

Report:

National CVD Prevention Coordinators (NCPC)

Workshop

ESC Congress 2024 London

1 September 2024

Programme

16:45 – 16:50	Welcome & Objectives of the workshop	E Cavarretta
16:50 – 18:10	How is hypertension treated in your country?	
16:50 – 16:55	1 case presentation - 5 minutes	P Jankowski
16:55 – 17:35	Discussion in groups – 40 minutes	All
	<ul style="list-style-type: none">• What is the definition of hypertension in your country?• What are the blood pressure goals in your country?• How would you manage high blood pressure?• How would you manage obesity?	
17:35 – 18:10	Comparison of outcome – 30 minutes	All
18:10 - 18:15	Closing remarks	E Cavarretta / M Kavousi

Co-chairs & Participants

Co-chairs:

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

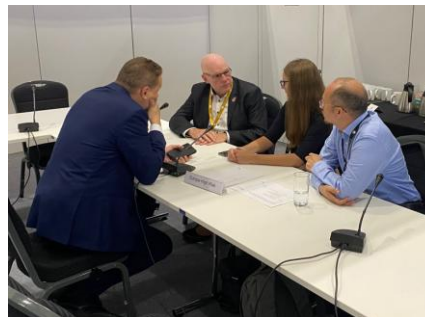
Participants: 18 National Coordinators and Representatives from 4 European risk regions



Low risk



Moderate risk



High risk



Very high risk

Objective

Elena Cavarretta presented the objective of the workshop:

- Patient case presentation (Piotr Jankowski)
- Discussion in groups by risk region: **“How is hypertension treated in your country?”**
- Presentation of the outcome of each group
- Comparison of hypertension treatment between the different risk category countries.

Patient Case



Piotr Jankowski

The history

A 62-year-old male teacher visited his GP for routine examination.

The history

Smoking - **no**

Sedentary lifestyle

No complaint or health problems, apart from being overweight

Father died for MI at the age of 74

Brother (70 years) suffered from MI.

Physical examination

HR: 72/min.

BP: right arm – 138/88 mmHg
left arm - 137/88 mmHg

BMI: 32,0 kg/m²

Waist: 105 cm

Recommendations

- ✓ Increase physical activity
- ✓ Diet
- ✓ Decrease weight
- ✓ Home BP measurements
- ✓ Laboratory tests

After a month

✓	Glucose	5.4 mmol/l
✓	Total cholesterol	7.0 mmol/l
✓	LDL cholesterol	4.1 mmol/l
✓	HDL cholesterol	0.9 mmol/l
✓	Non-HDL cholesterol	6.1 mmol/l
✓	Triglycerides	4.4 mmol/l

After 3 months

HR: 72/min.

BP: right arm – 136/85 mmHg
left arm - 134/84 mmHg

BMI: 32,0 kg/m²

Waist: 105 cm

Group Discussion



Presentation of results



Comparison of outcome

- What is the definition of hypertension in your country?
- What are the blood pressure goals in your country?
- How would you manage high blood pressure?
- How would you manage obesity?

Low risk group – results

Presenter: Elena Tessitore (CH)

Countries: Netherlands, Norway, Switzerland

This patient's score calculated with:

- SCORE2: 8,5% (moderate risk)
- NORRISK, used in Norway: 13% (high risk).
- Swiss Risk (GSLA): 14.9% (intermediate).

All agreed:

- To propose to lose weight and to decrease his waist circumference: patient had a waist circumference of 105 cm, and it should be < 102 cm (primary prevention).
- Lifestyle modification first: healthy diet, sport, lose weight
- Then after 3 months if BP still the same: Start with ACE or ARB inhibitors
- The BP goal is depending on which risk is considered: either moderate or high.

