

CARDIOVASCULAR PREVENTION PIEMONTE...STATE OF THE ART

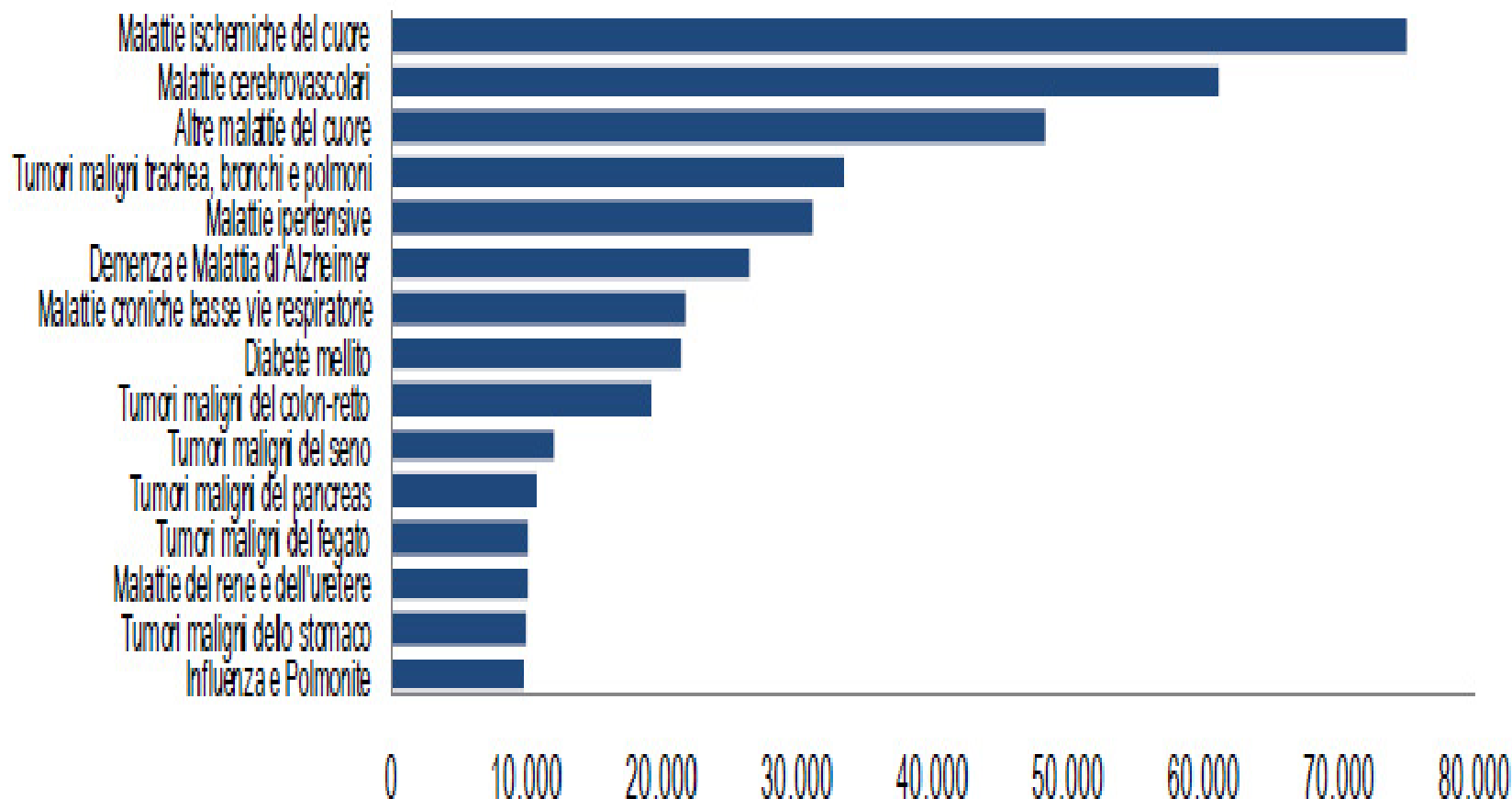
SEBASTIANO MARRA , FESC

PRESIDENTE

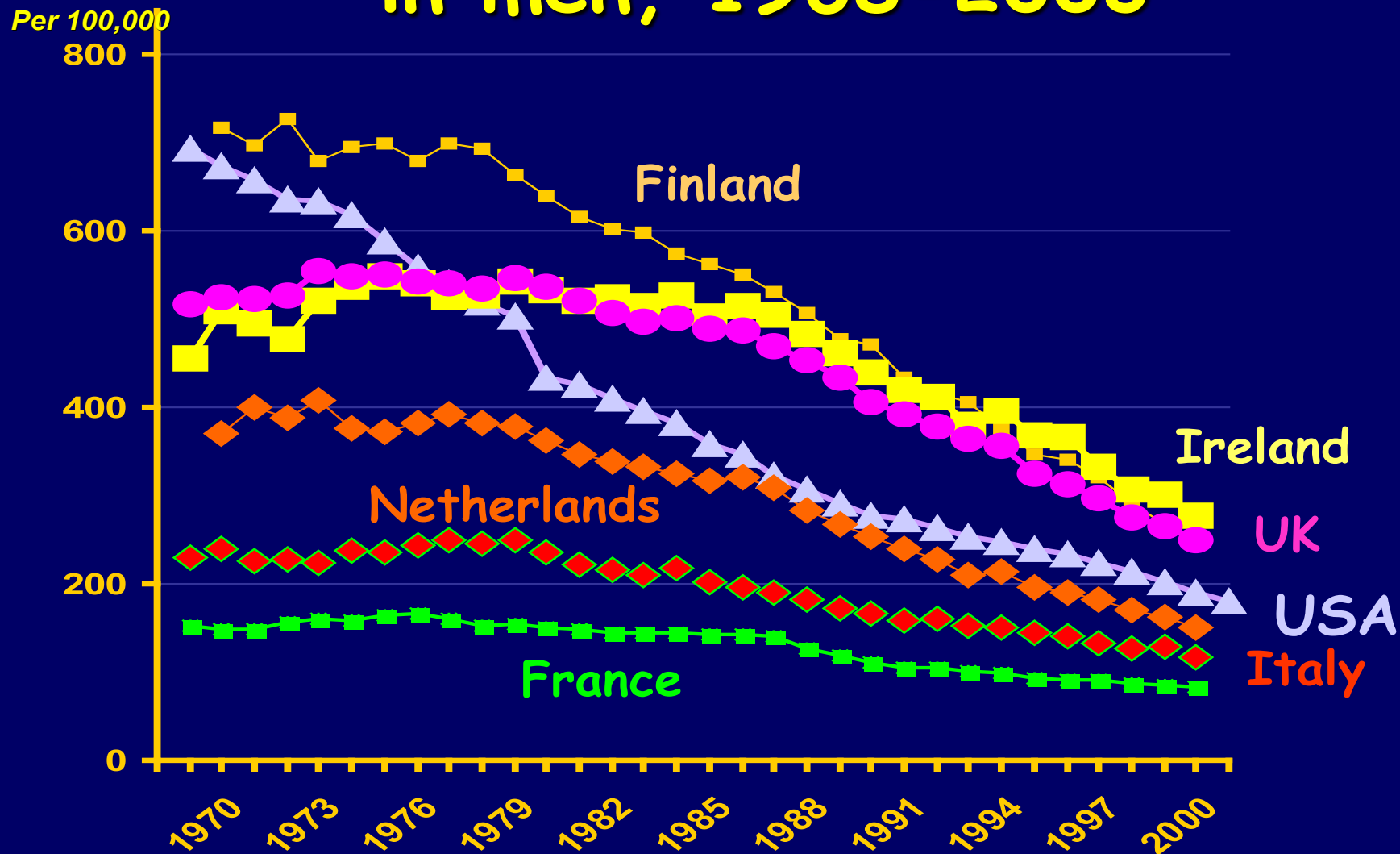
ASSOCIAZIONE AMICI DEL CUORE PIEMONTE ONLUS

ISTITUTO SUPERIORE di SANITA'

FIGURA 1. LE 15 PRINCIPALI CAUSE DI MORTE IN ITALIA. NUMERO DI DECESSI, ANNO 2012.

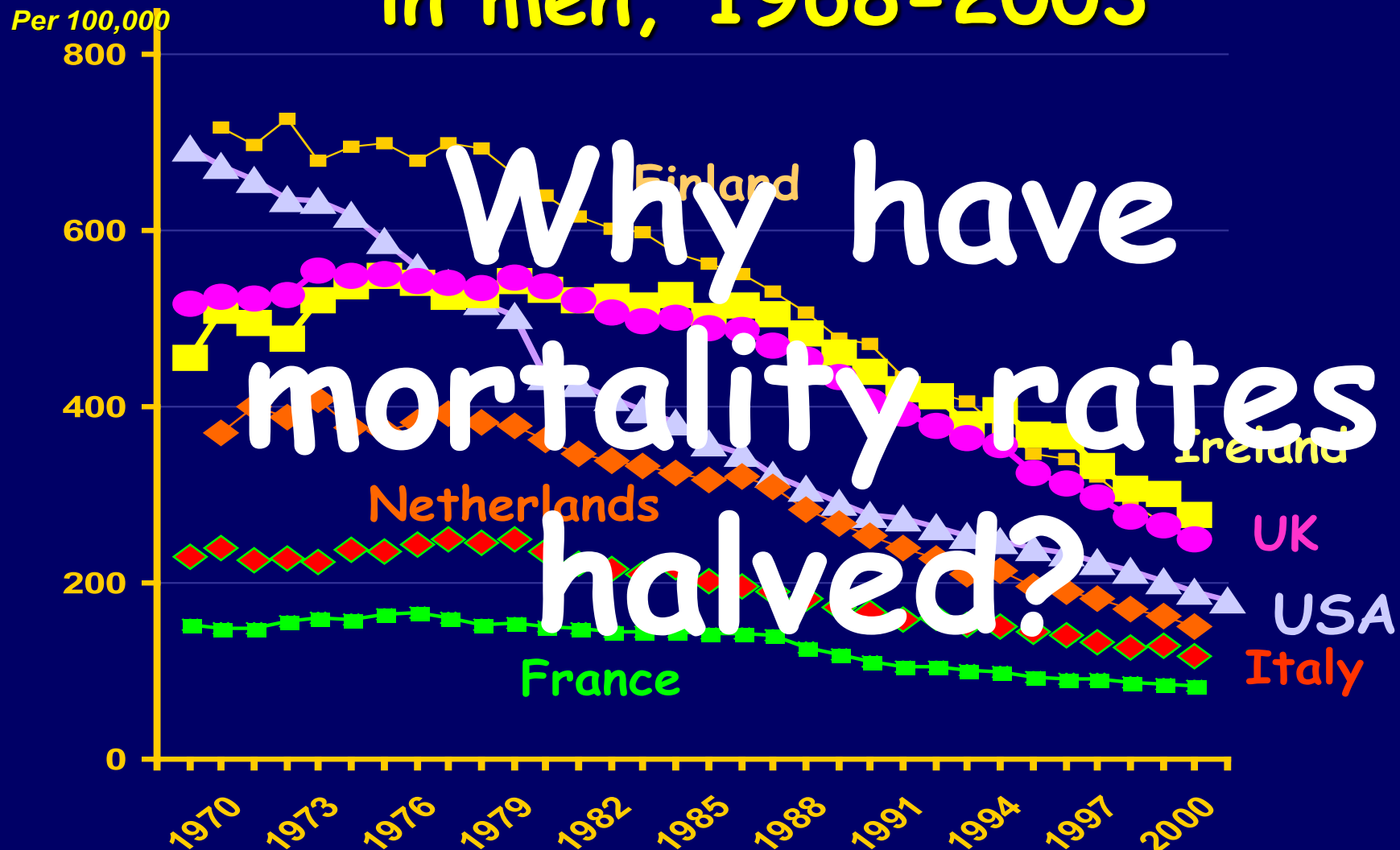


International CHD mortality trends in men, 1968-2003



Source: WHO statistics 2005 Men aged 35 - 74, Standardised

International CHD mortality trends in men, 1968-2003



Source: WHO statistics 2005 Men aged 35 - 74, Standardised

WHY have CHD death rates halved since the 1980s?

- CHD treatments?
- Risk factor reductions?



