



WORLD HEART
FEDERATION®

Global CVD Roadmaps

WHF Roadmap to reducing premature CVD mortality caused by raised blood pressure

Alma Adler

Science Officer- World Heart Federation

The World Heart Federation Goal



WHF Roadmap to reducing premature CVD mortality caused by raised blood pressure



WHF Roadmaps



Objectives

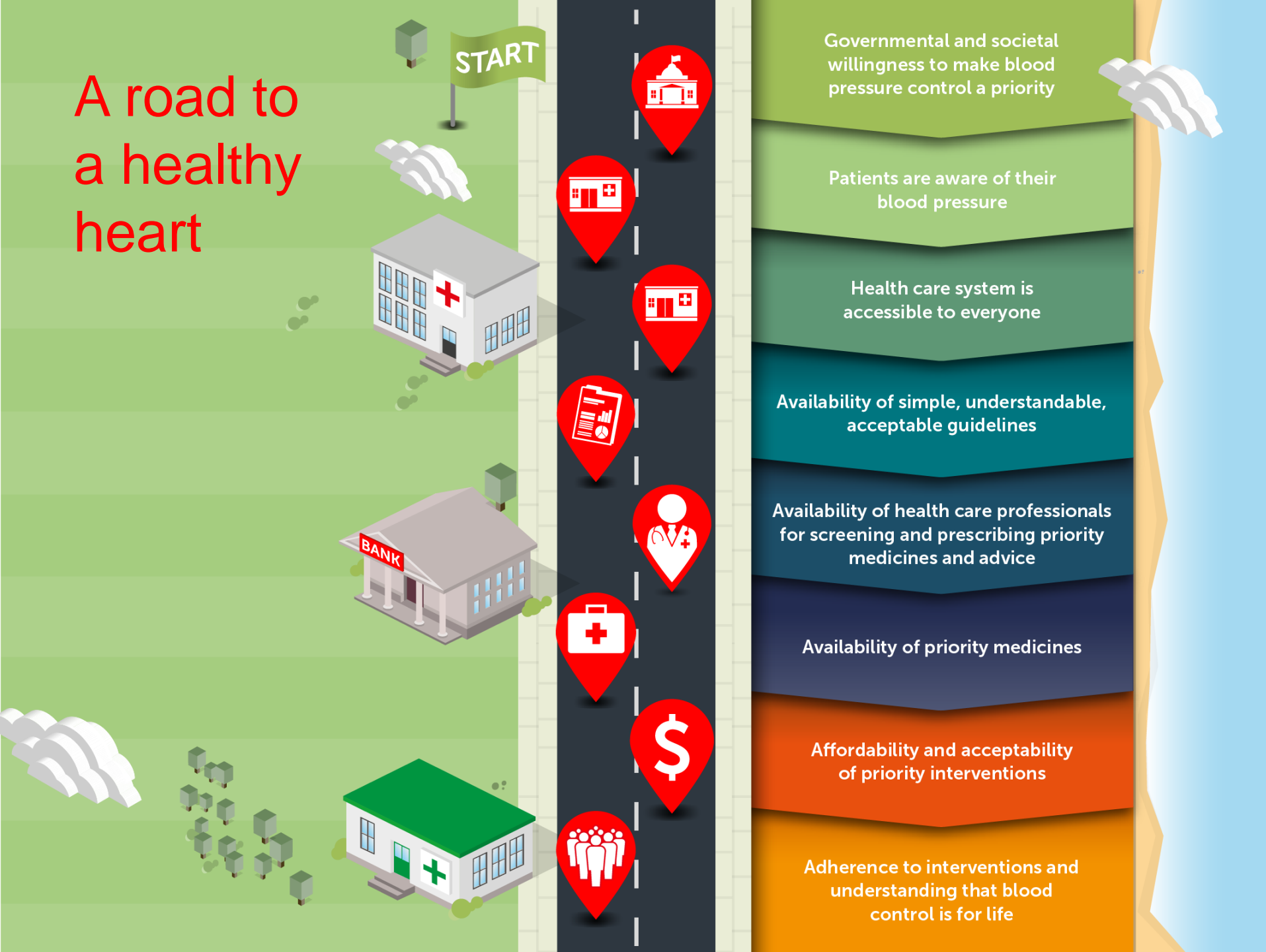
- Define ideal patient journey
- Identify common roadblocks
- Propose some potential solutions
- Suggest a step by step process for adaptation.



