

# CARDIOVASCULAR INITIATIVES DURING THE IRISH PRESIDENCY OF THE EUROPEAN UNION

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## Background

Ireland assumes the Presidency of the European Union (EU) from January to June 2004. During this time, An Taoiseach, Mr Bertie Ahern, as President of the European Council, will welcome the 10 Accession States to full membership of the Union.

The EU, with its diversity of cultures and experiences, provides a forum for Member States to address areas of common concern. In the context of health, Europe faces a large and increasing burden from cardiovascular disease (CVD) and related conditions. Several countries in Central and Eastern Europe have high death rates from CVD. In Western Europe, large numbers are already living with cardiovascular impairment. The ageing population in the European region will result in a large increase in the number of people with CVD in the years to come. The older age of onset of CVD and the development of effective treatments present major

challenges to Member States to provide comprehensive preventive and treatment services.

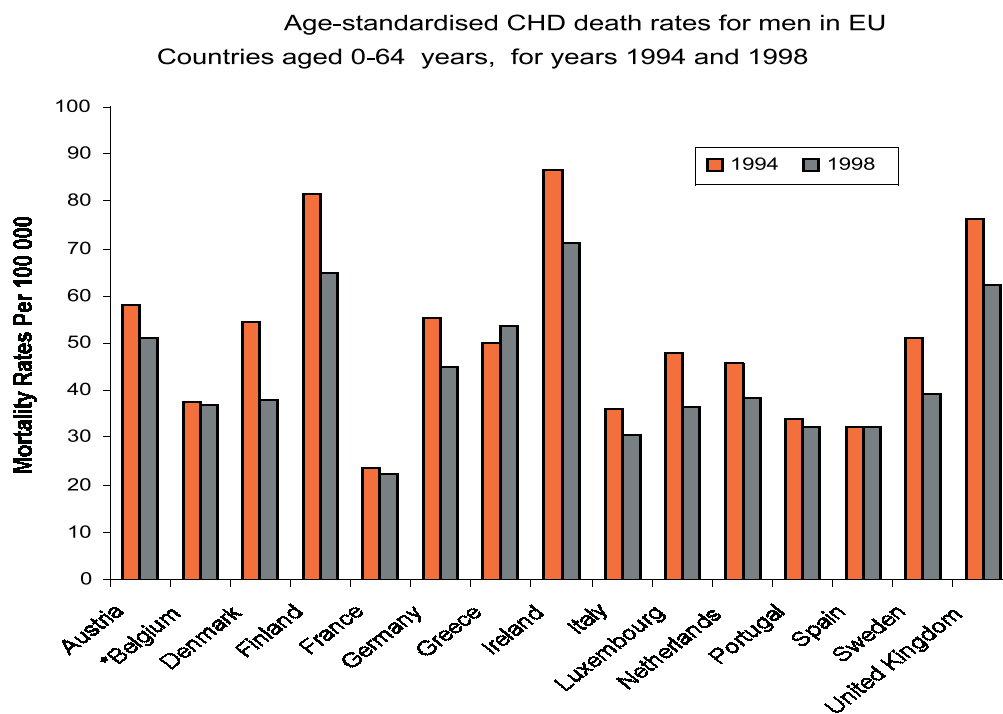
During the Irish Presidency, two initiatives are planned to encourage EU countries to reach consensus on preventing and tackling CVD. It is intended to undertake preparatory consultation and then to hold conferences on the following:

- population and high risk strategies to prevent CVD; and
- standards for databases in clinical cardiology practice.

In addition, the European Society of Cardiology (ESC) will hold a conference on the co-ordination of research in the EU and will liaise with the Irish Presidency in relation to this, providing opportunities to disseminate information to EU Health Ministers.

## Epidemiology of CVDs in Europe

The CVDs, principally coronary heart disease (CHD) and



Source: WHO Health for All database

\* Last available figures for Belgium is for the year 1996

cerebrovascular disease (stroke), are major contributors to mortality and morbidity throughout Europe. However, it has long been recognised that there is substantial variation in the epidemiology of CVD in different European regions.

Populations in the south of Europe have enjoyed low death rates from CHD. In contrast, more northerly countries have had high CHD death rates, although rates have been declining in several such countries. Populations in Central Europe continue to have high CHD death rates, although rates have started to decrease in recent years in these countries also.