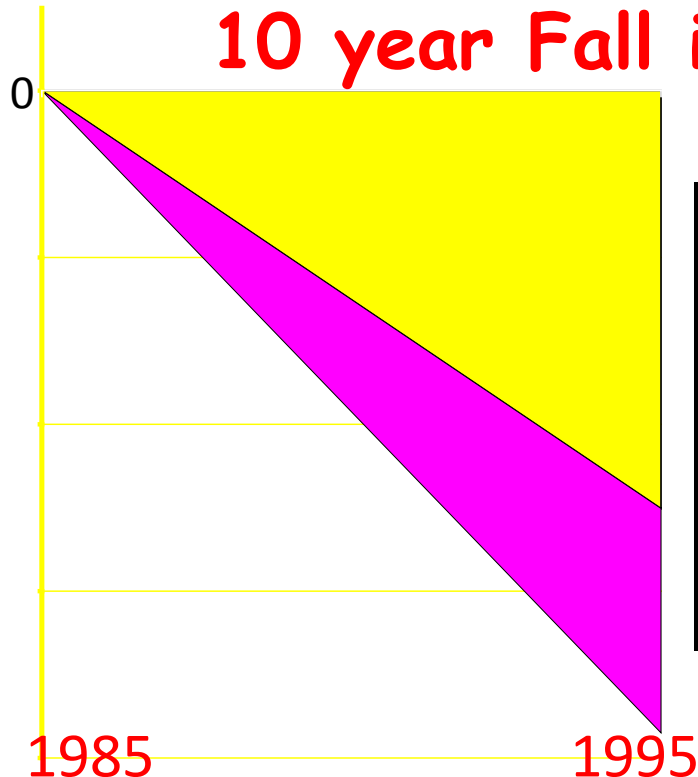
WHO MONICA Project

Monitored

10 year CHD trends from mid 1980s - mid 1990s
across 37 populations in 21 countries

166,000 events registered during 371 population-years

10 year Fall in CHD mortality rates: -
27%



EVENTS RATE DECLINE **-21% (3/4)**
(incidence \cong risk factors)

SUCCESSFUL TREATMENTS: -6% (1/4)

Tunstall-Pedoe et al. Contribution of trends in survival & coronary-event rates to changes in CHD mortality

Lancet 1999 353 1547

Hypotheses

- ♥ **RISK FACTORS MORE POWERFUL THAN TREATMENTS**
- ♥ **CHOLESTEROL, BLOOD PRESSURE & SMOKING ARE CRUCIAL**
- ♥ **↓ RISK FACTORS REFLECT ALSO SPONTANEOUS SECULAR CHANGES MORE THAN TABLETS**
- ♥ **CVD PREVENTION HAS “LARGE POTENTIAL” TO REDUCE FUTURE DEATHS**





UNIVERSITY OF
LIVERPOOL

Charity No: 1110067

Studying mortality trends: The IMPACT CHD Policy Model

Prof Simon Capewell

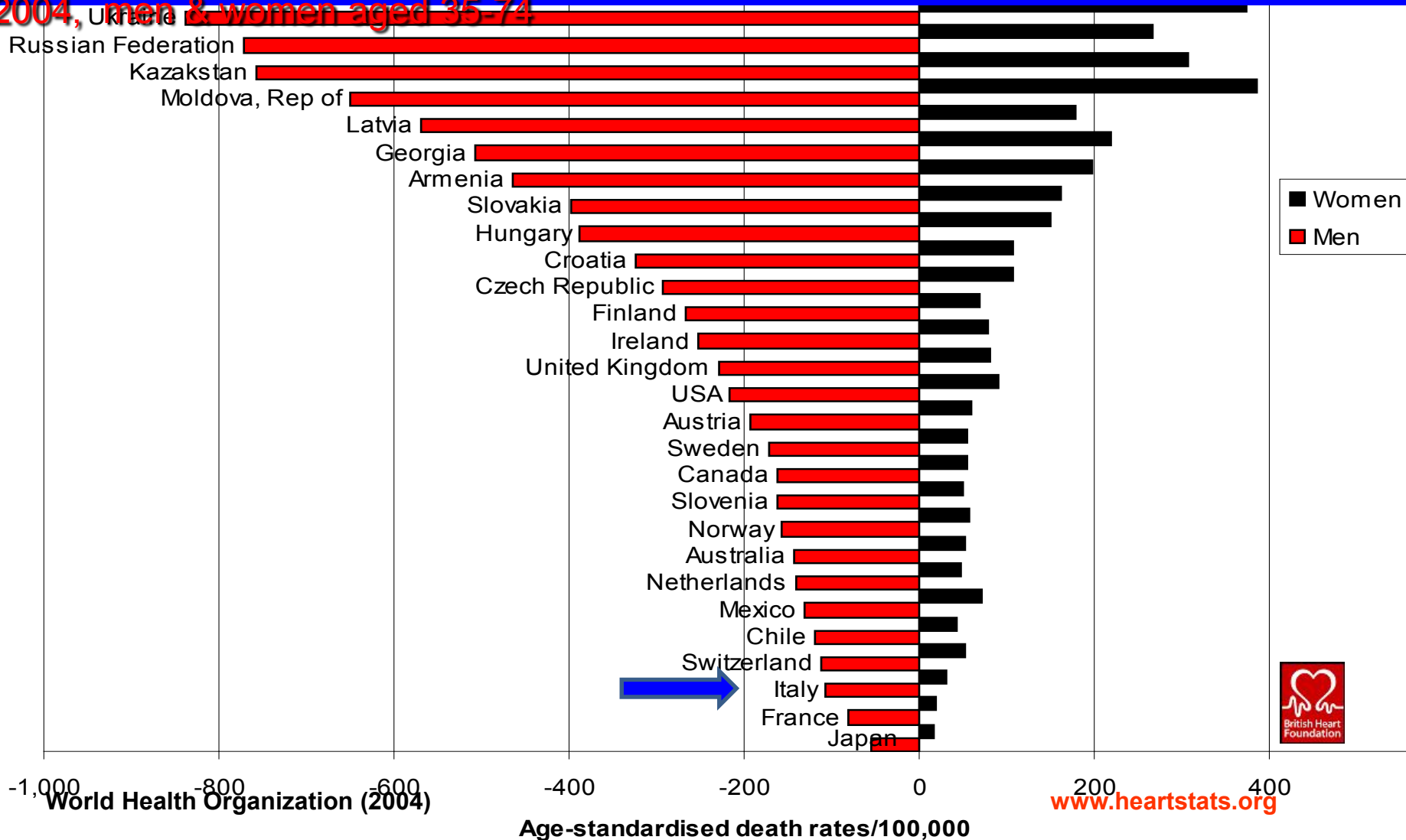
*Chair of Clinical Epidemiology
DIVISION OF PUBLIC HEALTH
LIVERPOOL UNIVERSITY UK*

14th January 2008

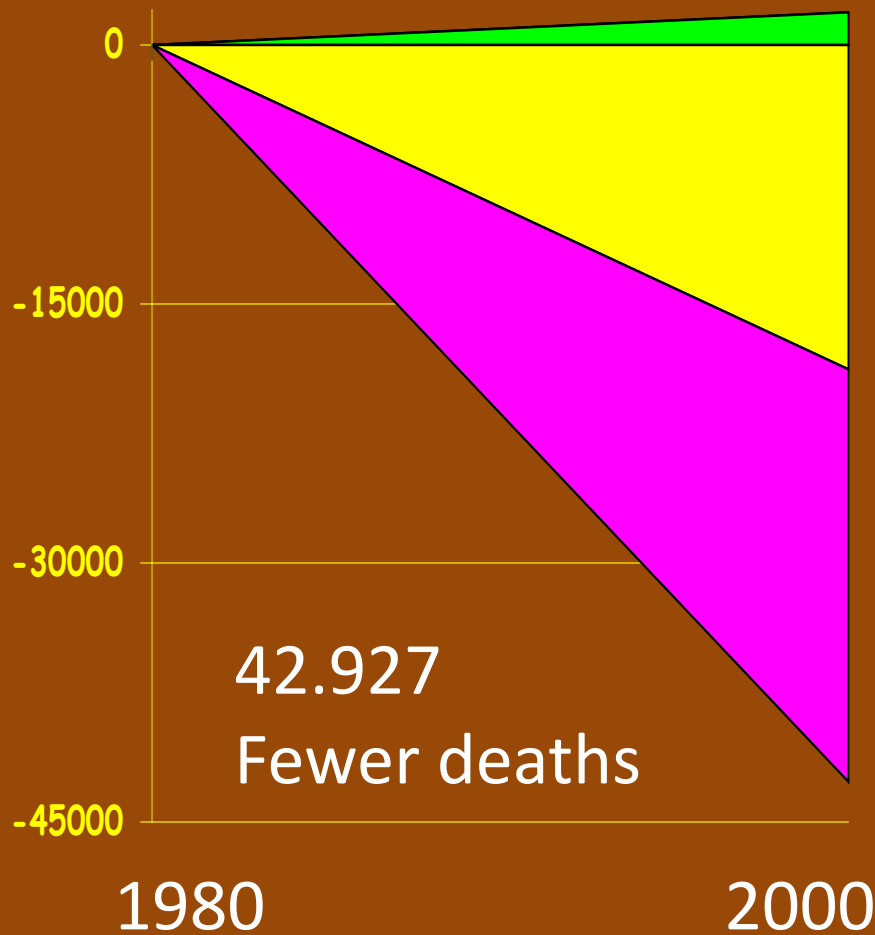
Particular thanks to: Julia Critchley, Kath Bennett
Martin O'Flaherty, Robin Ireland, Ann Capewell

CHD Death Rates : International comparisons

2004, men & women aged 35-74



Explaining the fall in coronary heart disease deaths in Italy 1980-2000

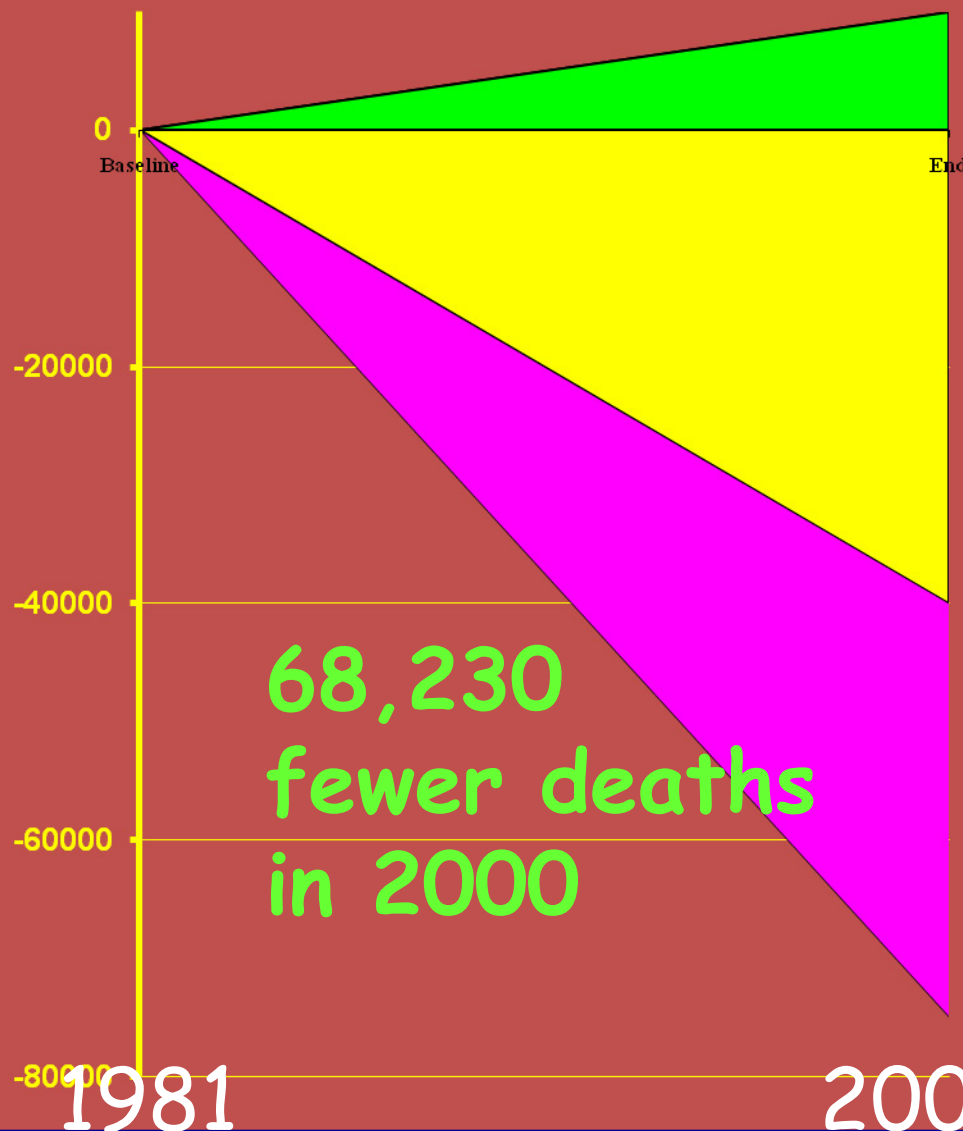


Risk Factors worse +4,5 %
Obesity (increase) + 2%
Diabetes (increase) + 2.5%

Risk Factors better -44 %
Cholesterol -25 %
Smoking - 9%
Population BP fall - 4 %
Physical activity (incr.) - 6 %

Treatments -55 %
AMI treatments - 4 %
Secondary prevention -13 %
Heart failure -19 %
Angina -12 %
CABG & PTCA - 2 %
Angina: Aspirin etc - 1 %
Hypertension therapies - 1 %
Statins 1° prevention - 2 %

Explaining the fall in coronary heart disease deaths in England & Wales 1981-2000



Risk Factors worse +13%

Obesity (increase)	+3.5%
Diabetes (increase)	+4.8%
Physical activity (less)	+4.4%