Methods

- Health System Framework
- Systematic reviews
- Broad consultation with WHF members and partners.
 - 91 participants attended meeting in Melbourne
 - Online consultation over 200 organisations
 - Received endorsement from WHL and ISH

A road to a healthy heart



Resources



Human resources

- **Availability of health care professionals to conduct screening, prescribe priority medicines, give advice on lifestyle modification**
- **Awareness of health care professionals that treatment is for life**

Resources



Physical resources

- **Calibrated (locally appropriate) sphygmomanometer**
- **Availability of essential medicines including ACE inhibitor or angiotensin receptor blocker, β -blocker, calcium channel blocker, diuretics.**

Resources



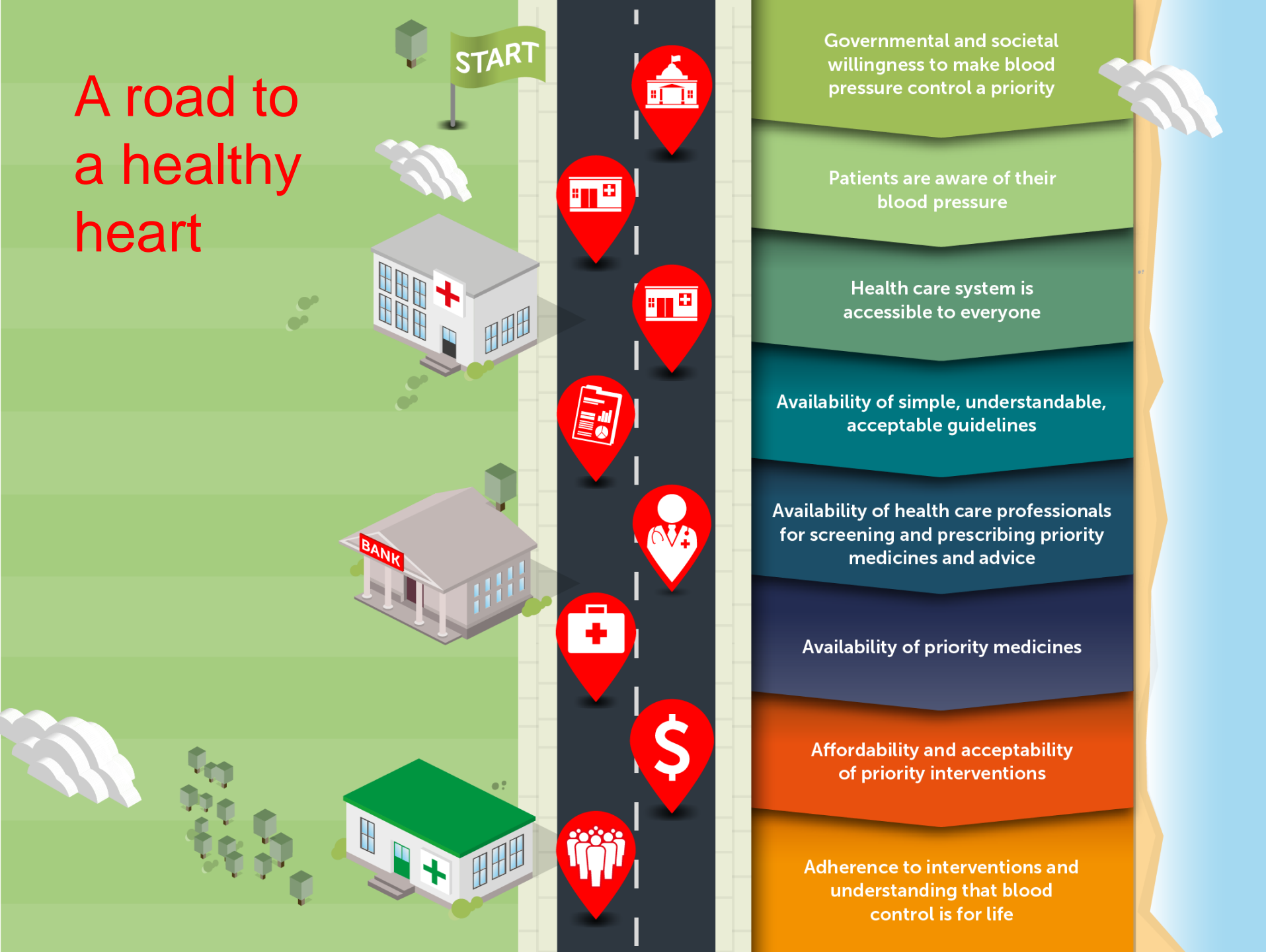
Intellectual resources

- **Availability of standardised, practical, relevant, culturally appropriate, simple guidelines for screening, treatment, and lifestyle modifications**

