The Health Policy Partnership

Secondary prevention of

HEART ATTACK AND STROKE IN EUROPE

Executive summary and call to action

This project was initiated and funded by Amgen (Europe) GmbH

About this report

This document is an excerpt from *Secondary prevention of heart attack and stroke: consensus report*. The report is part of a multi-year policy project on the secondary prevention of heart attack and stroke in Europe. It is based on interviews and consultation with 30 experts as well as an analysis of European data and research, with a particular focus on 11 countries: Austria, Belgium, France, Germany, Greece, Italy, the Netherlands, Poland, Romania, Spain and the UK.

Analysis and drafting were led by Kirsten Budig and Ed Harding, with research assistance from Jonathan Scrutton and Shannon Boldon, and administrative support from Rhiannon Lavin and Victoria Paxton. The report was edited by Madeleine Murphy and Kasia Trojanowska, and designed by Catarina Correia Marques.

The work was funded by Amgen (Europe) GmbH. All outputs developed as part of this project are non-promotional. Findings are based on existing literature and input and review from expert stakeholders, who have not been remunerated for their contributions. The Health Policy Partnership was appointed by Amgen to conduct research and drafting with full editorial control, incorporating input from expert stakeholders and the Amgen policy team on an equal and transparent basis. All outputs have been shared with contributors for final approval, and reviewed by Amgen's legal and medical team for the purposes of scientific accuracy and compliance with industry codes of conduct in public life.

All figures cited are based on the most recent data available at the time of research (October 2020).

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Advisory Panel

HEART ATTACK AND STROKE: KEY FACTS

THERE ARE MORE THAN

3 million

new cases of coronary heart disease, including heart attack, and more than

600,000

cases of stroke in the EU every year.[1]

THE RISK of a second stroke can be up by

14%

in the first three months to a year, and can increase to

40%

after ten years.[3]

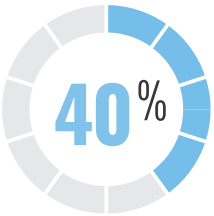
Lifestyle management programmes post-stroke are **only available in half of European** countries.[6]

Proven vascular risk management and rehabilitation models can reduce

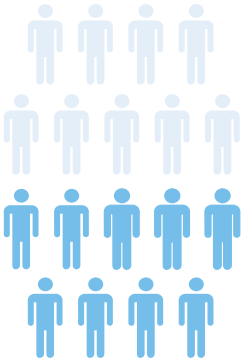
heart attacks by **30%**

and strokes by **60%**.[4]

MORE THAN



of heart attacks and other cardiovascular events occur in people with existing coronary heart disease.[2]



Fewer than half of cardiac patients are referred to **crucial preventive cardiac rehabilitation programmes**.[5]

EXECUTIVE SUMMARY

Heart attack and stroke pose a major challenge to the sustainability of health systems in Europe. Coronary heart disease, which can lead to a heart attack, is the main cause of death in many European countries,[7] accounting for 1.8 million deaths per year when combined with other cardiovascular diseases (CVDs).[1] Stroke is responsible for 7% of deaths in men and 10% of deaths in women.[1] In addition, both conditions are a considerable cause of long-term disability,[8] often leading to cognitive and physical impairment.[9]

Stroke, heart attack and other types of CVD incur significant costs, in some countries taking up the biggest proportion of healthcare spending.[1 10 11] In Germany, for example, they incur the greatest costs among all diseases in the healthcare system, accounting for 14.5% of all healthcare costs.[11]

More people now survive a heart attack or stroke than ever before, but most remain at high risk of future events. In the EU, 17 million people are living with coronary heart disease or have experienced a stroke.[1] For them, the danger of a subsequent heart attack or stroke remains high due to the underlying risk factors.[3 12]

Proven models to prevent repeat heart attacks and strokes exist. Multi-component prevention programmes have been shown to reduce cardiovascular mortality by 58%. They can reduce the chance of a repeat heart attack by 30% and of a repeat stroke by 60%.[4]

CVD prevention could bring a significant benefit for European economies. The key models of CVD prevention for high-risk groups are typically judged as cost-effective for healthcare. A recent global study showed that investing in interventions for stroke, heart attack, diabetes and other CVD leads, on average, to a wider societal return of USD $10 for every $1 invested.[13]