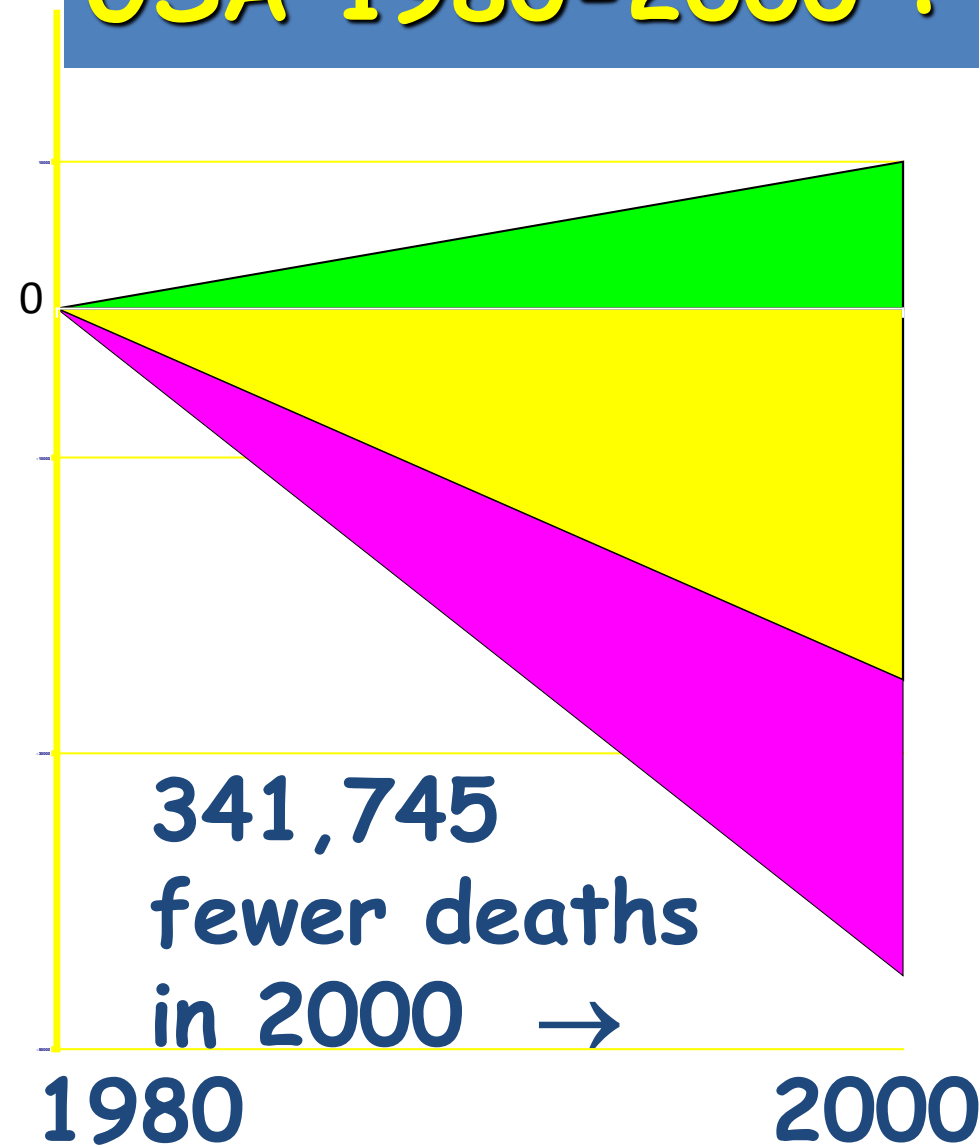
Risk Factors better - 71%

Smoking	-41%
Cholesterol	-9%
Population BP fall	-9%
Deprivation	-3%
Other factors	-8%

Treatments - 42%

AMI treatments	-8%
Secondary prevention	-11%
Heart failure	-12%
Angina: CABG & PTCA	-4%
Angina: Aspirin etc	-5%
Hypertension therapies	-3%

Explaining the fall in CHD deaths in USA 1980-2000 : RESULTS



Risk Factors worse +17%

Obesity (increase)	+7%
Diabetes (increase)	+10%

Risk Factors better -65%

Population BP fall	-20%
Smoking	-12%
Cholesterol (diet)	-24%
Physical activity	+5%

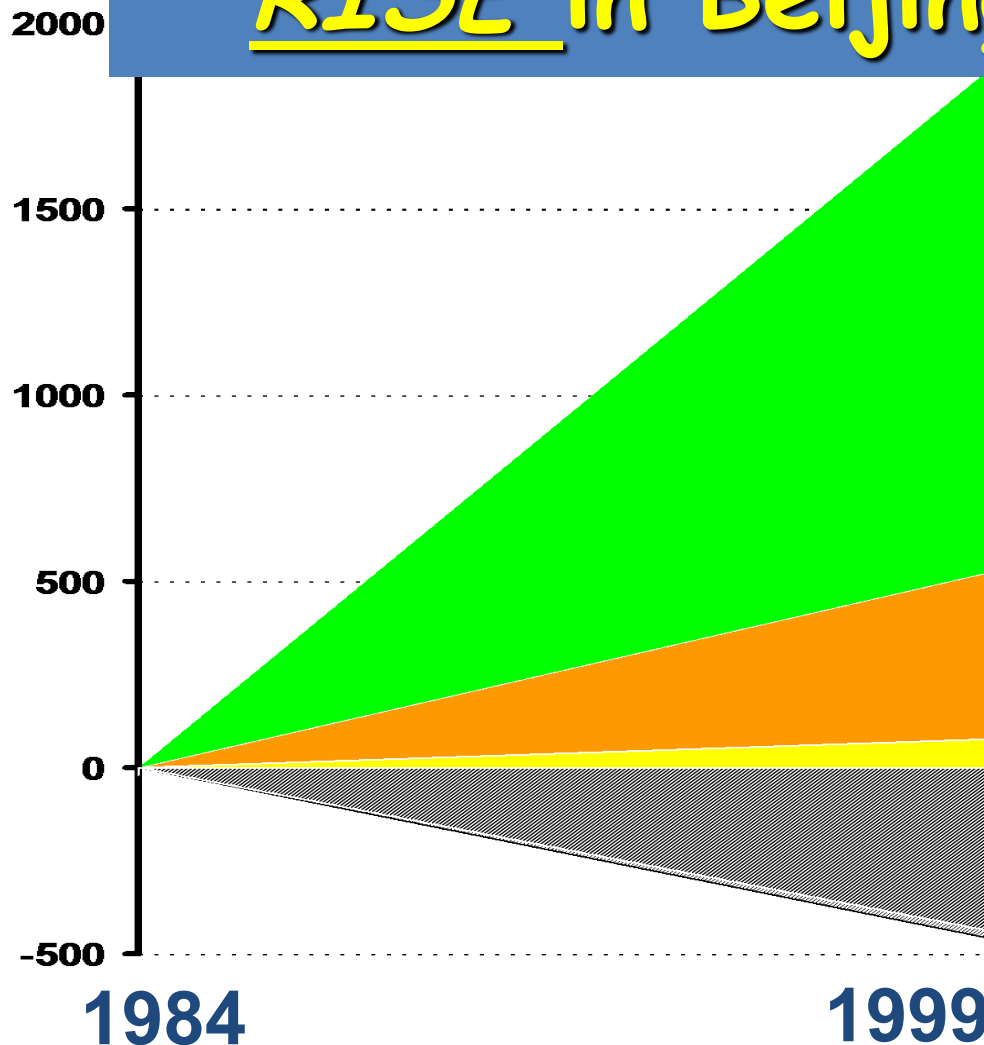
Treatments -47%

Secondary prevention	-11%
Heart failure	-9%
AMI treatments	-10%
Angina: CABG & PTCA	-5%
Hypertension therapies	-7%
Statins (primary prevention)	-5%

Unexplained -9%

IMPACT model: CHD mortality

RISE in Beijing 1984 - 1999



Critchley, Capewell et al
Circulation 2004 110: 1236-1244

In 1999: 1820 EXTRA DEATHS ATTRIBUTABLE TO RISK FACTOR CHANGES

Cholesterol 77%

Diabetes	19%
BMI	4%
Smoking	1%

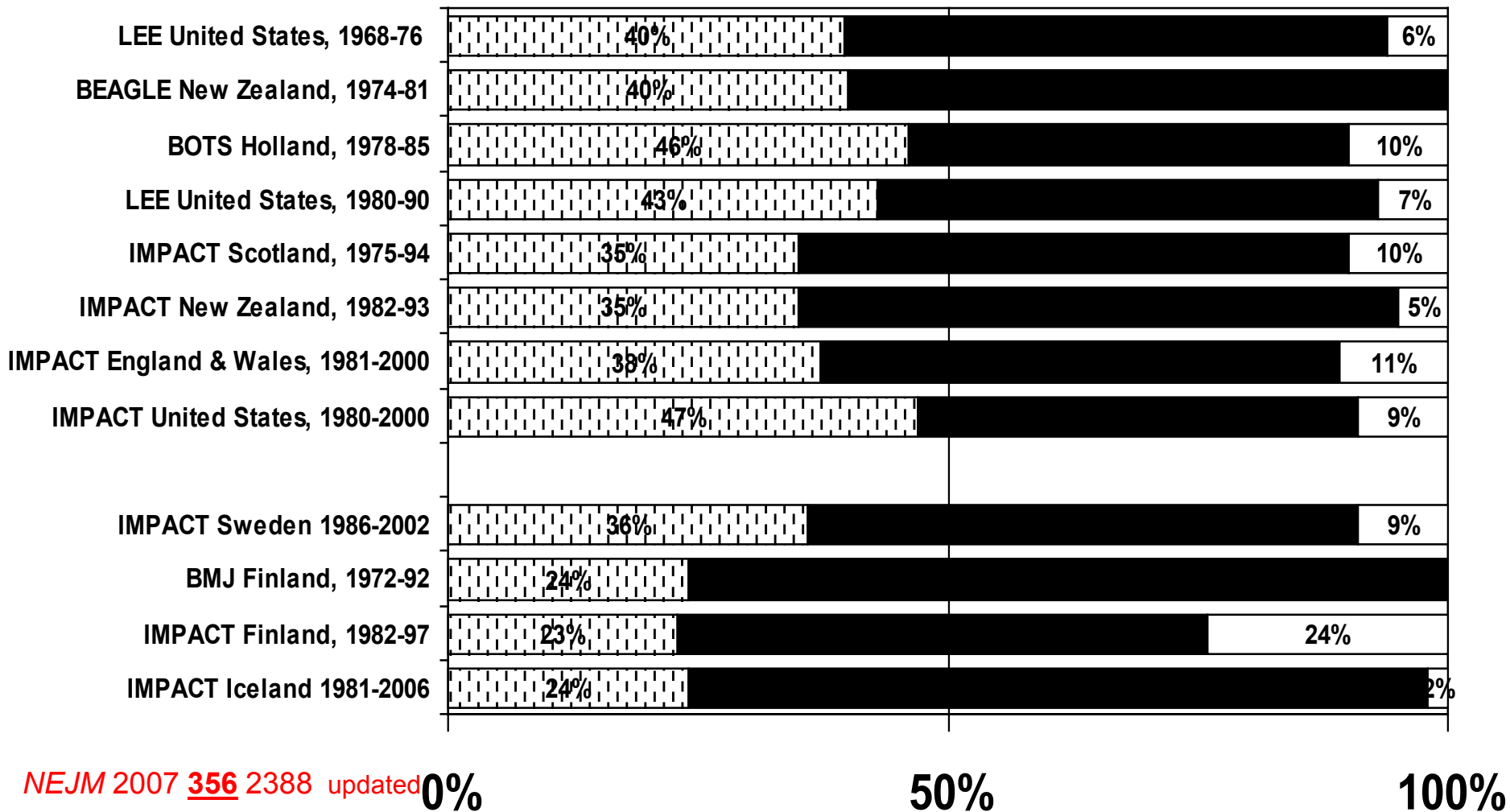
370 FEWER DEATHS BY TREATMENTS

AMI treatments	41%
Hypertension treatment	24%
Secondary prevention	11%
Heart failure	10%
Aspirin for Angina	10%
Angina: CABG & PTCA	2%

Comparisons with other studies

% CHD mortality falls attributed to:

▨ Treatments ■ Risk factors □ Unexplained



Summary....so far....

**CHD mortality [*& CVD mortality*]:
big falls in UK & elsewhere**

- ♥ 25%-55% fall due to "evidence-based" treatments
- ♥ 45% -75% due to risk factor reductions
(especially smoking & cholesterol)

***so...PREVENTION IS MORE
EFFECTIVE THAN TREATMENTS***



PREVENIRE

è

PIU' VANTAGGIOSO

ed è

PIU' EFFICACE

che

CURARE

QUALE E' LA CONDIZIONE IN PIEMONTE ?

- Cosa non sappiamo dall'ISTAT ?
- Cosa è utile conoscere in termini di Stile di Vita ?
- Sale ? Caffè ? hanno lo stesso peso ?
- Cosa si intende per Attività Fisica ?
- Quanti sono a conoscenza dei propri Fattori di Rischio ?
- Donne e Uomini ... differenze ?

10.219 SCHEDE della SALUTE

Amici del Cuore

A large, stylized heart graphic composed of two overlapping loops. The left loop is a solid dark red, and the right loop is a lighter, peach-colored red. The word 'Cuore' is written in a dark red serif font across the center of the heart.