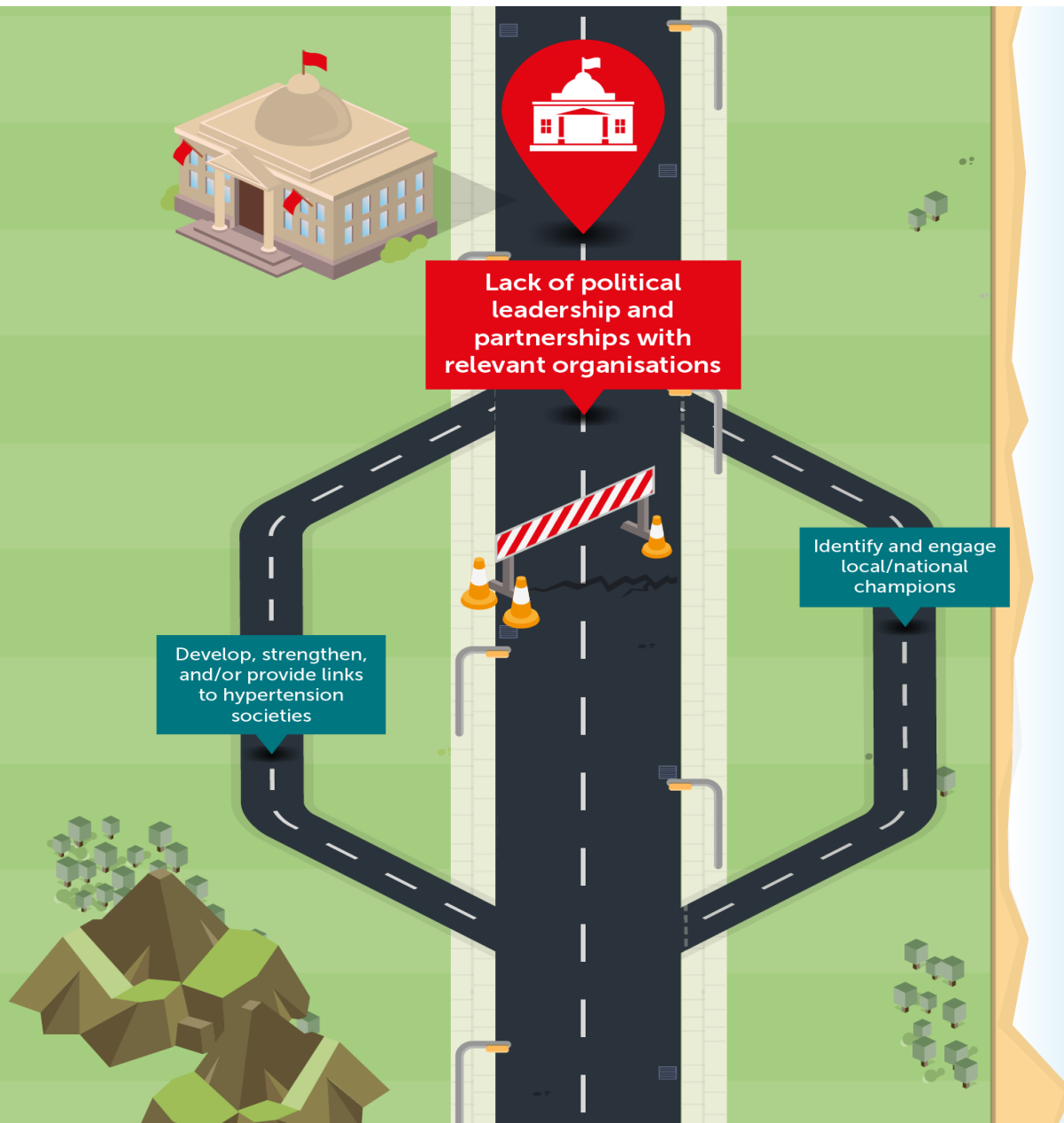
Ideal patient journey.....

