

THE DECLARATION OF THE CROATIAN CARDIAC SOCIETY

under the patronage of the Heart Failure Association of the European Society of Cardiology (HFA-ESC) signed during the 9th National Heart Failure Societies Presidents Summit, organised by the HFA-ESC, October 26, 2019, Dubrovnik, Croatia

We, the undersigned signatories of the Declaration, hereby certify that:

The extension of lifespan in the beginning of the 21st century is mainly the result of more effective treatment of cardiovascular diseases. However, cardiovascular diseases still remain the main cause of death in Croatia and in most of the world.

Heart failure is the final stage of the majority of cardiovascular diseases, affecting about 2% or more of the population in the developed world. As cardiovascular treatments have become more effective over time, there is an increasing number of patients staying alive, but with residual myocardial structural and/or functional damage, which can lead to heart failure.

Despite modern treatments for heart failure, nearly 50% of patients die within five years after being diagnosed with it. Therefore, heart failure is now considered the leading malignant disease, there being no single malignant tumour affecting as much of the general population (approximately 2%) and having as poor a survival rate as heart failure.

Besides being deadly and disabling, heart failure is costly. Many heart failure patients depend on frequent visits to outpatient departments or repeated hospitalisations. Therefore, treatment and management of the disorder are a significant economic burden for healthcare systems. Despite many difficulties, conventional treatments for heart failure are usually widely available in many countries. They can alleviate symptoms, reduce the incidence of sudden cardiac death and postpone deterioration of the disorder.

However, the natural course of the disease is progressive and eventually leads to advanced heart failure, which is refractory to conventional treatments (i.e. medications and devices, which include implantable cardioverter defibrillators and/or cardioresynchronisation devices).

This is why the Heart Failure Association of the European Society of Cardiology (HFA-ESC) has recently dedicated special attention on advanced heart failure, recognising it as one of the greatest challenges in heart failure cardiology. This has included the establishment of the HFA-ESC Advanced Heart Failure Committee and the publication of the HFA-ESC Position Paper on Advanced Heart Failure last year. In addition to the complexity of diagnosing and treating advanced heart failure, there is the problem of unequal access to effective advanced heart failure management across ESC member countries and worldwide.


Heart transplantation is a life saving, curative procedure, and still the gold standard for treating advanced heart failure. However, we are facing an increasing lack of donors globally, which means that patients on waiting lists are either dying or obliged to seek alternative, less effective treatment. Unfortunately, among ESC member countries there are some with no or very poor heart transplant programmes. Nowadays, appropriate management of advanced heart failure implies highly specialized tertiary centres, performing both heart transplantation and acute and chronic mechanical circulatory support. Unfortunately, that due to financial and organizational restrictions, many ESC member countries still face very limited or even no mechanical circulatory support options.

Croatia, the youngest EU member state, has developed a successful and comprehensive advanced heart failure programme. Patients in Croatia have benefited from both heart transplantation, since 1988, and mechanical circulatory support, since 2008. Both therapies are available to all Croatian citizens with an indication according to current international guidelines.

To conclude, **this Declaration has the following objectives:**

- 1 _ To increase awareness of heart failure as the most frequent malignant disease, and of advanced heart failure as the terminal phase of that Malignancy.
- 2 _ Advanced heart failure patients should be diagnosed in the early phase of the disease, evaluated in specialised advanced heart failure centres, and, if no contraindication, treated with life-saving strategies: heart transplantation and/or mechanical circulatory support.
- 3 _ European citizens suffering from advanced heart failure should be treated in their own countries according to the best available standards. By adopting these principles, many lives could be saved, and many patients could be brought back to almost normal or even completely normal life.
- 4 _ Some patients with advanced heart failure are not candidates for advanced therapies. They should be cautiously evaluated in specialised advanced heart failure centres and then receive high quality multidisciplinary palliative care.
- 5 _ HFA-ESC member states should exchange information on the situation in their respective countries with the aim of identifying best practices and learning from each other's experiences concerning the best possible treatment and management of heart failure patients.


Professor Davor Miličić, MD, PhD, FESC, FACC
Vice President of the Croatian Academy of Sciences and Arts
President, Croatian Cardiac Society
HFA-ESC Board Member & Coordinator,
Advanced Heart Failure Committee


Professor Petar Seferović, MD, PhD, FESC, FHFA, FACC
Fellow of the Serbian Academy of Sciences and Arts
President, Serbian Heart Failure Association
President, Heart Failure Association of the
European Society of Cardiology