PIEMONTE ONLUS

Associazione di volontariato per la
prevenzione delle malattie cardiovascolari

ANNI 2012-2015

SCHEDA DELLA SALUTEA cura degli Amici del Cuore Piemonte onlus - Tel. 011 6335564 - Cell. 346 1314392 - amicidelcuore-to@hotmail.it**DATI ANAGRAFICI**

COGNOME	NOME	TEL.	<input type="checkbox"/> CITTAD. ITALIANA
			<input type="checkbox"/> CITTAD. STRANIERA

RILEVAZIONE DI BASE

ETA'	SESSO	PESO	ALTEZZA	CIRCONFERENZA	BMI
PRESSIONE ARTERIOSA		FREQUENZA CARDIACA		PREGRESSA STORIA CARDIACA	<input type="checkbox"/> NO <input type="checkbox"/> SI

CONDIZIONE FISICA

SINTOMI:	<input type="checkbox"/> NESSUNO	<input type="checkbox"/> FIATO CORTO	<input type="checkbox"/> DIFFICOLTA' MOTORIA	<input type="checkbox"/> ANSIA
	<input type="checkbox"/> BATTICUORE	<input type="checkbox"/> DOLORI TORACICI	<input type="checkbox"/> SONNO IRREGOLARE	<input type="checkbox"/> CATTIVO UMORE

STORIA CARDIOLOGICA (ULTIMI 2 ANNI)

ECG	<input type="checkbox"/> NO <input type="checkbox"/> SI _____	<input type="checkbox"/> RICOVERI/INTERVENTI _____
TERAPIA IN CORSO:	NOTE _____	

FATTORI DI RISCHIO PERSONALI

COLESTEROLO VAL. _____	GLICEMIA VAL. _____	TRIGLICERIDI VAL. _____
<input type="checkbox"/> NON NOTO	<input type="checkbox"/> NON NOTO	<input type="checkbox"/> NON NOTO
FUMO: <input type="checkbox"/> NO <input type="checkbox"/> SI N. _____	EX FUMATORI: ETA' INIZIO _____	ETA' CESSAZIONE _____

FATTORI DI RISCHIO FAMILIARI

<input type="checkbox"/> NON CONOSCIUTI	<input type="checkbox"/> INFARTO _____	<input type="checkbox"/> IPERTENSIONE _____
	<input type="checkbox"/> ICTUS _____	<input type="checkbox"/> DIABETE _____

ALIMENTAZIONE

CONDIMENTO:	OLIO DI OLIVA <input type="checkbox"/> NO <input type="checkbox"/> SI	OLIO DI SEMI <input type="checkbox"/> NO <input type="checkbox"/> SI	BURRO <input type="checkbox"/> NO <input type="checkbox"/> SI
CONSUMO GIORNALIERO DI:	VERDURA: <input type="checkbox"/> NO <input type="checkbox"/> SI <input type="checkbox"/> TANTO <input type="checkbox"/> POCO		
	FRUTTA: <input type="checkbox"/> NO <input type="checkbox"/> SI <input type="checkbox"/> TANTO <input type="checkbox"/> POCO		
	VINO: <input type="checkbox"/> NO <input type="checkbox"/> SI (BICCHIERI) <input type="checkbox"/> 1 <input type="checkbox"/> PIU' DI 1		
	BIRRA <input type="checkbox"/> NO <input type="checkbox"/> SI SUPER. ALCOLICI <input type="checkbox"/> NO <input type="checkbox"/> SI		
	CAFFÈ: <input type="checkbox"/> NO <input type="checkbox"/> SI <input type="checkbox"/> NORMALE <input type="checkbox"/> DECAFFEINATO TAZZINE AL GIORNO: <input type="checkbox"/> 1-2 <input type="checkbox"/> 3-4 <input type="checkbox"/> ≥ 5		
	TIPOLOGIA DI PREPARAZIONE: <input type="checkbox"/> MOKA <input type="checkbox"/> CIALDA <input type="checkbox"/> ESPRESSO <input type="checkbox"/> ALTRO (SPECIFICARE) _____		
	CON AGGIUNTA DI: <input type="checkbox"/> NIENTE <input type="checkbox"/> ZUCCHERO <input type="checkbox"/> DOLCIFICANTI <input type="checkbox"/> ALTRO (SPECIFICARE) _____		
	TE' <input type="checkbox"/> NO <input type="checkbox"/> SI INFUSI, TISANE <input type="checkbox"/> NO <input type="checkbox"/> SI TAZZE <input type="checkbox"/> 1 <input type="checkbox"/> PIU' DI 1 ZUCCHERO <input type="checkbox"/> NO <input type="checkbox"/> SI MIELE <input type="checkbox"/> NO <input type="checkbox"/> SI		
CONSUMO SETTIMANALE DI:	CARNE: <input type="checkbox"/> NO <input type="checkbox"/> SI <input type="checkbox"/> ROSSA PASTI N. _____ PESCE: <input type="checkbox"/> NO		
	FORMAGGI: <input type="checkbox"/> NO <input type="checkbox"/> SI		
	<input type="checkbox"/> BIANCA PASTI N. _____ <input type="checkbox"/> SI PASTI N. _____ SALUMI: <input type="checkbox"/> NO <input type="checkbox"/> SI		

ATTIVITÀ FISICA**TIPO DI ATTIVITÀ**

<input type="checkbox"/> NO	<input type="checkbox"/> SALTUARIA	<input type="checkbox"/> REGOLARE	<input type="checkbox"/> CAMMINATA	<input type="checkbox"/> BICICLETTA	<input type="checkbox"/> PALESTRA	<input type="checkbox"/> NUOTO	<input type="checkbox"/> GIARDINAGGIO
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SUGGERIMENTI DA CONSEGNARE AL MEDICO DI BASE PER UN APPROFONDIMENTO DI QUANTO E' EMERSO NEL CORSO DELLA VISITA:

Al sensi della Legge 196/03 ART. 13 autorizzo i destinatari della presente scheda al trattamento dei miei dati personali nei soli limiti delle finalità sociali dell'associazione onlus ed autorizzo analogamente l'inserimento in forma anonima nella vostra banca dati elettronica.

DATA _____ ORA _____ FIRMA _____

EVENTO CUORE IN CAMMINO 2015



FARMACIE



MORIONDO TORINESE

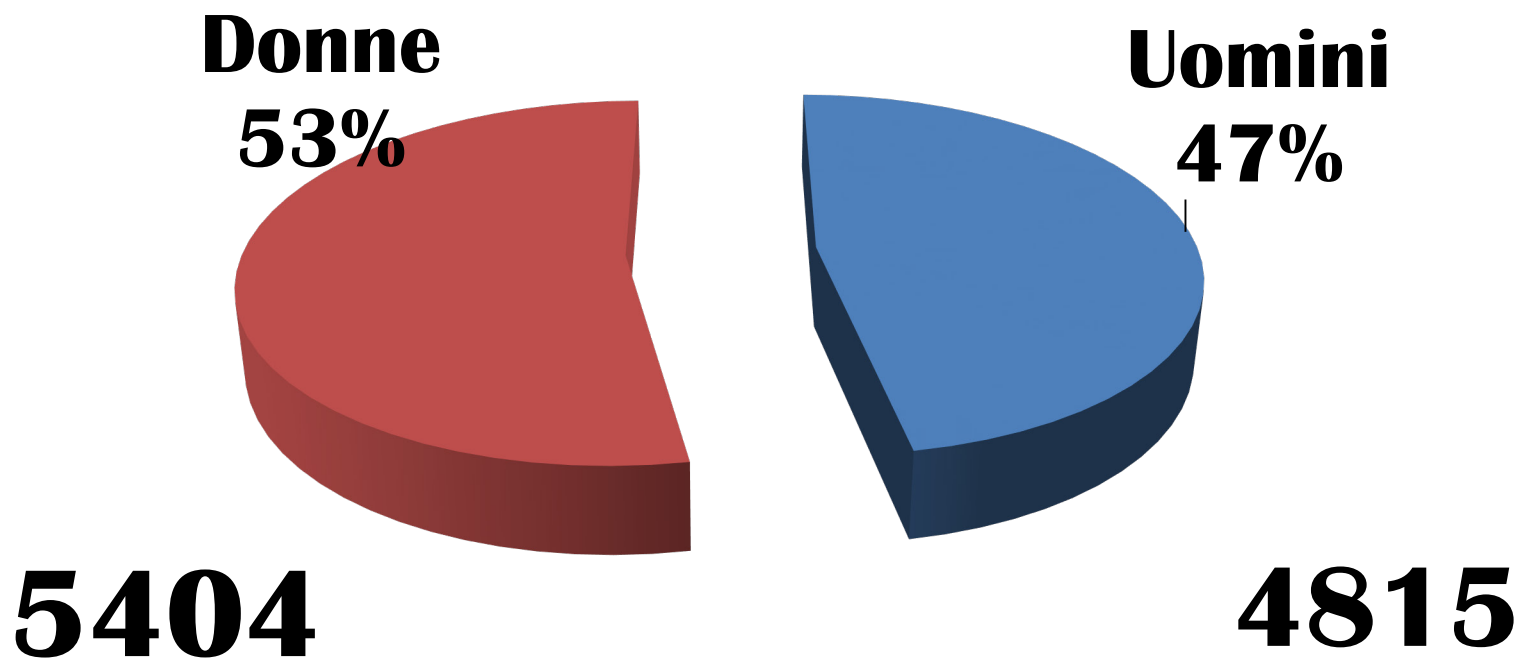


MUSEO FERROVIARIO – PONTE MOSCA

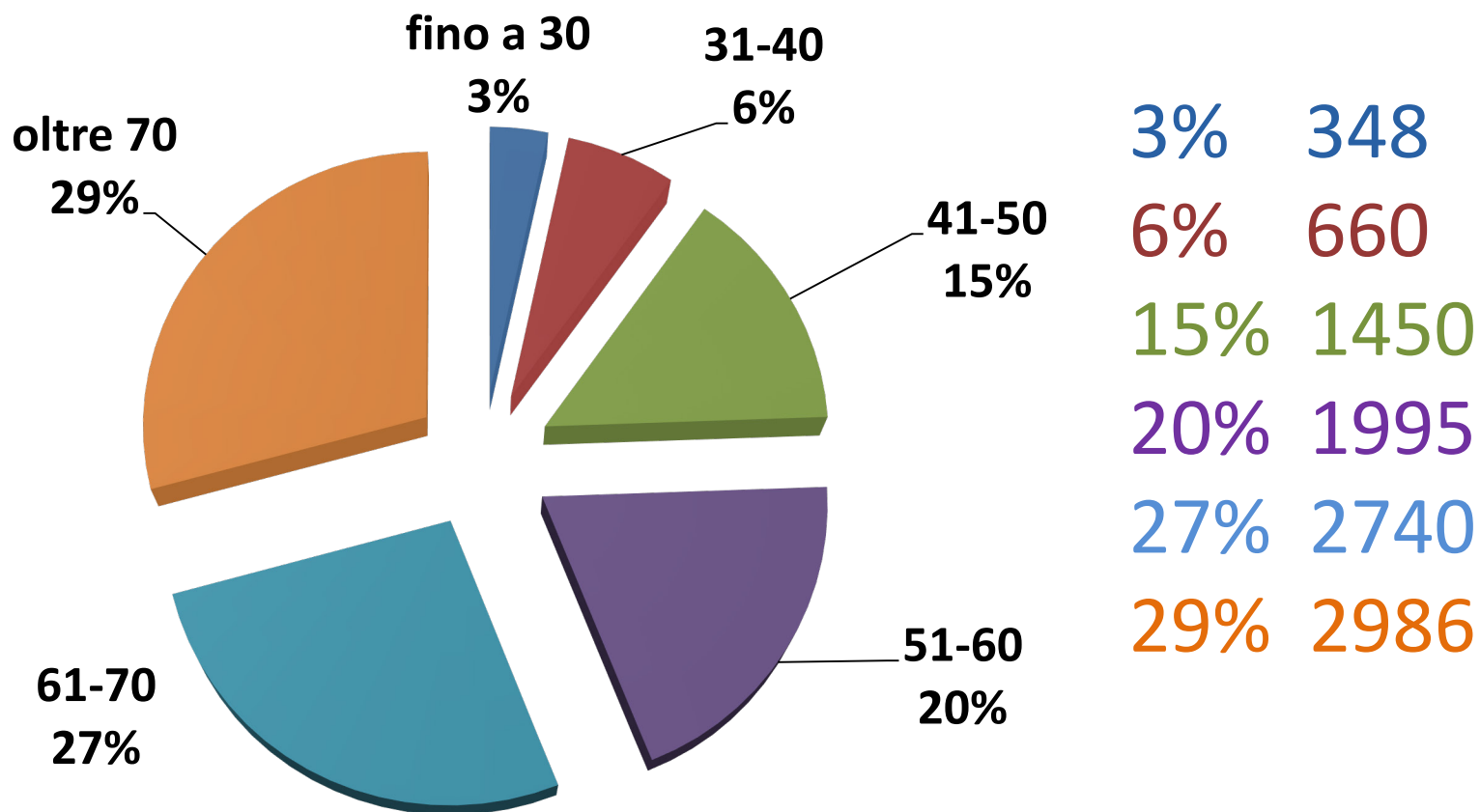


POPOLAZIONE : 10219 cittadini

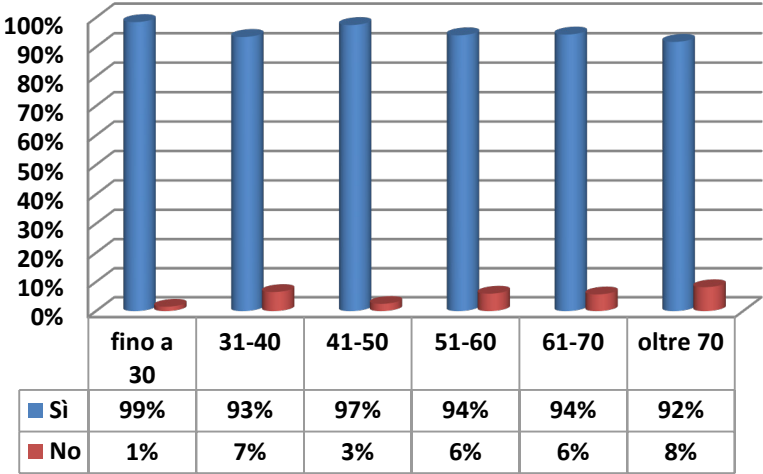
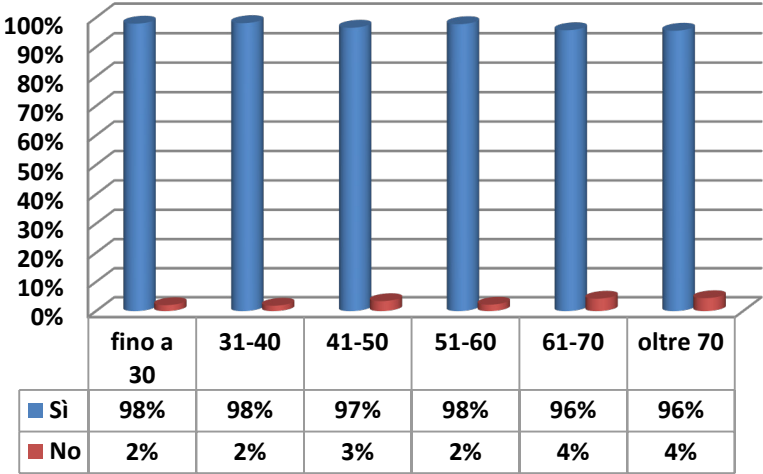
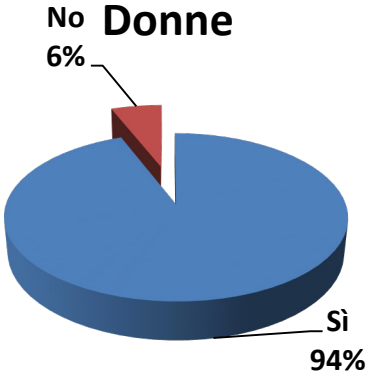
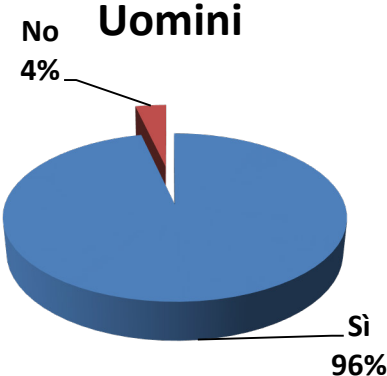
**Composizione Campione per
Genere**



