As a link between heart foundations and organisations, the European Heart Network is dedicated to eliminating preventable deaths and reducing the incidence of cardiovascular disease. Following up on a previous conversation in 2012, Susanne Løgstrup shares the significant progress the network has made to promote effective evidence-based policies for cardiovascular health.
Can you briefly introduce the European Heart Network (EHN), along with its main aims?

EHN is a Brussels-based alliance of heart foundations and like-minded NGOs throughout Europe, with member organisations in 25 countries. It plays a leading role in the prevention and reduction of cardiovascular diseases (CVDs) – particularly heart disease and stroke – through advocacy, networking, capacity building and patient support, so that these conditions are no longer a major cause of premature death and disability. Our vision is that every European has a right to a life free from avoidable cardiovascular diseases.

What are EHN’s goals? How does it work collaboratively across European Union (EU) Member States to ensure they are able to improve the cardiovascular health of their citizens?

True to our vision, we emphasise the need for population-based prevention of CVD. The World Health Organization (WHO) estimates that 80 per cent of premature deaths could be avoided by controlling the main risk factors: tobacco, unhealthy diet and physical inactivity. EHN works to influence policies at European and global levels; we also strive to promote specific EU-wide legislation that can address CVD risk factors and benefit people and patients in equal measures.

Unfortunately, even if we succeed in preventing 80 per cent of premature deaths from heart disease, we would not have eradicated CVD. To help improve treatment outcomes and patients’ quality of life, many EHN member organisations fund cardiovascular research. In fact, heart foundations are some of the biggest funders of research in this area in the EU; one of our members alone accounts for 14 per cent of total funding in cardiovascular research!

How have you been working with the European Chronic Disease Alliance (ECDA) so that the WHO’s 25X25 goals – which when combined aim to achieve a 25 per cent relative reduction in overall mortality from CVD, cancer, diabetes or chronic respiratory diseases by 2025 – are met?

Under the umbrella of ECDA – of which EHN is a founding member – we are calling for a European Framework on chronic diseases. Within this call is included the global targets set by WHO.

EHN is a member of the World Heart Federation (WHF). Since the UN Declaration on the prevention and control of non-communicable diseases (NCDs), we have worked in tandem to promote specific targets and have welcomed the global target of a 25 per cent reduction in premature mortality from NCDs by 2025 and the accompanying eight targets on risk factors and health systems.

Are these targets realistic for reducing hypertension and heart disease as well as improving diet in Europe?

Without ambitious plans for preventing and controlling CVD at all levels – country, European and international – the 25x25 goal cannot be attained. Having said that, with the right policies in place we are convinced that the global targets are feasible.

The EU-cofunded EuroHeart II project, led by EHN, found that small and eminently feasible population reductions in cardiovascular risk factors – such as cigarette smoking, dietary salt, saturated fat and physical inactivity – could substantially decrease future coronary heart disease (CHD) deaths in Europe. The research found that policy interventions to

25X25: A GOAL TO MEET

The majority of the World Health Organization (WHO)’s global targets to reduce premature mortality from non-communicable diseases by 2025 are highly relevant for cardiovascular disease. The 25X25 targets are:

- At least 10 per cent relative reduction in the harmful use of alcohol
- 10 per cent relative reduction in prevalence of insufficient physical activity
- Halt the rise in diabetes and obesity
- 25 per cent relative reduction in the prevalence of raised blood pressure or contain the prevalence of raised blood pressure depending on national circumstances
- 30 per cent relative reduction in mean population intake of salt
- 30 per cent relative reduction of current tobacco use in persons aged 15 or older
- At least 50 per cent of eligible people receive drug therapy and counselling to prevent heart attacks and strokes
- 80 per cent availability of essential medicines and basic technologies to treat cardiovascular disease and other non-communicable diseases
reduce smoking by 15% per cent, decrease intake of salt by 30 per cent and saturated fat by 3 per cent), while increasing physical activity by 15 per cent could reduce mortality from CHD by almost 30 per cent.