Cerebrovascular disease is another important cause of vascular death and disease. In general, death rates have been declining in European populations in recent decades. Despite this, some countries still experience relatively high death rates. Stroke continues to be an important cause of morbidity among older people throughout Europe.

Despite the decreasing death rates from CHD and stroke in many European populations, there is no room for complacency. The evidence suggests that, in high risk populations, decreasing death rates in younger age groups is associated with an older age at presentation and a longer time course for the disease. The number of people with chronic cardiovascular conditions, such as heart failure, is increasing. There is also concern in many countries about the increased prevalence of physical inactivity, obesity and diabetes, with associated increased risk of vascular disease.

There have been important developments in treatments and interventions for those with symptomatic CHD. The combination of greater numbers of patients alive with chronic cardiovascular conditions and the demand to provide access to evidence-based treatments presents many challenges for health services. The continuing high burden of CVD in many European populations highlights the importance of prevention to reduce mortality, delay disease onset and reduce risk of recurrent events.

#### Conference on prevention of CVD

The proposed discussions on prevention of CVD in the EU take place against this background of varying rates of CVD mortality and morbidity between EU Member States and Accession States, and important changes in the epidemiological patterns within countries in recent decades. Fortunately, a great deal is now known about the factors which increase risk of CVD and also about strategies for prevention, at population level and in those already identified as being at high risk or with identified disease.

The ESC, the European Heart Network and the Irish Cardiac Society (ICS) are partners in this initiative with the Department of Health and Children and the European Commission, as well as Member and Accession States. The Management Committee chaired by Chris Fitzgerald, Principal Officer, Department of Health and Children, has overall responsibility for implementing the necessary practical arrangements. Professor Lars Ryden, consultant cardiologist, Sweden, chairs the Expert Committee, providing technical advice and support.

The aim is to reach European agreement on best practice for the population and high risk strategies for the prevention of CVD. To achieve this, it is planned to hold an evidence-based expert conference in Cork in February 2004 as part of the Irish

Presidency to:

- discuss population health, health promotion strategies and the creation of environments which support heart health;
- discuss high risk strategies in those with CVD and in those identified as being at high risk; and
- consider the potential for a comprehensive cardiovascular health policy at EU level.

Participants in the conference will include two representatives of each Member and Accession State, representatives from the partner organisations, as well as invited experts from relevant disciplines.

#### Consensus on European cardiovascular health policy

Discussions and consultation prior to as well as during the conference in Cork will explore the importance, opportunities and challenges of population health, health promotion and high risk strategies to promote cardiovascular health. Information will be exchanged on health service policies, structures and processes for CVD prevention, and factors supporting or acting as barriers to developing a comprehensive cardiovascular health policy at EU level will be explored.

Guidelines on prevention in clinical practice will be reviewed, in particular the lifestyle and risk factor objectives for prevention in patients with CVD and in those identified as being at high risk. The Guidelines on Prevention in Clinical Practice issued by the Third Joint Task Force of European and other Societies on Cardiovascular Disease Prevention in Clinical Practice provide the basis for discussion of high risk strategies.<sup>1</sup> The discussion will also address how EU Member States can network and collaborate to achieve health gain in the implementation of the CVD guidelines on prevention in clinical practice.