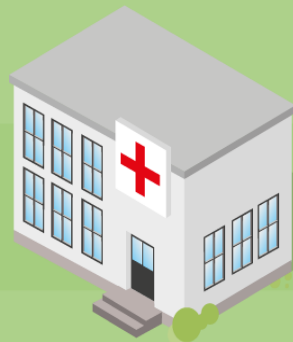
But many roadblocks along the way

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Roadblocks and potential solutions





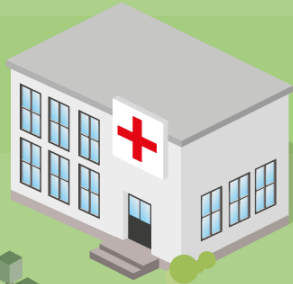
Patients are unaware
that they are at risk
of hypertension/
unaware of their
hypertension status

Provide opportunistic
screening

Involve health workers
at the community level

Open health centres
close to communities
in rural areas





Lack of health care professionals to screen/prescribe priority interventions

Promote task-sharing/scope of practice





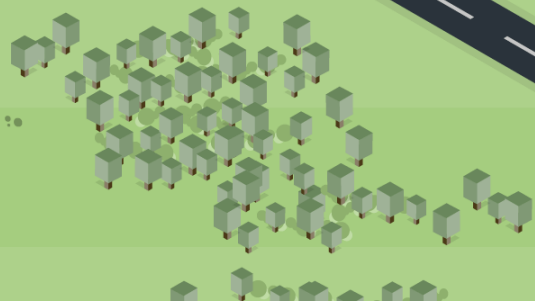
Priority interventions
are not affordable

Promote the use of
good quality generic
medications

Promote local
manufacturing, bulk
purchasing and/or efficient
system to streamline
medication supply

Provide financial and
social support for patients
to purchase priority
interventions

In settings where there
is idiosyncratic pricing,
choose low-cost
alternatives



Actions for reducing CVD mortality related to raised blood pressure



- **Opportunistic effective screening so people become aware of their blood pressure**
- **Recommend re-screening for individuals with elevated blood pressure with lifestyle modifications**
- **Treatment for individuals with SBP ≥ 160 mmHg or DBP ≥ 100 mmHg or with SBP ≥ 140 mmHg or DBP ≥ 90 mmHg who are at an overall high risk**
- **Education for all individuals on the importance of lifelong adherence to lifestyle modifications and medication use.**

Screening:

- Opportunistic screening, any time that people present at clinics (at least once a year)
- Can also be carried out in workplaces, antenatal care, pharmacies, mobile units,
- Ideal method involves ambulatory or home based screening, but in many cases this is not available.
- Minimum standard should be serial paired readings. If on the borderline should be repeated

Treatment:

Blood pressure	Risk category	Action required
SBP \geq160 mmHg <u>or</u> DBP \geq100 mmHg	—	Initiate drug treatment
SBP 140–159 mmHg <u>or</u> DBP 90–99 mmHg	High risk (as per local guidelines)	Initiate drug treatment
SBP 140–159 mmHg <u>or</u> DBP 90–99 mmHg	Low risk	Emphasize diet and lifestyle changes with regular (e.g., 6-monthly) re-screening

DBP, diastolic blood pressure; SBP, systolic blood pressure.

- Critical that blood pressure levels of hypertensive patients are lowered, and the means that is achieved are probably secondary
- Because many patients require two or more drugs to achieve blood pressure control, may want to consider initiating therapy with two drugs and perhaps the use of single pill combinations of drugs where they are cheap and available.
- In addition to lowering blood pressure, where possible try to influence other risk factors