In addition, EHN recommends that the EU introduces a regulation setting a statutory upper limit on industrially produced trans fatty acids (IPTFAs). Recognising that this is the most effective way to reduce the intake at a population level, several countries have adopted legislation to restrict IPTFAs in the food chain. In Europe, six countries have done so: Austria, Denmark, Hungary, Iceland, Norway and Switzerland. In the US, several cities, including New York and Boston, have also implemented such legislation.

Through what means do you ensure that the public is kept informed on risks to their cardiovascular health and the Network’s activities?

EHN member organisations play a vital role in informing people about the risks of CVD on their websites, through printed materials and high-profile media campaigns. Our members also lend assistance to patients, often by facilitating peer-support in local patient groups.

The Network recently published a paper on CVD risk assessment programmes. What reasons motivated the creation of this paper and what did it recommend?

Acknowledging that there are millions of Europeans at high risk of developing and dying prematurely from CVD, EHN spoke up in favour of measures that allow member organisations to identify these so-called high-risk individuals. High-quality risk-assessment programmes, using validated risk-assessment tools (including only five basic elements for assessing CVD risk: sex, age, tobacco use, blood cholesterol and blood pressure), can help determine the most appropriate preventive measures.

In its paper, EHN recommends that countries implement programmes that assess individuals’ risk of CVD free of charge. We emphasise that such programmes should be designed to optimise opportunistic risk assessment and target specific population groups likely to be at high risk of CVD.

EHN also published a paper on cardiac and stroke rehabilitation. What were the findings?

A major finding is that cardiac and stroke rehabilitation programmes help prevent recurrence and improve functional capacity, recovery and psychological wellbeing after a heart episode. Rehabilitation helps patients achieve normal health standards and reach an optimal quality of life. Yet, access to and uptake of quality cardiac and stroke rehabilitation is patchy in most European countries. To help bring this conundrum to the forefront of the healthcare agenda, EHN published a paper on the benefits of rehabilitation. In this paper we also set out some key recommendations including that:

- Cardiac and stroke rehabilitation programmes must be an integral part of the patient’s treatment plan and financed by the national healthcare system.
EuroHeart II estimated that cardiovascular disease costs the EU almost €196 billion per year.

- Rehabilitation programmes should be accessible for all eligible patients, regardless of gender, age, socioeconomic status, ethnicity or place of residence.

- Appropriate healthcare professionals must refer patients to rehabilitation programmes and motivate them to take part in them.

**How do you see EHN’s role in tackling heart disease changing in the next five to 10 years?**

Interestingly, EHN is becoming actively involved in the debates on the European Commission’s proposal for a General Data Protection Regulation. Due to concern about certain amendments put forward by the European Parliament, EHN, in collaboration with a number of health research funding organisations, has appealed to the Council, European Parliament and Commission to find a compromise that will allow the appropriate use of personal data for life-saving research.

Moreover, in the past year, we have also engaged in a policy area to which we are not accustomed. Elements of international trade can act as barriers to measures that we see as health-protecting and health-promoting. EHN’s Director is a member of the EU’s Advisory Group on Trans-Atlantic Trade and Investment Partnership (TTIP). Here we try to infuse ideas and language into the trade world to promote the CVD cause. Notably, we call for policy space that will accommodate innovative measures – for example, in nutrition labelling and tobacco packaging – in a trade agreement that could otherwise see them as trade-restricting barriers.

Finally, death rates from CVD have been falling across most of Europe in recent decades, but it remains the leading cause of mortality. The burden of CVD may actually be increasing due to a variety of factors including reductions in case-fatality (resulting in more survivors and increasing prevalence), population ageing and globalisation. There are also worrying signs that favourable risk factor trends (declines in smoking, blood pressure and blood cholesterol) may be stalling and that in some countries mortality in younger age groups from CHD has not declined or has declined more slowly in recent years. The analysis stemming from our EuroHeart II project also showed that the problem of CHD could worsen as a result of growing incidence of high blood pressure, cholesterol, obesity and diabetes.

As a European network, we need to stay vigilant. We need to keep informing our policy makers that CVDs are not history and emphasise that tackling them is critical for public health and for the economy. To ensure that there is a high awareness of this major health burden, EHN will publish and disseminate relevant statistics and information to demonstrate how best to tackle CVD.

www.ehnheart.org