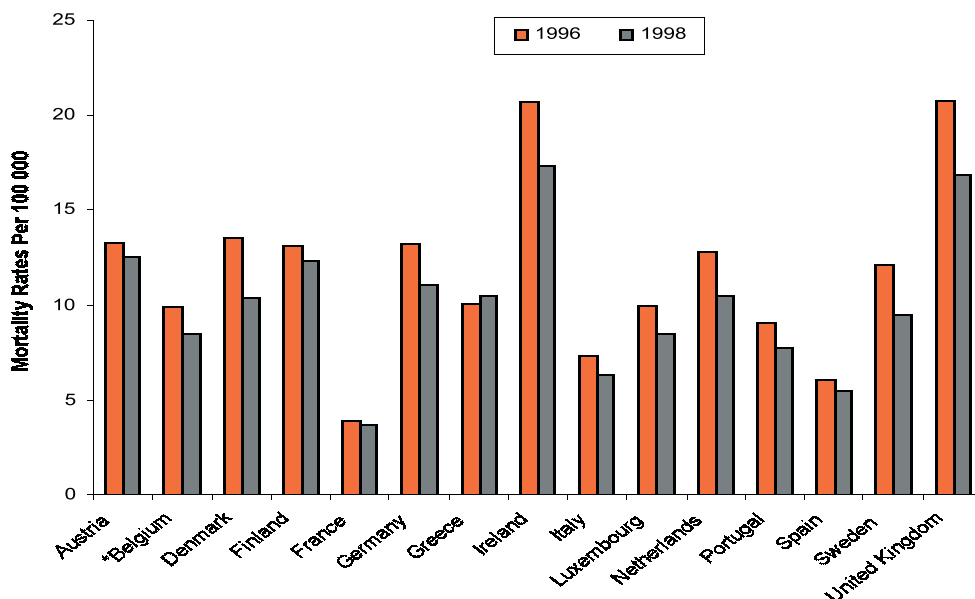
The findings of the conference will be presented at an informal meeting of the EU Health Ministers (including Accession Countries). The conclusions from the conference will form part of the agenda of the EU Health Council meeting in June 2004, under the Irish Presidency. It is expected that the Health Council will adopt the recommendations, addressing population and high risk strategies. The consensus on EU cardiovascular health policy and the associated recommendation will be widely disseminated through press coverage and publication in the medical press, as well as through the ESC and other professional and voluntary organisations, and patient support groups.

#### Agreement of cardiology data standards

The ESC and the ICS are partners in this initiative to agree European data standards for priority databases in cardiology. The Management Committee chaired by Chris Fitzgerald is responsible for necessary practical arrangements, liaising with the co-ordination and expert committees. From a technical perspective, Cardiology Audit and Registration Data Standards (CARDS) is being planned and monitored by the Co-ordination Committee, chaired by Professor Maarten L Simoons, consultant cardiologist, the Netherlands. Three Expert Committees with approximately 10 experts per committee have been established, one per topic.

The aim of the CARDS project is to develop expert consensus on European data standards for three priority

Age-standardised CHD death rates for women in EU countries aged 0-64 years, 1994 and 1998



Source: WHO Health for All database  
 \* Last available figures for Belgium is for the year 1996

modules of a cardiovascular health information system, as follows:

- percutaneous coronary intervention including coronary stenting;
- clinical electrophysiology (pacemakers, implantable cardioverter defibrillators, ablation); and
- coronary care unit admissions (acute coronary syndromes).

The data standards will set out the variables to be collected, precise definitions for each variable and the purpose for which each data item is being collected. Priority will be given to information needs for clinical audit, as well as for epidemiological analysis and health service planning. It is estimated that a set of 100 data items will be identified, prioritised and defined for each topic.

A matrix has been developed for each module, containing variables from international, national and local registers. This matrix has been refined by the relevant Expert Committee and will now be disseminated to national societies of cardiology and other experts, to obtain their views on the appropriateness of the data items and on the acceptability of the coding schedules and draft definitions. This consultation will involve clinicians, managers and policy makers, as well as medical equipment and software companies. The Expert Committees will discuss the issues arising from the consultation and reach agreement on draft data standards for each module.

Representatives from the then 25 EU countries will be invited to a meeting in Cork in May 2004, to discuss and adopt the data standards arising from the consultation as the European Standards for these databases in cardiology. The agreed data standards will be disseminated to European cardiologists and healthcare agencies, as well as vendors of hospital and cardiology information systems, to encourage them to implement the data standards.

#### Involvement by Irish health professionals

The Department of Health and Children is most grateful to the Irish cardiologists and other health professionals who are involved in these initiatives on cardiovascular health during the Irish Presidency. They are providing essential technical advice, as well as smoothing the path to consensus on the range of issues that have been targeted.

While the conferences will be for invited audiences, to facilitate discussion and agreement between the EU Member States, it is planned to disseminate the findings of the conferences as widely as possible, including to Irish stakeholders.

It is expected that the outcomes of the planned initiatives will pay dividends for cardiovascular health at home, as well as at the EU level. These conferences will also pave the way for similar initiatives in other countries in the future.

#### Reference

1. Third Joint Task Force of European and other Societies on Cardiovascular Disease Prevention in Clinical Practice. European guidelines on cardiovascular disease prevention in clinical practice. Executive summary. *European Heart Journal* 2003; 24: 1601-10 and *European Journal of Cardiovascular Prevention and Rehabilitation* 2003; 10: S1-11.

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