Summary of key recommendations



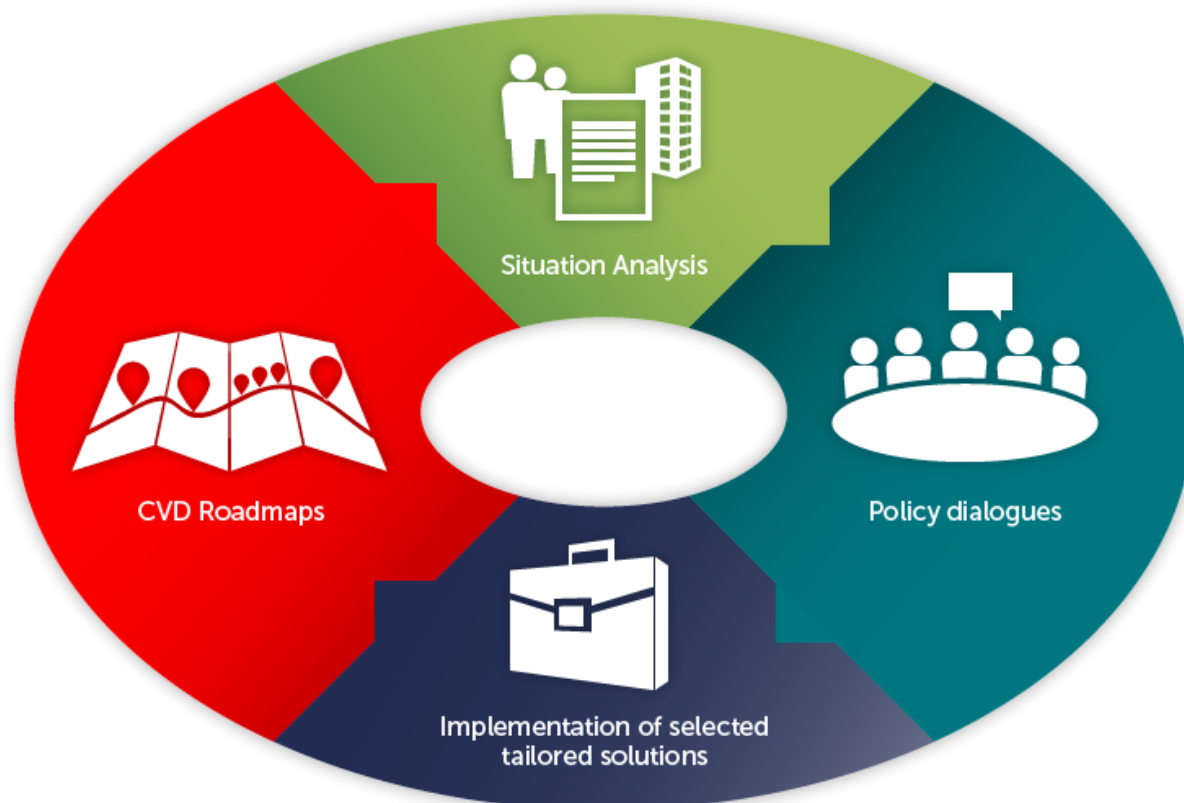
1. Provide **opportunistic screening** so individuals become **aware** of their blood pressure status
2. Design **simple** and practical, locally **acceptable guidelines**
3. **Educate health professionals** so they are aware of and understand guidelines
4. Implement **task-sharing** and expand the scope of practice so **non-physicians** are able to screen and provide lifestyle advice and medications to people who need them
5. Support **clinical decision support systems** for health care providers

Summary of key recommendations



6. Develop and strengthen **links** to hypertension societies
7. Promote the use of **inexpensive** good **quality generic medications**
8. Support **e-health** and educate health care recipients and carers for **linkage** between diagnosis and treatment
9. Conduct **education campaigns** for health care recipients and carers to promote **understanding of adherence** and importance of long term treatment; and
10. Support **information and communication technology** to remind patients to take their medication.

Adaptation at national level



Steps to implementing a CVD roadmap

- Create a **national (international) coalition** to achieve 25 x 25
- Situation analysis
 - Epidemiological profile (burden raised blood pressure, risk factors)
 - Health system assessment (resources, financing, governance, delivery)
 - Barriers and solutions
 - Policy mapping (national plans, laws)
 - Rapid reviews, secondary data analysis and interviews
 - **Produce a situation analysis report**
- Policy dialogues
 - Stakeholders mapping
 - Cardiovascular societies
 - Heart foundations
 - Policy makers
 - NGOs
 - Discuss roadmaps solutions (in the context of situation analysis)
 - **Produce a concrete plan of action**



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