

CVD Prevention Workshop

ESC Prevention of CVD Programme

15 November 2019, European Heart House

Objective

“Train the trainers” approach:

- Multidisciplinary teams: general practitioners, cardiologists, nurses, patients, public health representatives from 6 countries
- To help disseminate best practices and facilitate the organisation of workshops at the national level.

Participating countries:

- Denmark
- Latvia
- Lithuania
- Portugal
- Romania
- Spain

Faculty

Chairs:

Nicole Kränkel	Project Lead, ESC Prevention of CVD Programme
Arno Hoes	Chair, EAPC Prevention Implementation Committee

Speakers:

Monika Hollander	Chair, EAPC Primary Care and Risk Factor Management Section
Paul Leeson	Nucleus Member, EAPC Primary Care and Risk Factor Management Section
Catriona Jennings	Association of Cardiovascular Nursing and Allied Professions representative
Sofie Gevaert	Acute Cardiovascular Care Association representative
Joep Perk	Deputy Chair, EAPC Prevention Implementation Committee
Christi Deaton	Secretary, EAPC Primary Care and Risk Factor Management Section

Key messages

Session 1: When and how to assess cardiovascular risk?

- Use CV risk assessment tools – SCORE or a local one
- Lifetime risk, relative risk, and risk age can be used to communicate risk in <40 year-olds
- Tools are needed to communicate CV risk to patients; QoL is also crucial
- Patient stories need to be heard more broadly
- Knowledge about CV risk assessment needs to be spread beyond GPs/cardios: to politicians, other clinicians, etc.

Key messages

Session 2: How to intervene at the individual level?

- Healthy lifestyle is the first step
- Assess the patient's motivation and confidence to change
- Use teach-back to check what you communicated is what the patient heard
- Goals should be specific, measurable, achievable, reliable, and timely
- Lifestyle change is more effective when families/partners are involved
- Assess and advise on dietary patterns rather than single nutrients
- When drugs are needed, stress the benefits and importance of adherence
- Social media and professional websites should be used to communicate with patients
- Use expert patients as tools to motivate and inspire other patients to achieve change

Key messages

Session 3: How to intervene at the population level?

- Educate children in schools; they will tell their parents what they learned
- Use social media for health campaigns
- Reimburse smoking cessation medications
- Use nurses with knowledge in multiple morbidities as case managers

Session 4: How to organise cardiovascular prevention in my country?

- Someone (GPs?) should take primary responsibility; all healthcare professionals should be involved
- General practice is a key setting to initiate, coordinate and provide long-term follow-up for CVD prevention
- Acute hospital admissions are also a good time to start CVD prevention
- Common protocols are needed among different settings
- The public need to understand that their lifestyle will determine their future health
- Education of doctors and nurses on CVD prevention and tackling inertia is essential
- Nurses need a legal mandate to give prevention advice
- Involving politicians is of utmost importance

Conclusions

- This was a highly interactive day with group discussions and Q&As with speakers and chairs during each session.
- Many actors involved in prevention took part including patients, cardiologists, nurses, GPs, physiotherapists, psychologists, endocrinologists, and psychiatrists.
- Future workshops should follow, including participants from other countries.