Reducing repeat events will be key to ensuring societal productivity in an ageing population that is showing rising rates of chronic disease. People who are able to return to work after an acute coronary event (including heart attack) or stroke lose 25% of their annual workdays on average, and even more if they experience a repeat event. Their informal carers lose an average of 11 workdays.[14]

Across Europe we are failing to reduce the risk of recurrent heart attack and stroke. Among the highest-risk groups, little has improved in the past ten years. Behavioural risk factors, such as smoking, unhealthy diet and sedentary lifestyle, are on the rise, while clinical risk factors, such as high blood pressure and cholesterol, remain poorly controlled.[5 15 16]

CVD prevention should be initiated immediately in hospital after major events, but this rarely occurs. Fewer than two thirds of heart attack patients are prescribed guideline-recommended risk-reducing medication in hospital[17] and under a third of stroke patients receive care in a specialist stroke unit, where rapid diagnosis, targeted treatment and follow-up care are more likely to be achieved.[8]

In the community setting, too few patients benefit from prevention programmes in the months after a heart attack or stroke. Fewer than half of cardiac patients are referred to cardiac rehabilitation programmes and, of those, fewer than a third attend.[5]

Primary care has a key role in supporting people in long-term secondary prevention, but it is often not equipped to deliver. Poor coordination between hospitals and primary care,[8] lack of knowledge or clear guidance, compounded by time constraints all present barriers to providing optimal long-term care.[18-23]

Despite these systemic barriers, and the vast and avoidable burden to the healthcare system, heart attack and stroke are often neglected by decision-makers. Fewer than half of the countries in this analysis have up-to-date dedicated strategies for heart attack and stroke, and funding for research is often lower than in other disease areas.

There is a startling lack of data on post-acute care after a heart attack or stroke, despite such data being vital to inform national strategic goals and clinical practice. Apart from some best practice examples, such as the existing comprehensive cardiac rehabilitation registries in the UK,[24] the majority of countries have little oversight of quality of care and patient outcomes, which hinders adequate planning and resourcing.

The historical lack of political leadership in CVD comes with a heavy price for European citizens. Policies and clinical guidelines for cardiovascular therapies were among the least recognised and implemented components of non-communicable disease policies in the analysed countries.[25] This has likely contributed to a slowdown in progress in CVD prevention and care.[26]

CALL TO ACTION

We call on governments to address the avoidable burden of cardiovascular events on hospital admissions, deaths and disability, for individuals and society alike.

WE CALL ON GOVERNMENTS TO:

— **Develop national strategies** in cardiovascular and cerebrovascular diseases, with clear goals for improved outcomes in prevention and meaningful linkages with wider societal policies, including workforce participation and healthcare sustainability.

— **Recognise in such strategies the role of repeat events** among people at high risk, and the enhanced risk management required in the community setting.

— **Identify and remove reimbursement and organisational barriers to proven cost-effective models** for people after a heart attack or stroke, where vigilant medical risk management is combined with support for behavioural changes.

— **Develop national standards for local care pathways and protocols**, challenging historic fragmentation of services and optimising systems for guideline-based care.

— **Invest in systemic preparedness for telemedicine and use of digital technology** to enable flexible, resilient models of care in the community setting.

— **Conduct annual national audits of performance in key elements of cardiovascular disease prevention** to ensure political accountability on unwarranted variations in patient survival, quality of life and experience of care for cardiovascular prevention.

We call on the European Union to guide European institutions and member states to recognise cardiovascular disease as a healthcare priority equivalent to cancer.

WE CALL ON:

— **the European Parliament** to host, via suitable committees and working groups, a full strategic review of EU competencies in cardiovascular and cerebrovascular disease prevention, evaluating opportunities for concrete EU action and identifying legislation and other measures that can help prevent and fight cardiovascular disease, equivalent to the Special Committee on Beating Cancer

— **the European Commission** to initiate policy and research workstreams on cardiovascular high-risk groups and secondary prevention as part of existing frameworks and programmes, such as EU4Health 2021–2027, to help secure strategic attention and adequate funding, spread best practice learning and accelerate the pace of innovation

— **the Council of Ministers** to schedule a dedicated session on cardiovascular and cerebrovascular disease prevention to help member states identify shared priorities in developing strategic plans, infrastructure and minimum common standards vital to EU-wide progress, for example in data collection, implementation of digital and remote technology, and workforce accreditation.

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The Health Policy Partnership is a specialist health policy consultancy with longstanding experience in research and the coordination of policy leadership networks.