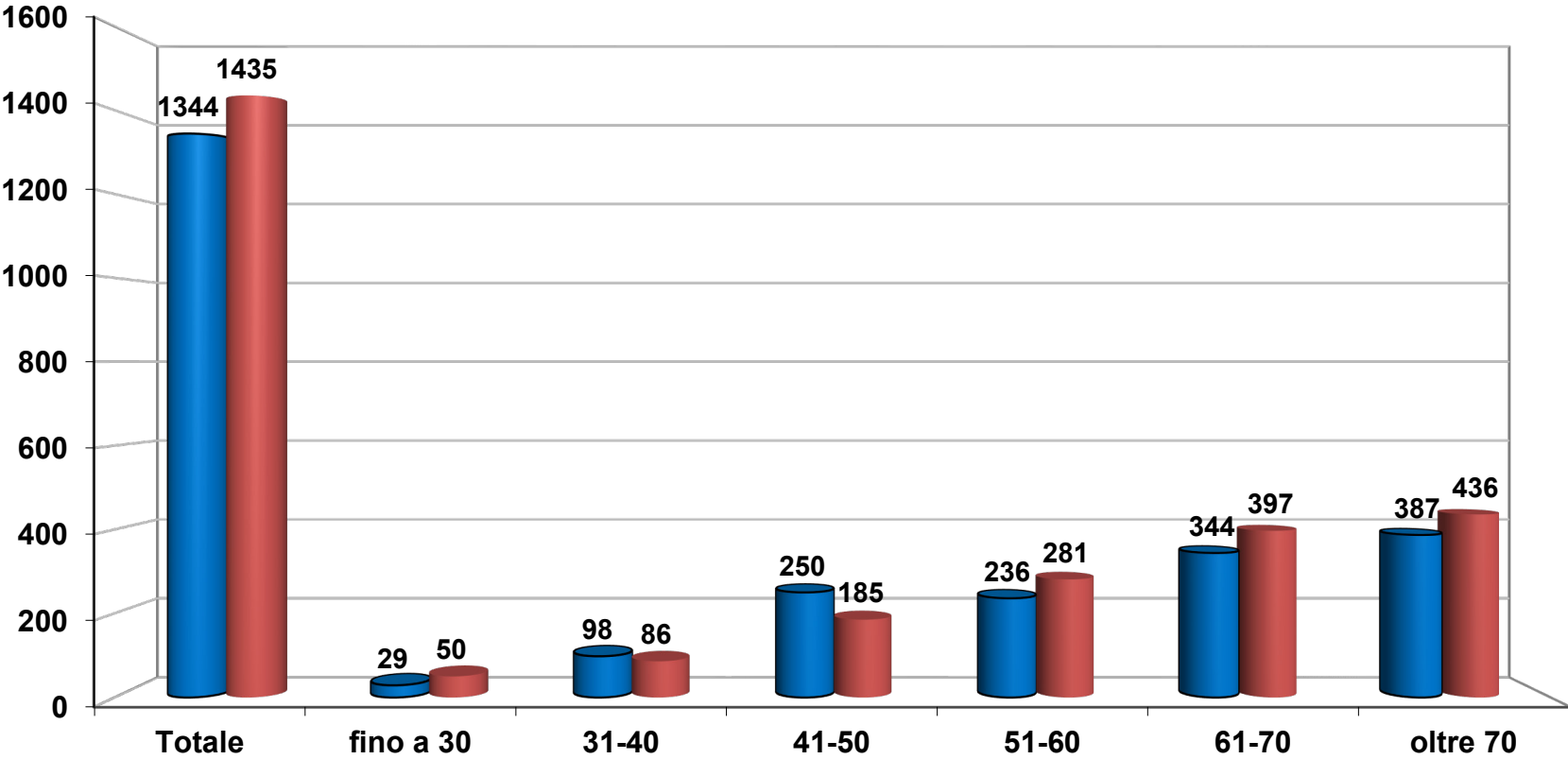
COMPOSIZIONE CAMPIONE PER ETA'



DICHIARA DI STARE BENE

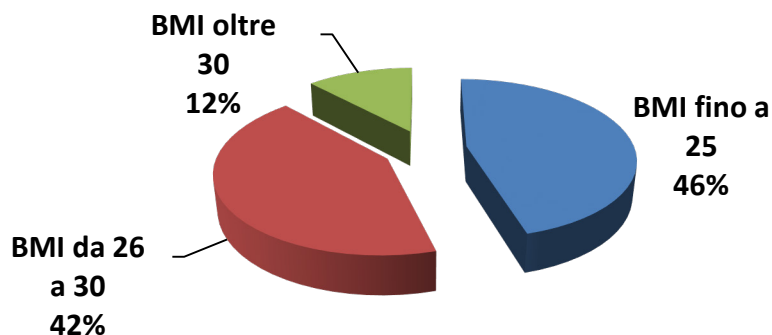


N° Visite Mediche

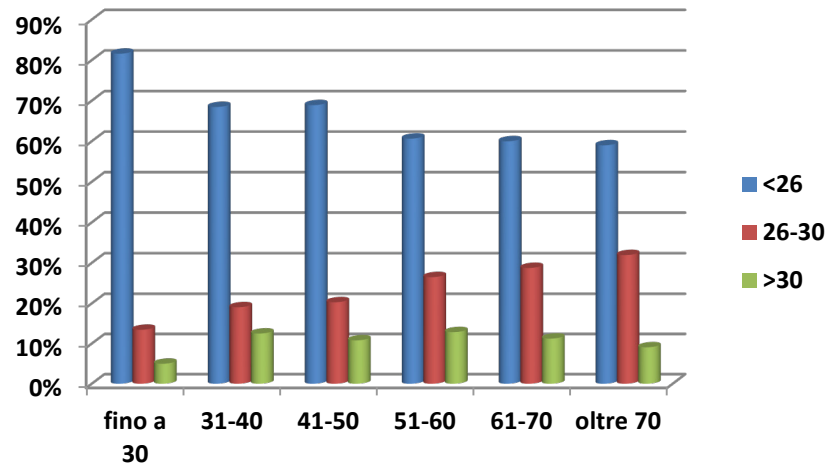
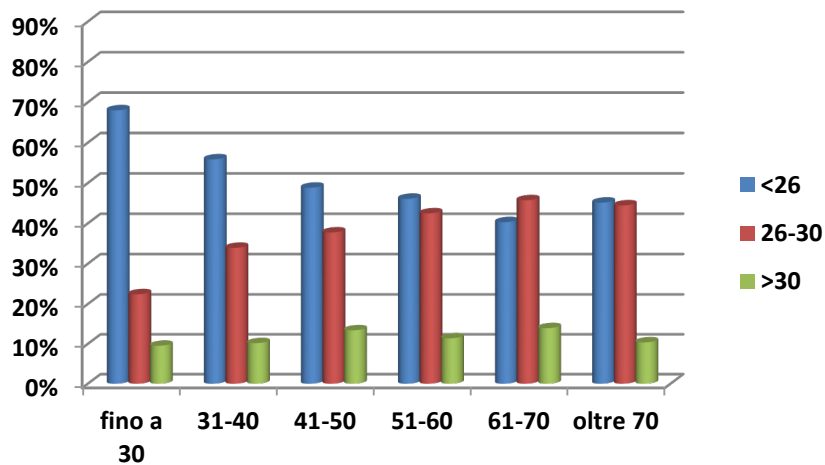
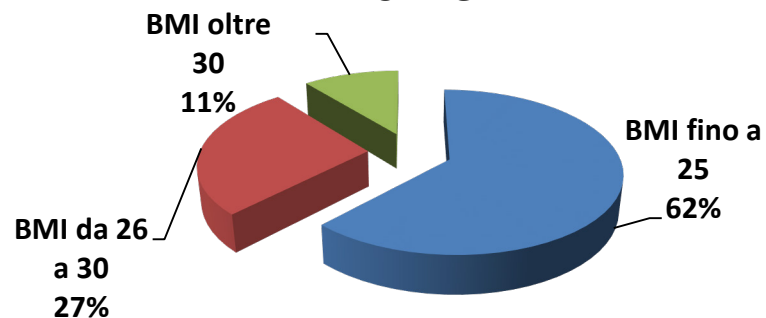


INDICE MASSA CORPOREA (BMI)

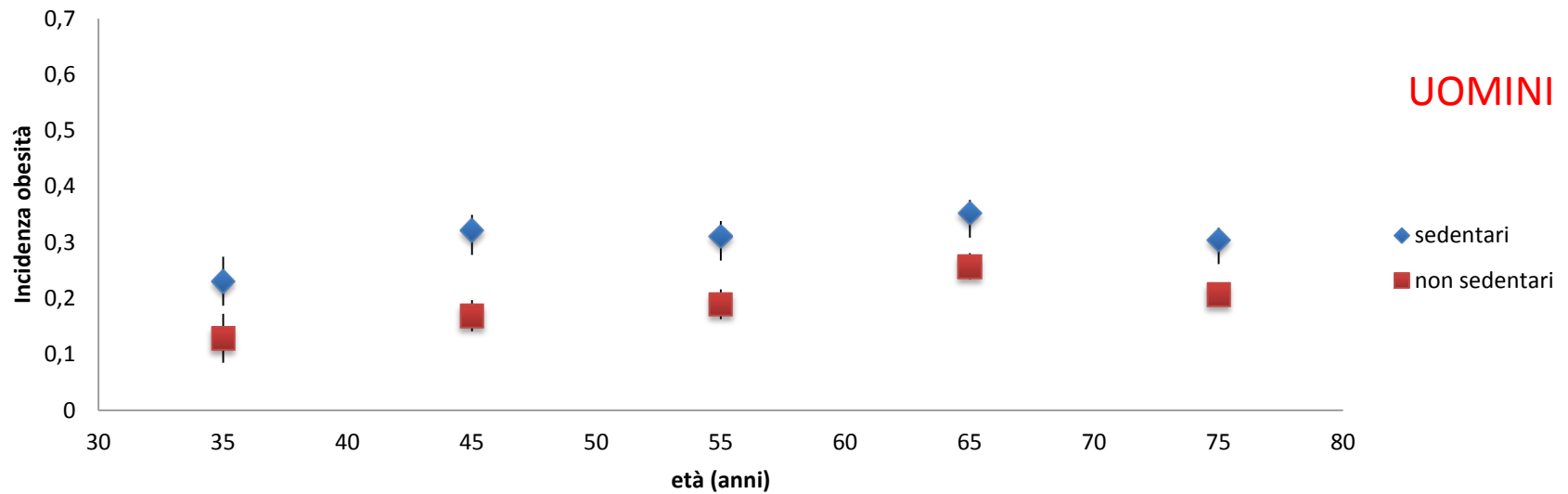
Uomini



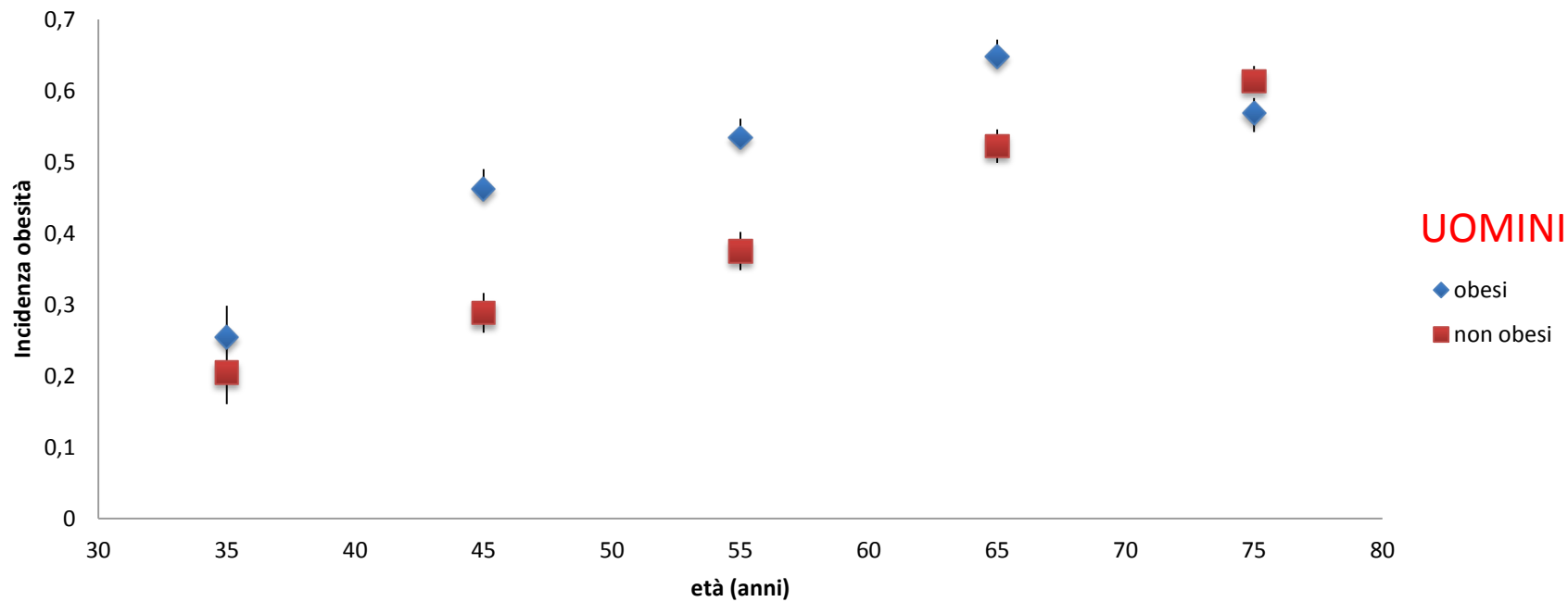
Donne



Obesità: sedentari vs non sedentari ($p < 0.0001$)

