Report: National CVD Prevention Coordinators (NCPC) Workshop

ESC Congress 2023 Amsterdam, NL

27 August 2023



Programme



15:30 – 15:35 Welcome & Objectives of the workshop	E Cavarretta
15.35 – 16.45 The smoking cessation	
• 1 case presentation - 5 minutes	P Jankowski
Discussion in groups - 25 minutes	all
• Daily smoking (% population aged 15+, age-standardized): total male and female	
 Is smoking cessation covered by the national health insurance? 	
 Are there public/private centers for smoking cessation? 	
 Are there national programs for smoking cessation? 	
 How accessible are smoking cessation programs/centers? 	
Comparison of outcome - 40 minutes	all
16:45 – 16:55 Upcoming NCPC activities	E Cavarretta
16:55 – 17:00 Closing remarks	E Cavarretta



Participants



- Chair & Speaker
- Elena Cavarretta, Prevention Implementation Committee Chair
- Piotr Jankowski, NCPCs network Advisor & NCPC representative

Participants

19 National Coordinators and Representatives from 15 different countries:

- Austria
- Bosnia & Herzegovina (2)
- Estonia
- Finland
- Iceland
- Italy
- Lithuania
- Malta
- Netherlands (3)
- Norway
- Poland (2)
- Portugal
- Romania
- Slovakia
- Sweden





Patient Case



A case of a patient with lower back pain



The history



A 56-year-old architect visited his GP because of lower back pain, that had occured "from time to time" for the last "several" months.



The history



Smoking for decades (20 cig./day)

Sedentary lifestyle

No other complaint or health problems

Father died for MI at the age of 70 Brother (65 years) suffered from MI.



Physical examination



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HR:
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66/min.

BP:

right arm - 150/92 mmHg left arm - 152/94 mmHg

BMI:

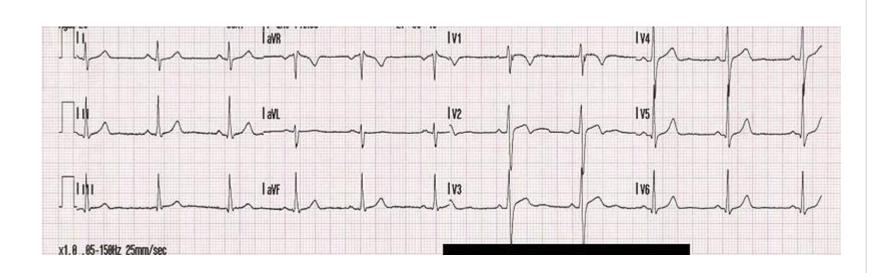
28,5 kg/m²

Waist:

101 cm









Intensity of addiction to nicotine - the Fagerström test



How soon after waking do you smoke your first	Within 5 minutes	3
cigarette?	5-30 minutes	2
cigarette:	31-60 minutes	1
Do you find it difficult to refrain from smoking in places	Yes	1
where it is forbidden? e.g. Church, Library, etc.	No	0
Which cigarette would you hate to give up?	The first in the morning	1
Which cigarette would you hate to give up?	Any other	0
	10 or less	0
How many digarattes a day do you smoke?	11 – 20	1
How many cigarettes a day do you smoke?	21 – 30	2
	31 or more	3
Do you smoke more frequently in the morning?	Yes	1
bo you smoke more frequently in the morning!	No	0
Do you smoke even if you are sick in bed most of the	Yes	1
day?	No	0
	Total Score	

0-4 – low, 5-6 – moderate, ≥7 – high dependence



Intensity of addiction to nicotine - the Heaviness of Smoking Index



	< 5 minutes	3
How soon after you wake up do you smoke your first cigarette?	5 - 30 minutes	2
	30-60 minutes	1
	> 60 minutes	0
How many cigarettes per day do you smoke?	10 or less	0
	11-20	1
	21-30	2
	31 or more	3
	Total	

0-4 – low dependence

5-6 – high dependence



Intensity of addiction to nicotine - the Heaviness of Smoking Index



	< 5 minutes	3
How soon after you wake up do you smoke your first cigarette?	5 - 30 minutes	2
	30-60 minutes	1
	> 60 minutes	0
How many cigarettes per day do you smoke?	10 or less	0
	11-20	1
	21-30	2
	31 or more	3
	Total	3

0-4 – low dependence

5-6 – high dependence



Recommendations



- **✓** Stop smoking
- ✓ Increase physical activity
- ✓ Diet, inclusding salt restriction
- ✓ Blood tests including lipids, glucose, creatinine, potassium, blood cell count
- ✓ Non-steroidal anti-inflammatory drugs







1. Was the patient managed appropriately? What would you do differently?



Objective



Elena Cavarretta presented the objective of the workshop:

- Comparison of smoking cessation programmes across the countries in the different risk regions by focusing on:
 - Daily smoking (% population aged 15+, age-standardized): total male and female
 - Is smoking cessation covered by the national health insurance?
 - Are there public/private centers for smoking cessation?
 - Are there national programs for smoking cessation?
 - How accessible are smoking cessation programs/centers?