Moderate risk group – results

Presenter: Mark Abela (MT)

Management of the presented patient by country

Country	Definition	Goals	Management (Primary Care)	Management (Tertiary Care)	Management of Obesity
Austria	High/Normal BP	<130/85	Lifestyle modification, statins, not using calculators, refer to cardiologist	Exercise, Diet, Consider statin therapy, ECG, Bloods, SCORE2, ABPM*, Statins	Lifestyle modification
Iceland	High/Normal BP	<130/85	Lifestyle modification, refer to cardiologist	Exercise, Diet, Consider statin therapy, ECG, Bloods, SCORE2, ABPM*, Statins	Lifestyle modification
Greece	High/Normal BP	<140/90	Lifestyle modification, calculators not routinely used, statins, refer early to cardiologist	Exercise, diet, SCORE2, ECG, Bloods, ABPM*, +/- ECHO, Sleep Study	Lifestyle modification, obesity clinics
Finland	High/Normal BP	<140/90 (office), >135/85 (home), >135/85 (ambulatory)	Lifestyle modification, calculators not routinely used, statins	Exercise, Diet, Consider statin therapy, ECG, Bloods, SCORE2, ABPM*, +/-ECHO, statins	?
Italy	High/Normal BP	<140/90	Lifestyle modification, statins, not using calculators, refer early to cardiologist, + ECHO	Exercise, diet, SCORE2, ECG, Bloods, ABPM*, ECHO	?
Portugal	High/Normal BP	<140/90, <30/85 (DM)	Lifestyle modification, statins, not using calculators, refer early to cardiologist, + ECHO	Exercise, diet, SCORE2, ECG, Bloods, ABPM*, ECHO	Lifestyle +/- Semaglutide (not by GPs)
Malta	High/Normal BP	<140/90, <130/80 (DM)	Lifestyle modification, statins, not using calculators, refer early to cardiologist	Exercise, diet, SCORE2, ECG, Bloods, ABPM*, ECHO	Lifestyle, Dietician, +/- Semaglutide

*Ambulatory Blood Pressure Monitoring (ABPM)

High risk group – results

Presenter: Beáta Šoltéssová (CZ)

Countries: Poland, Türkiye, Estonia, Czechia

- Definition of arterial hypertension and blood pressure goals are the same in all high-risk countries which were present.
- Patient case: The presented values of the patient's blood pressure were borderline according to the previous guidelines

All agreed:

- Ambulant blood pressure monitoring (ABPM) would be beneficial for the better picture of the patient's blood pressure profile.
 - Further BP management: Most of the doctors in the present countries would not put the patient on antihypertensive medication.
 - But, based on the calculated cardiovascular risk (= high risk patient):
 - the patient would benefit from antihypertensive medication.
 - Lifestyle modification should be recommended (weight reduction, regular physical activity, healthy diet)
 - Obesity treatment (GLP-1 agonists) was also discussed if the lifestyle changes would not bring the desired results.
- In Türkiye there are a few specialised centers available:
 - supporting the required lifestyle changes in obese patients with the help of physiotherapists, nutritional therapists and psychologists

Very-high risk group – results

Presenter: Iulia Kulcsar (RO)

Countries: Lithuania, Georgia, Ukraine, Romania

- 3 countries calculate the risk based on SCORE2 and follow the ESC Guidelines on Prevention and Hypertension.
- National Guidelines available only in Lithuania; comply with the ESC Guidelines
- Concerning the management of the patient:
 - Blood pressure (BP) monitoring and examination of dietary habits
 - Profiling physical activity
 - Verifying health status after 1 month and 3 months
- BP goals and the management of high BP: ESC Guidelines' recommendations are followed; however, the problem is the long-term compliance with the medical treatment and lifestyle changes of the patient
- Obesity management:
 - Differs depending on the reason for obesity (stress, dietary habits, etc)
 - In Romania: Obesity management is a teamwork (cardiologists, diabetologists, endocrinologists, dietitians, physiotherapists, psychologists)

Conclusions

- The use of different CV risk calculators may lead to the variability in CV risk categorisation, what could be seen especially in the low-risk countries
- All representatives agreed that education on lifestyle is essential, although some raised doubts on its long-term effectiveness
- Pharmacotherapy of obesity would be considered in a minority of countries (mainly by the moderate and high-risk countries)
- The discussion revealed some uncertainty regarding blood pressure management, including variation in the indication for ABPM and drug therapy.
- A statin would be prescribed, in case of insufficient effects of lifestyle modification, in moderate and high-risk countries only (however, the discussion on high cholesterol level management was not the goal of the exercise)
- Representatives of some countries (mainly from the moderate risk group) insisted on the early referral to a cardiologist, most of these experts would perform echocardiography
- **Recommendation of physical exercise revealed a considerable variation in the management of patients with CV risk factors across Europe**