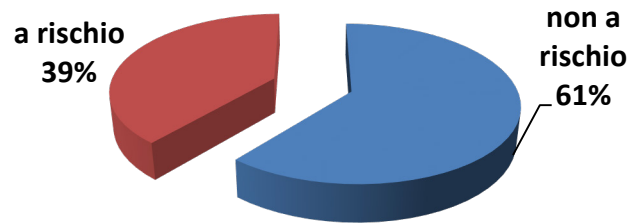


Ipertensione Arteriosa: obesi vs non obesi ($p < 0.0001$)

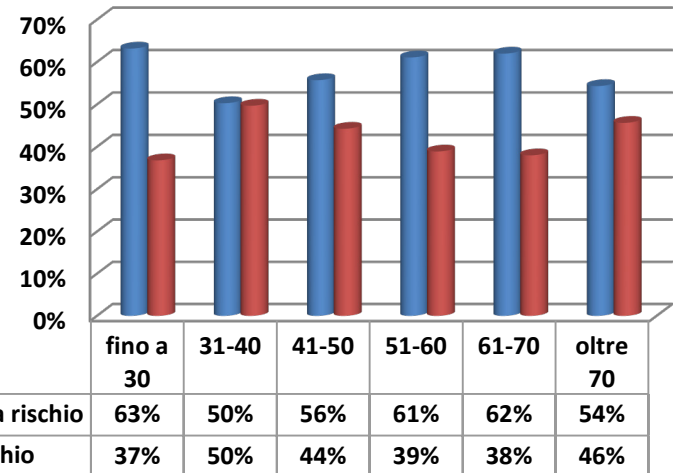
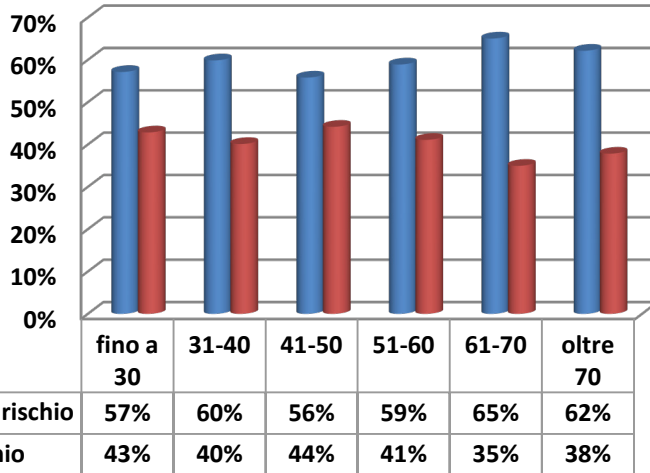
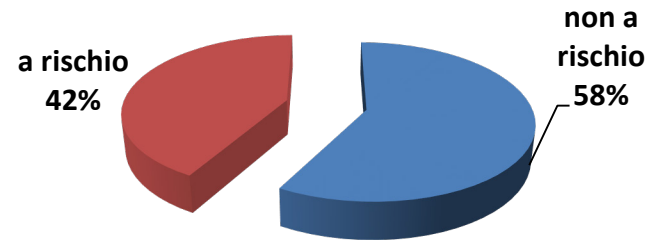


RISCHIO SEDENTARIETA'

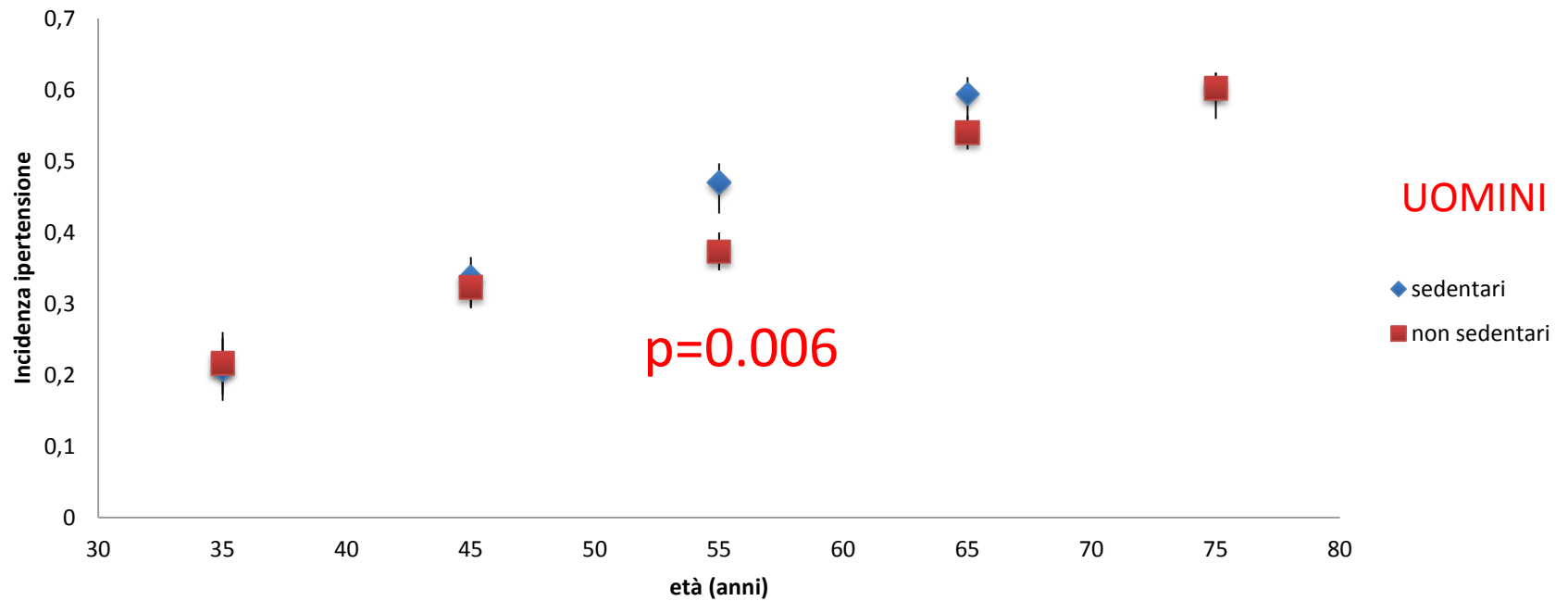
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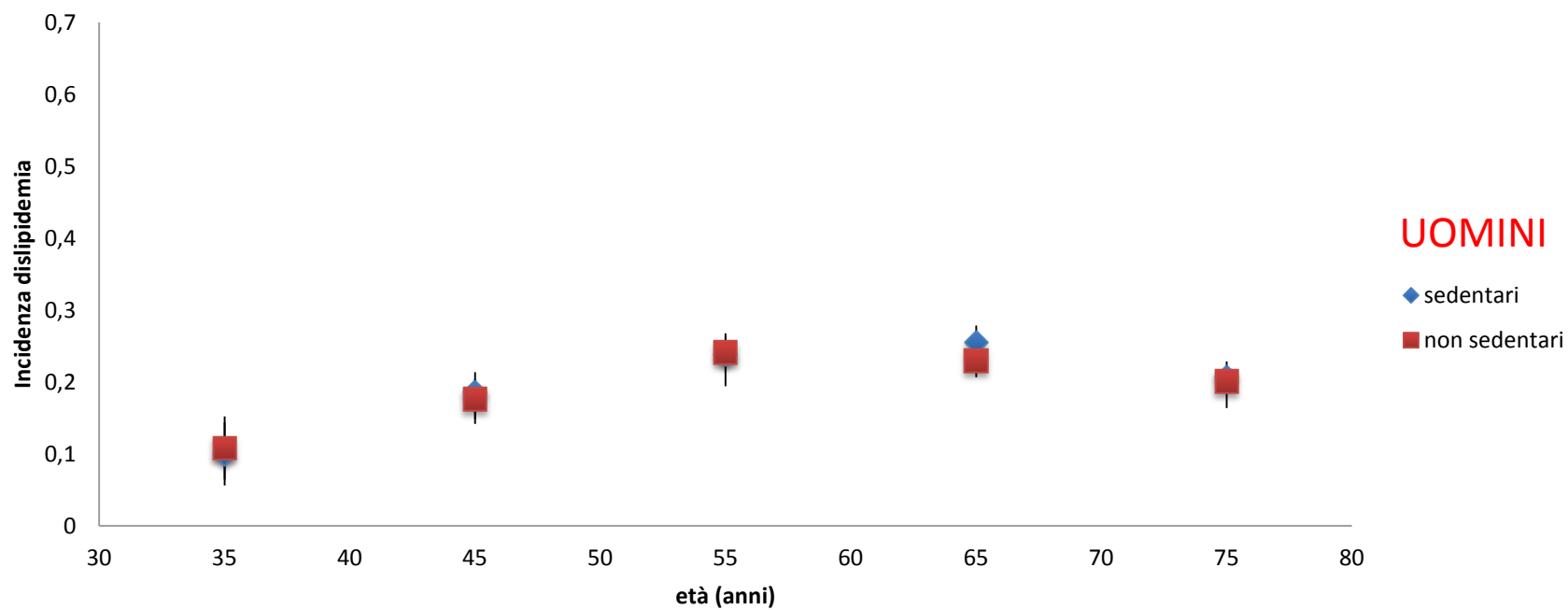
Donne