Group discussions by risk region















Very high-risk group:

- Romania:
 - Daily smokers: 26.7% of smokers with 37.4% male and 16.7% female (WHO 2011)*
 - No recent date on electronic cigarettes
 - People living in the poor regions in Romania have difficulties in reaching medical assistance
 - Smoking cessation partially covered:
 - Cessation programmes (3 months) are performed by medical doctors (Pulmonologist or Psychologist) which are covered
 - Nicotine replacement products from the pharmacy are not covered
 - No smoking cessation centre
- Lithuania:
 - Daily smokers: 17.3% of smokers with 28.3% male and 7.8% female (WHO 2018)*
 - Primary prevention programmes available
 - Smoking cessation is not covered
 - 1 smoking cessation centre, but the same as for other addictions like alcohol and drugs (risk of barrier for participation in programmes)





High-risk group:

- Bosnia & Herzegovina:
 - Daily smokers: 40.7% of smokers with 46.9% male and 34.5% female (2018 WHO)*
 - · The percentages are the same over the last 20-25 years, but an increase in female smoker
 - Smoking cessation centre available; services are not covered by the health insurance
- Estonia:
 - Daily smokers: 17.2% of smokers with 23.4% male and 12.9% female (2018 WHO)*
 - Smoking cessation centres and programmes in all big hospitals; covered by the National Health Insurance funds
 - Not enough doctors and nurses available for those programmes
 - Drugs are refunded, but not nicotine replacements like patches and chewing gums
 - Private doctors propose smoking cessation treatment like acupuncture
- Poland:
 - Daily smokers: 21.0% of smokers with 24.0% male and 18.0% female (2019 WHO)*
 - 2 state financed smoking cessation centres are available
- Slovakia:
 - Daily smokers: 22.9% of smokers with 30.4% male and 15.8% female (2014 WHO)*





Moderate risk group:

- Finland:
 - Daily smokers: 14.0% of smokers with 15.0% male and 13.0% female (2018 WHO)*
- Iceland:
 - Daily smokers: 8.2% of smokers with 8.1% male and 8.4% female (2019 WHO)*
 - Hugh decrease of smokers from 35% in the 80s to 6.2% at present -> the aim is to pass below the 5% barrier in a few years
 - Dedicated point of sales for cigarettes; vending machines are not allowed
 - Cessation programmes are not covered, but counselling is available via webpages, telephone and apps
- Italy:
 - Daily smokers: 18.6% of smokers with 22.7% male and 14.8% female (2019 WHO)*
- Malta:
 - Daily smokers: 20.1% of smokers with 23.4% male and 17.0% female (2014 WHO)*
 - Smoking cessation centres are available and free for all taxpayers, not successful because of lack of human resources and services offered in primary care which is often disjointed with tertiary care services.
- Portugal:
 - Daily smokers: 16.8% of smokers with 23.5% male and 10.9% female (2014 WHO)*
 - Smoking cessation programmes are covered in public hospitals, but not in private clinics
 - Access to public centres is difficult with long waiting lists
 - New law: if approved, smoking will be forbidden next to public buildings (schools, restaurants etc.) from October 2023
- Sweden:
 - Daily smokers: 10.1% of smokers with 11.0% male and 9.2% female (2018 WHO)*
- National campaigns and smoking restrictions reduced the number of smokers in Finland, Sweden, Malta and Iceland





Low risk group:

- Austria:
 - Daily smokers: 24.3% of smokers with 26.5% male and 22.1% female (2014 WHO)*
- Netherlands:
 - Daily smokers: 16.8% of smokers with 19.5% male and 14.1% female (2017 WHO)*
 - A smoking cessation programme by physicians -> important to talk about "the elephant in the room":
 - Ask: do you smoke?
 - Inform: you can get help!
 - Organise: referral to smoking cessation programmes
 - Very ambitious aim to pass under the 5% barrier in 2040 -> important to involve all physicians to reach the goal
- Norway:
 - Daily smokers: 9.0% of smokers with 9.0% male and 9.0% female (2019 WHO)*
 - More recent data: 7% of smokers
 - E-cigarettes were never allowed
 - · Life-style centres are available for a small fee: 8 weeks programme with physical exercise, weight reduction, smoking cessation

General comments:

- Government regulation does matter it works
- E-cigarettes: act and save the youth from additions e-cigarettes are the gateway to move to other additions



Conclusions / 1



The discussion focused on the comparison of the smoking cessation programmes across the countries in the different risk regions:

Huge differences in the prevalence of smoking across the represented countries.

Country	Both	Male	Female
Austria	24.3%	26.5%	22.1%
в&н	40.7%	46.9%	34.5%
Estonia	17.2%	23.4%	12.9%
Finland	14.0%	15.0%	13.0%
Iceland	8.2%	8.1%	8.4%
Italy	18.6%	22.7%	14.8%
Lithuania	17.3%	28.3%	7.8%

Country	Both	Male	Female
Malta	20.1%	23.4%	17.0%
Norway	9.0%	9.0%	9.0%
Poland	21.0%	24.0%	18.0%
Portugal	16.8%	23.5%	10.9%
Romania	26.7%	37.4%	16.7%
Slovakia	22.9%	30.4%	15.8%
Sweden	10.1%	11.0%	9.2%
The NL	16.8%	19.5%	14.1%



Conclusions / 2



- Huge difference in dealing with legislation and commercialization with electronic cigarettes and heatnot-burn cigarettes.
 - Example from Norway: Electronic cigarettes were never allowed
- Smoking cessation programmes very heterogenous within the same risk regions
- Access to smoking cessation programmes different even within one country (cities vs rural areas)
- Very successful workshop on a dedicated topic.
- This format could re-proposed for the next NCPC meeting in Athens 2024.





ESC Preventive Cardiology 2024

Next NCPC workshop

Next NCPC workshop

A save the date!

— Save the date!



25-27 April Athens, Greece •





