different specialities, such as family doctors, internists, cardiologists and geriatricians. Due to an enormous development of medicine in recent years, in the contemporary era heart failure is a preventable disease and can be treated effectively. However, these opportunities are not fully implemented.

Taking into consideration the aforementioned arguments, we consider absolutely indispensable to launch the National Programme of Prevention and Treatment of Heart Failure. The basis of this programme should be the change in the health care system by integration and improvement of hospital and out-patient care on different levels of their

reference in order to reduce the morbidity and improve the diagnosis and treatment of heart failure.

The programme should be based on three pillars:

1. Increase of awareness of risk factors leading to heart failure;
2. Implementation of systemic measures in heart failure prevention including optimization in the management of most common diseases that lead to heart failure (ischaemic heart disease, hypertension, diabetes);
3. Implementation of integrated health care of a heart failure patient and his/her family (Complex Care of a Heart Failure Patient).

There are two major aims of the programme:

1. Reduction of heart failure morbidity in Poland during the next decade;
2. Reduction of negative health, social and economic consequences of heart failure.

As the detailed aims of the programme we have identified:

- implementation of population activities aiming to increase in the society the awareness of risk factors leading to heart failure, contemporary options of prevention and management, engagement of group of patients, their families and volunteers in the process of education;
- the complex programme of heart failure prevention considering three most important (from epidemiological perspective) groups of patients: with hypertension, diabetes and ischaemic heart disease;
- realization of coordinated care programme after myocardial infarction whose important aim is the reduction of frequency of heart failure after myocardial infarction
- early detection of heart failure
- reduction of heart failure progression by treatment in accordance with the current ESC guidelines including pharmacotherapy, devices, percutaneous interventions and surgical procedures, comprehensive rehabilitation, improvement of the quality of life and prognosis in heart failure patients
- radical improvement in the access to medical care for patients with heart failure, especially out-patient care, performed by different specialists (family doctors, internists, cardiologists and geriatricians), considering an important role of nurses, physiotherapists,

psychologists, dieticians and the application of modern technologies (e.g. telemedicine devices).

- provision of sophisticated treatment methods for patients with advanced heart failure and palliative care in patients with end-stage heart failure
- identification of quality indicators and monitoring the effects of implementation of preventive and therapeutic interventions on the population level;
- development of science and education on heart failure for further care improvement
- improvement of financial and organizational effectiveness of health care system