Ipertensione Arteriosa sedentari vs non sedentari

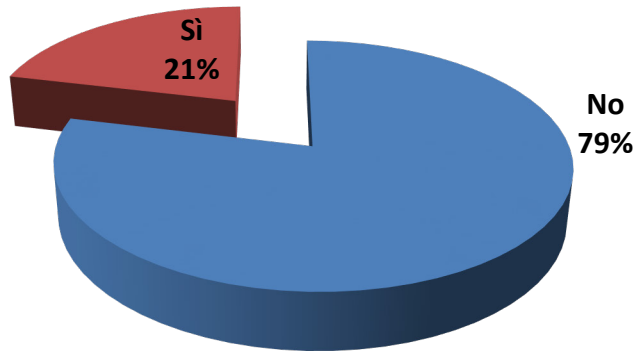


Dislipidemia sedentari vs non sedentari

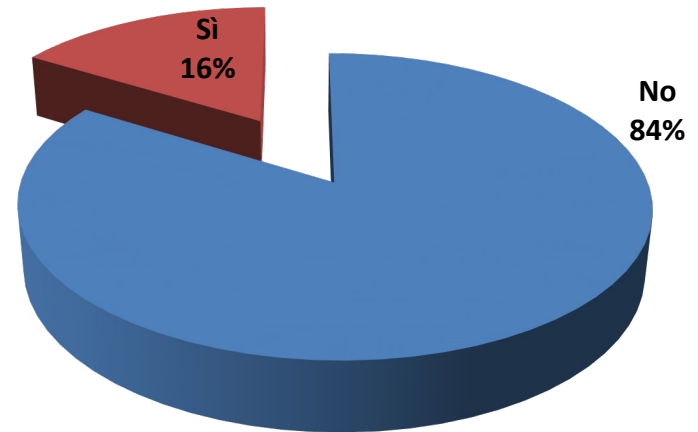


FUMATORI

Uomini

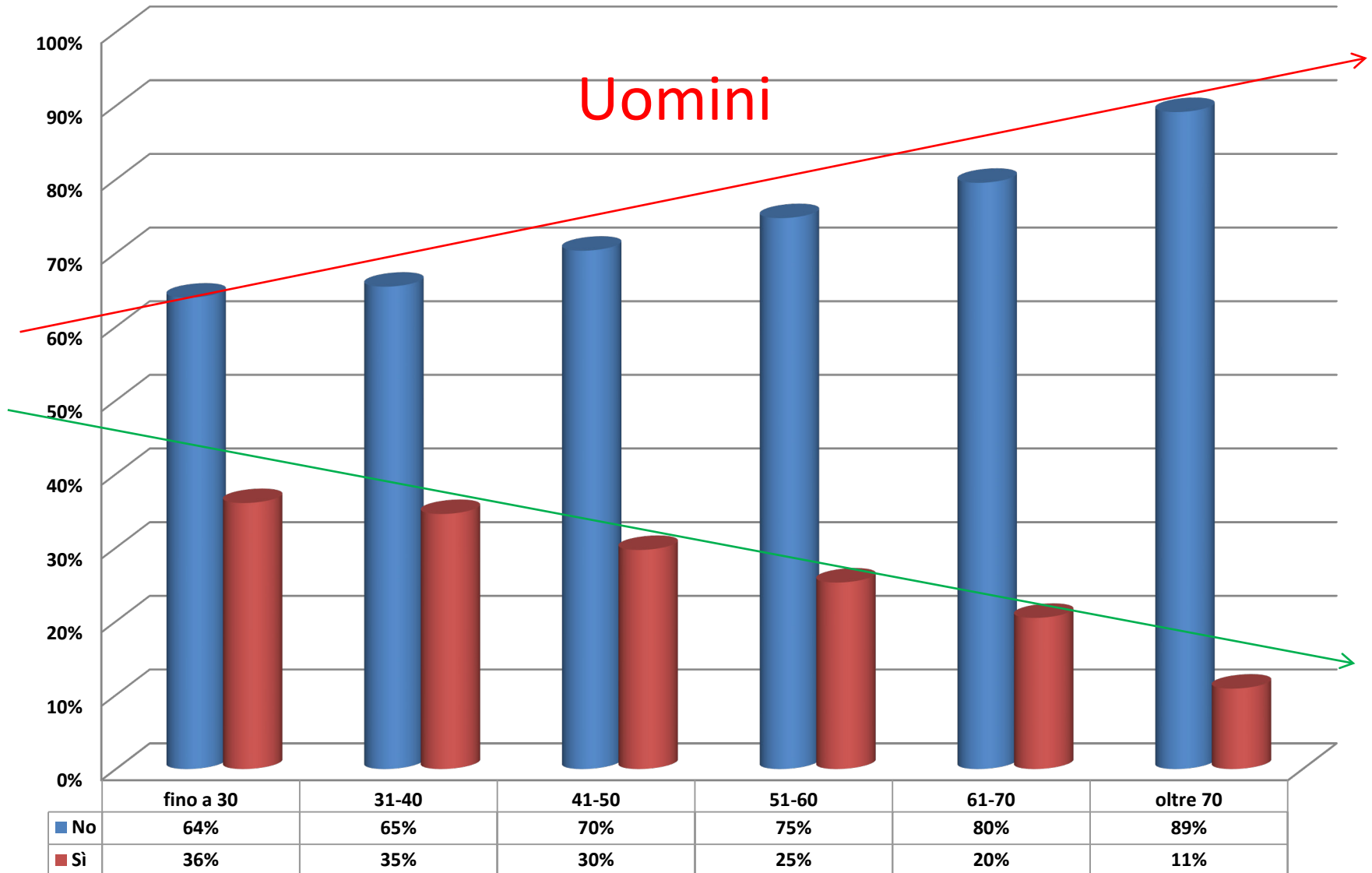


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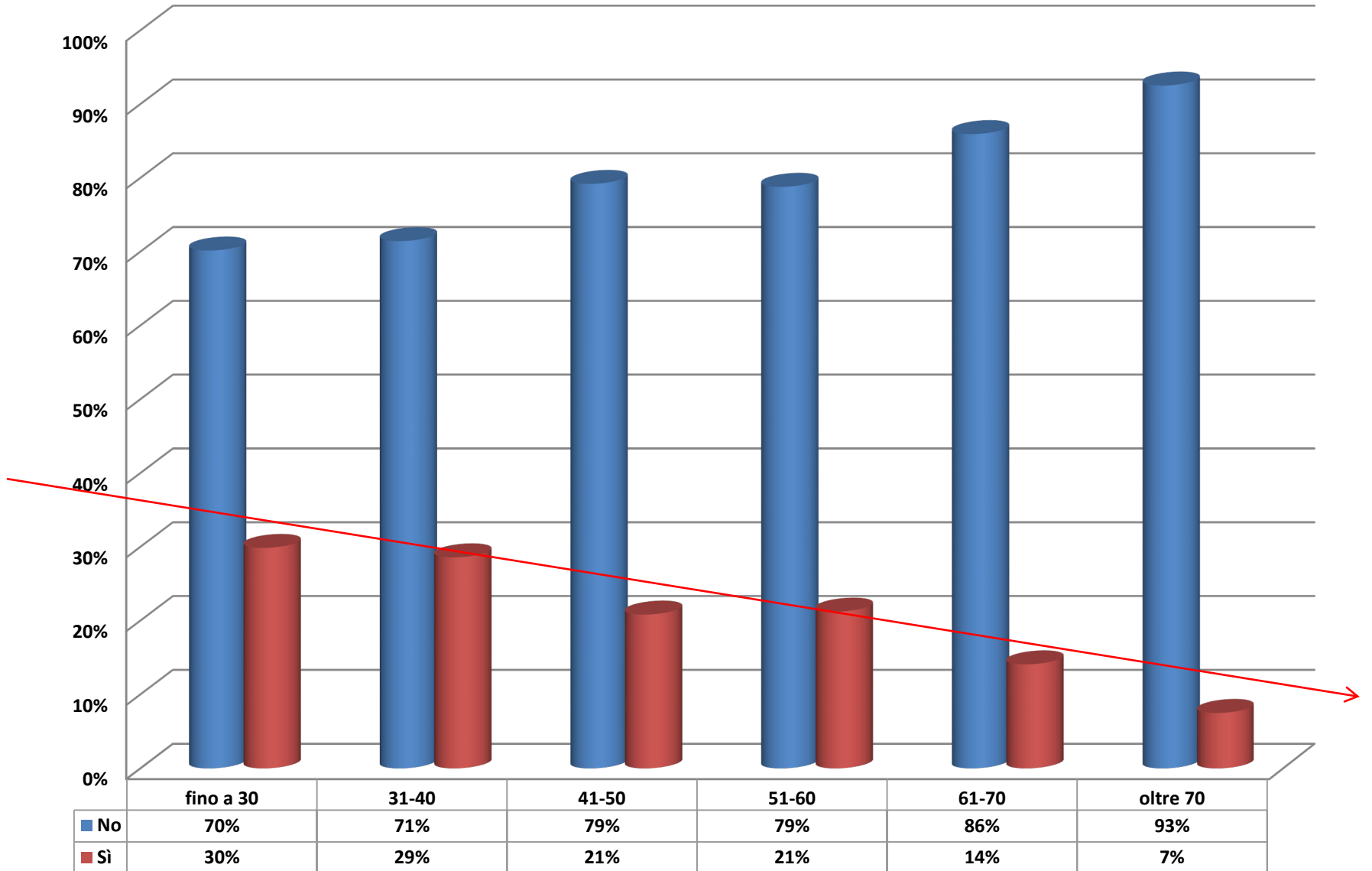


FUMATORI in PIEMONTE

Uomini

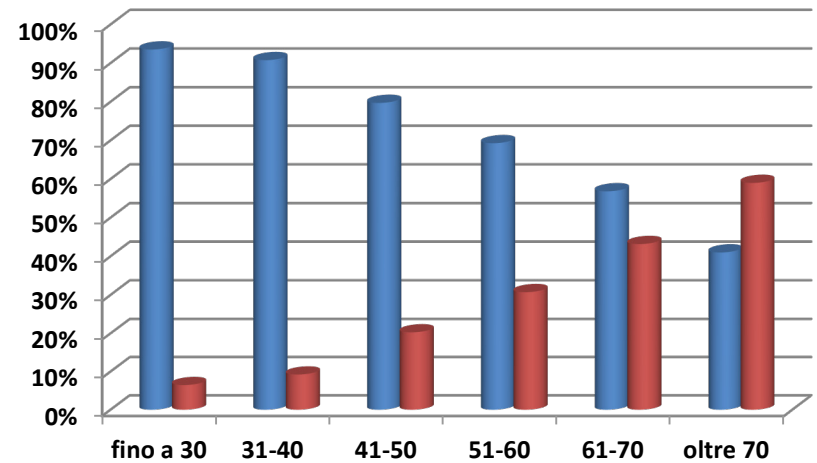
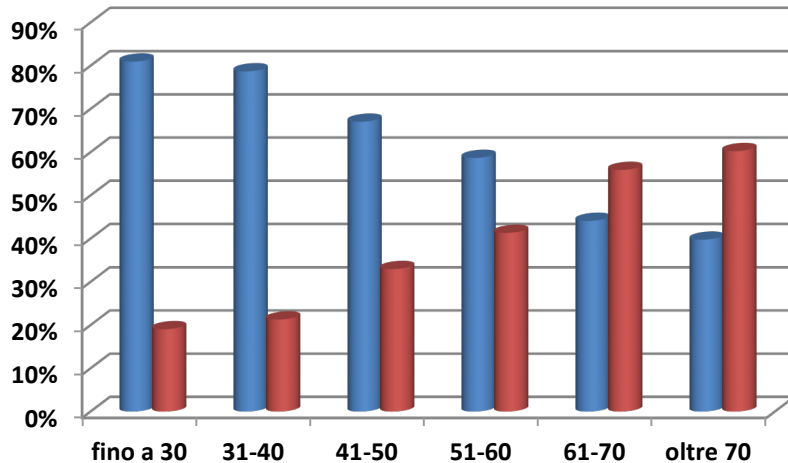
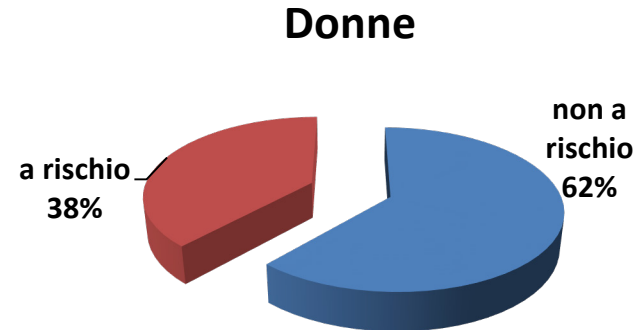
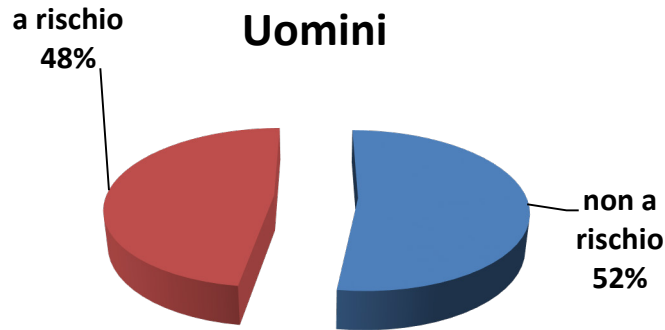


FUMATRICI IN PIEMONTE



Rischio Pressione Arteriosa

(minima > 90 e/o massima > 140)



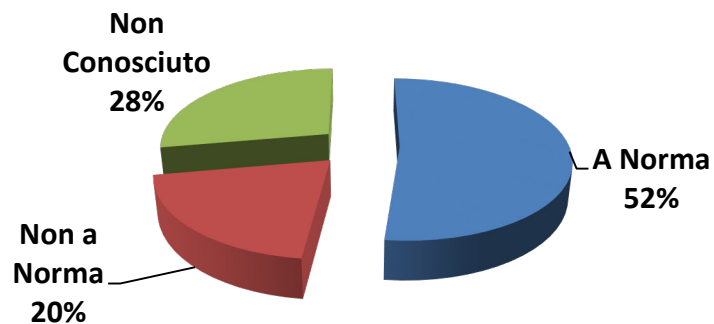
Un Fattore di Rischio
“non conosciuto”

è

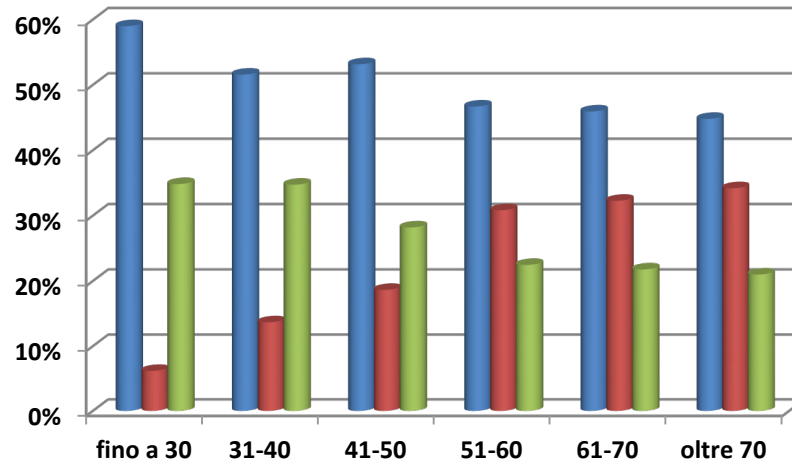
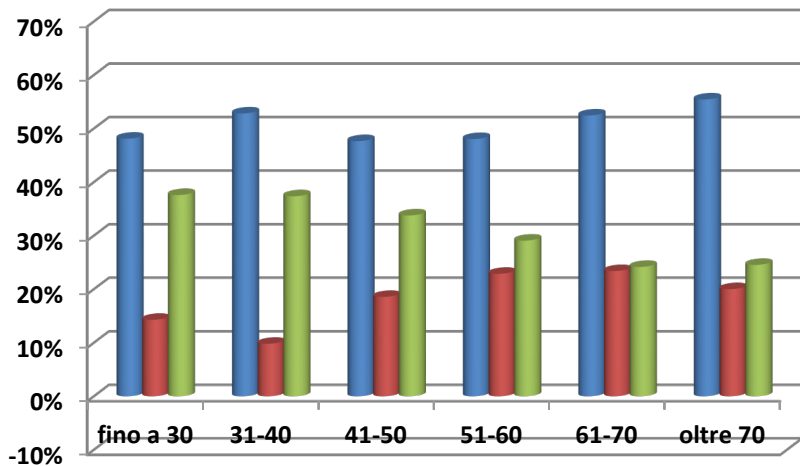
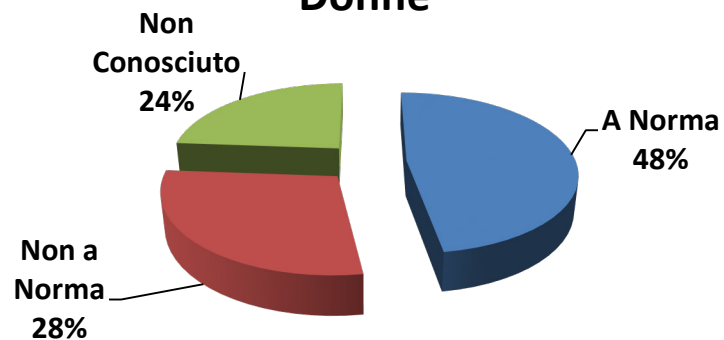
il Rischio più grande !!!

