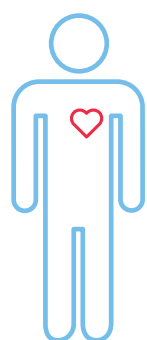


Secondary prevention of

# HEART ATTACK AND STROKE

# in Romania

**MORE THAN**



**1.08 million**

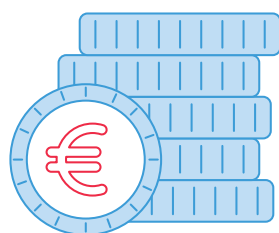
people are living with  
coronary heart disease<sup>1</sup>

**452,000**

people have survived  
a stroke<sup>1</sup>

**THE DIRECT COST**

of coronary heart disease  
and cerebrovascular  
disease to the  
healthcare system is



**€327 m** per year<sup>2</sup>

**INCREASE**

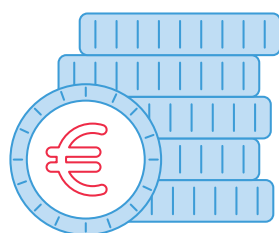
in the number of people living with  
**CORONARY HEART DISEASE**  
in the decade 2009–2019:<sup>1</sup>

**▲ ~62,400**



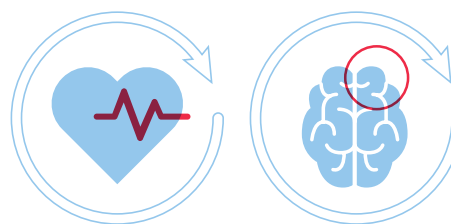
**THE DIRECT COST**

of coronary heart disease  
and cerebrovascular  
disease to the  
healthcare system is



**€327 m** per year<sup>2</sup>

People who experience heart attack  
or stroke often face an unnecessarily  
**HIGH RISK OF REPEAT EVENTS**



## **MANY REPEAT HEART ATTACKS AND STROKES COULD BE AVOIDED.**

**Secondary prevention** can mitigate the risk of a subsequent heart attack or stroke through comprehensive risk factor management, combining rehabilitation, preventive medication and lifestyle change.<sup>3,4</sup> Long-term maintenance of risk factor control is key to achieving successful secondary prevention.

**Note:** Coronary heart disease is characterised by a build-up of plaque in the arteries that serve the heart. The most dangerous consequence of coronary heart disease is heart attack. Cerebrovascular disease is a collection of conditions which affect the blood vessels of the brain. The most common cerebrovascular disease is stroke, which is classified as a neurological disease. In this summary, we have used data specific to heart attack and stroke, where available.

# WHAT IS THE CURRENT SITUATION?



Secondary prevention for heart attack and stroke involves specialist acute care, structured rehabilitation and long-term management in primary care. Systemic gaps and inequalities in the availability of such care are putting people at an increased risk of repeat events.



Too few patients receive **specialist acute care** and measures for secondary prevention are rarely initiated at this stage

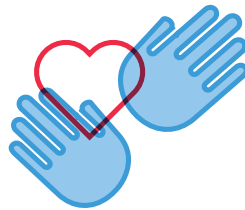
Heart attack and stroke patients should be treated in a specialist acute care setting. This helps ensure that secondary prevention is initiated while the person is still in hospital.



Registry data suggest that only 59% of heart attack patients are prescribed all of the guideline-recommended medications for secondary prevention at hospital discharge.<sup>5</sup>



There are few dedicated stroke units,<sup>6</sup> but specialist acute stroke treatment based on government legislation is offered in 40 centres across the country.<sup>7</sup>



**Structured rehabilitation is underused**

Secondary prevention should continue seamlessly following discharge from hospital. This is best achieved through a structured rehabilitation programme, such as cardiac rehabilitation.



More than 119,000 people who need cardiac rehabilitation may miss out each year due to a lack of facilities.<sup>8</sup>



More than 70% of patients in stroke units are discharged to their homes rather than to structured rehabilitation.<sup>9</sup>

#### **GOOD PRACTICE:**

Leading stakeholders have reported that the National Health Insurance House has agreed to reimburse patients for cardiologist-prescribed cardiac rehabilitation and is now discussing the feasibility of dedicated cardiologist-run rehabilitation units in public hospitals.<sup>10</sup>



**Risk factor control** during long-term management does not meet guideline recommendations

After a heart attack or stroke, people require lifelong medication and lifestyle changes to lower their risk factors, such as high cholesterol and smoking.



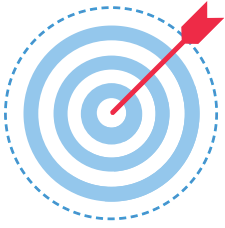
Despite significant progress, blood pressure and cholesterol appear poorly controlled in people with coronary heart disease, including heart attack: 48% do not reach their blood pressure target and 30% do not reach their cholesterol target.<sup>11</sup>



There is an absence of community-based specialist stroke rehabilitation services to provide ongoing care,<sup>12</sup> with waiting times of up to two years for generic services.<sup>13</sup>

#### **GOOD PRACTICE:**

There is no interdisciplinary collaboration protocol in Romania to ensure the long-term management of stroke. The **AVC 360° – Patient Journey** project aims to address this by defining the steps needed to create a multidisciplinary communication guide to aid collaboration between specialties.<sup>14</sup>



## National policy does not include targets addressing secondary prevention of heart attack and stroke

Goal-oriented policies and strategies are vital to set clear targets and boost investment in best-practice secondary prevention.



The National Health Strategy 2014–2020 includes goals related to long-term management and rehabilitation for non-communicable diseases,<sup>15</sup> including cardiovascular disease, but sets no specific targets for secondary prevention of heart attack and stroke.<sup>13</sup> Efforts to implement its objectives are reported to focus on primary prevention.<sup>10</sup>



## There is a lack of national registries to collect comprehensive data on heart attack and stroke

Data on treatment, outcomes and quality of care after the acute phase are needed to monitor, plan and assess care services for secondary prevention.



Virtually no national data appear to be consistently collected regarding secondary prevention in heart attack or stroke. Acute care registries exist but post-acute data to assess secondary prevention outside of hospital are limited to data collected through the European Society of Cardiology's EURObservational Research Programme.<sup>5,10</sup>



## Advocacy activities for secondary prevention of heart attack and stroke aim to increase national awareness

Advocacy efforts, such as targeted campaigns, help increase public and political awareness. They may stimulate action at the service delivery and policy levels.

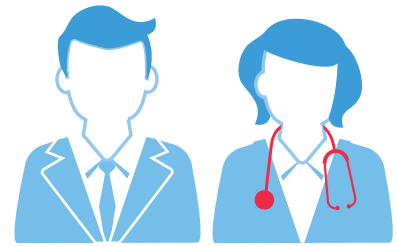


Medical societies and non-governmental organisations are leading advocacy activities around secondary prevention in heart attack and stroke. These include public information campaigns,<sup>16</sup> the patient-information website [cardioportal.ro](http://cardioportal.ro),<sup>17</sup> and open letters calling for regulation change.<sup>18</sup>



### GOOD PRACTICE:

The 'How many lives does your heart have?'<sup>16</sup> campaign has drawn attention to the increased risk following a first heart attack. Its website provides information on cardiovascular risk factors and responds to key questions about heart attack.



## Clinical leadership is striving to improve clinical practice for the secondary prevention of heart attack and stroke, but greater efforts may still be needed

Clear, practice-oriented guidelines foster knowledge among healthcare professionals and implementation of best-practice care.



National cardiac societies have worked to bring secondary prevention in line with international standards through the endorsement and translation of European guidelines covering heart attack secondary prevention, and by establishing working groups to support their implementation.<sup>19,20</sup>



Stroke professional societies have progressed best practice by creating national stroke guidelines covering secondary prevention,<sup>21</sup> but the most recent version is from 2009 and may need to be updated.

# WHAT ARE THE OPPORTUNITIES FOR IMPROVEMENT?

**Effective secondary prevention in heart attack and stroke requires a comprehensive package of interventions coordinated by a multidisciplinary team across all care settings.**

Currently, patients in Romania face systemic barriers and inequalities in accessing secondary prevention at all stages of care, from acute care to long-term management.

Addressing these gaps represents a major opportunity to improve outcomes and potentially reduce national healthcare spending associated with repeat events.

**Improving the use and availability of structured rehabilitation services**, for example, would be a significant opportunity to improve care for secondary prevention. It is therefore encouraging that discussions

are underway about the feasibility of dedicated cardiologist-run rehabilitation units in public hospitals. **Bringing medication use in line with guidelines** offers another opportunity to improve patient outcomes, as risk factor control is currently inadequate across the entire patient pathway. To take advantage of these opportunities, national leadership will likely be needed to address both the **absence of national targets** covering secondary prevention in heart attack and stroke, and the **lack of relevant national data** to monitor and benchmark services. The recent national campaigns to raise awareness of secondary prevention after a first heart attack or stroke are a promising effort to achieve greater public and political focus on improving secondary prevention.

To find out more about this project and read the full country profile on Romania, please see

<https://hpolicy.co/secondaryprevention>

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**This summary is part of a larger project exploring secondary prevention of heart attack and stroke across Europe. The project was developed by The Health Policy Partnership and initiated and funded by Amgen (Europe) GmbH.**