Rischio Colesterolo

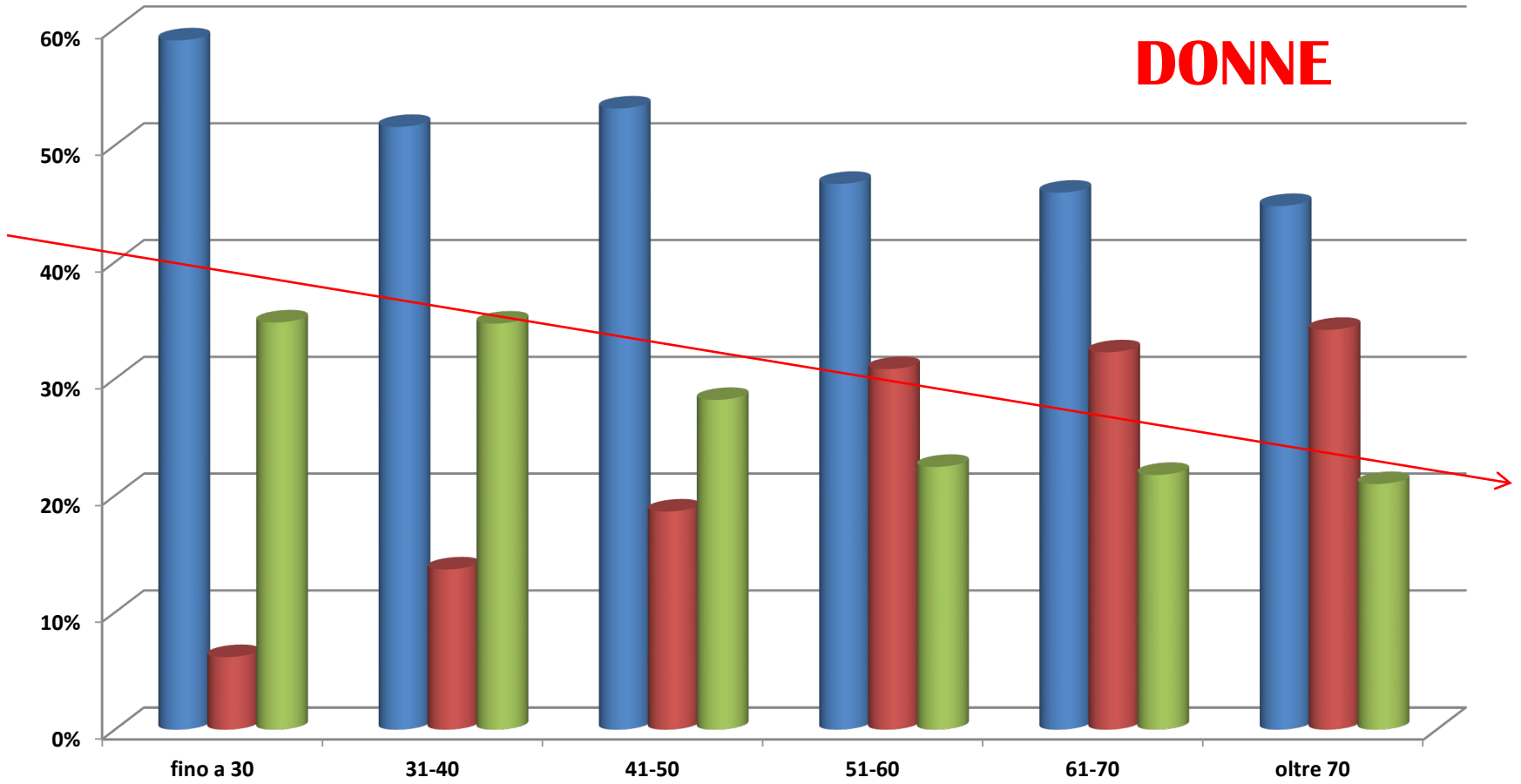
Uomini



Donne

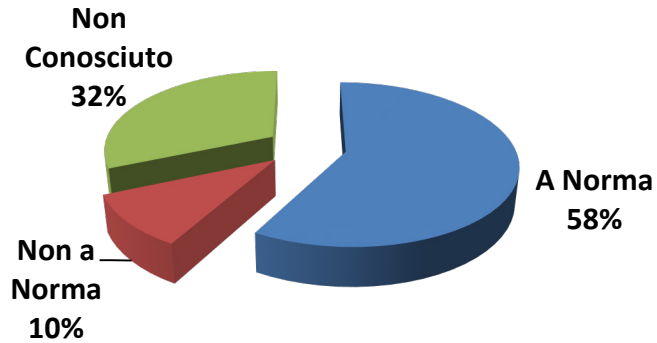


RISCHIO "NON CONOSCIUTO"

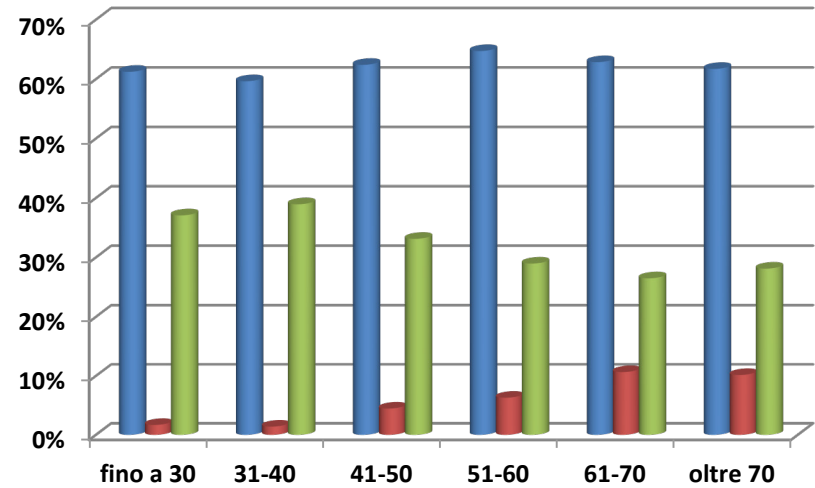
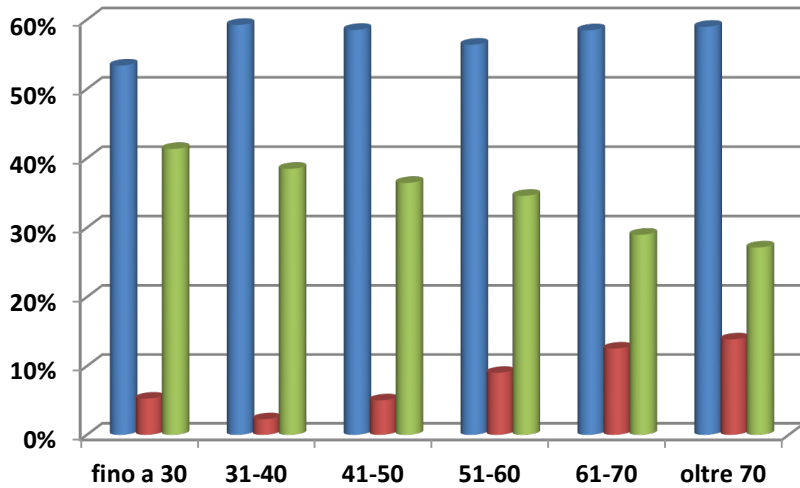
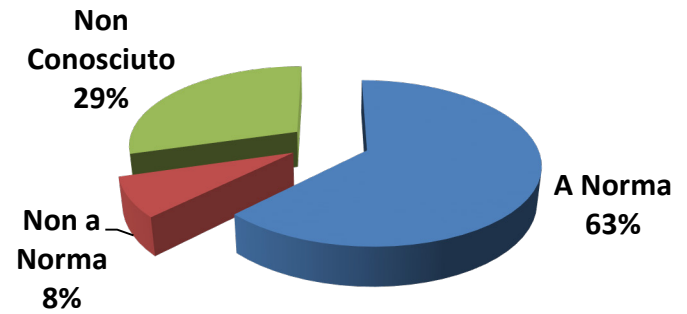


Rischio Diabete

Uomini

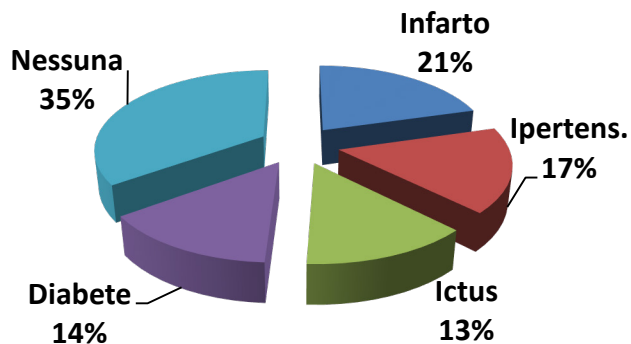


Donne

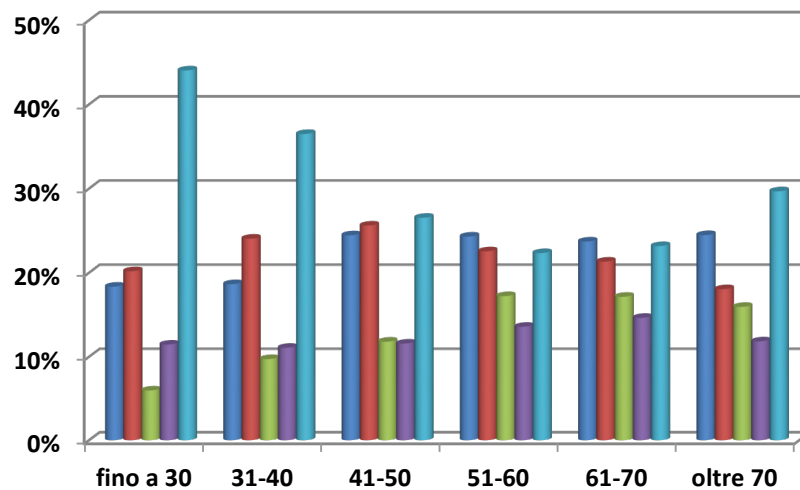
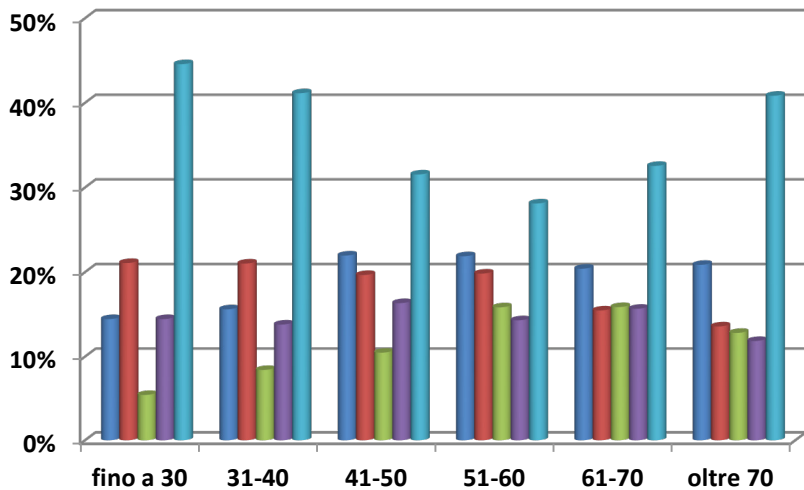
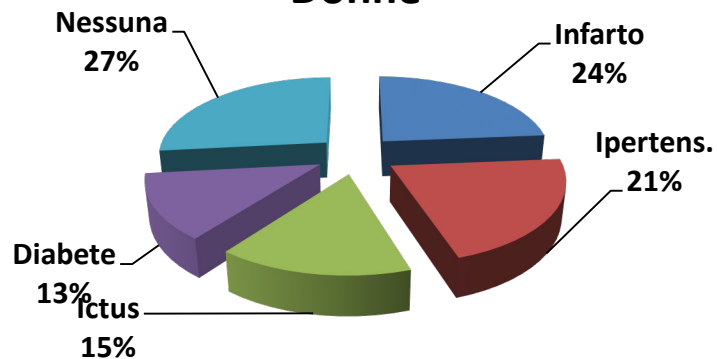


Rischio Familiarità

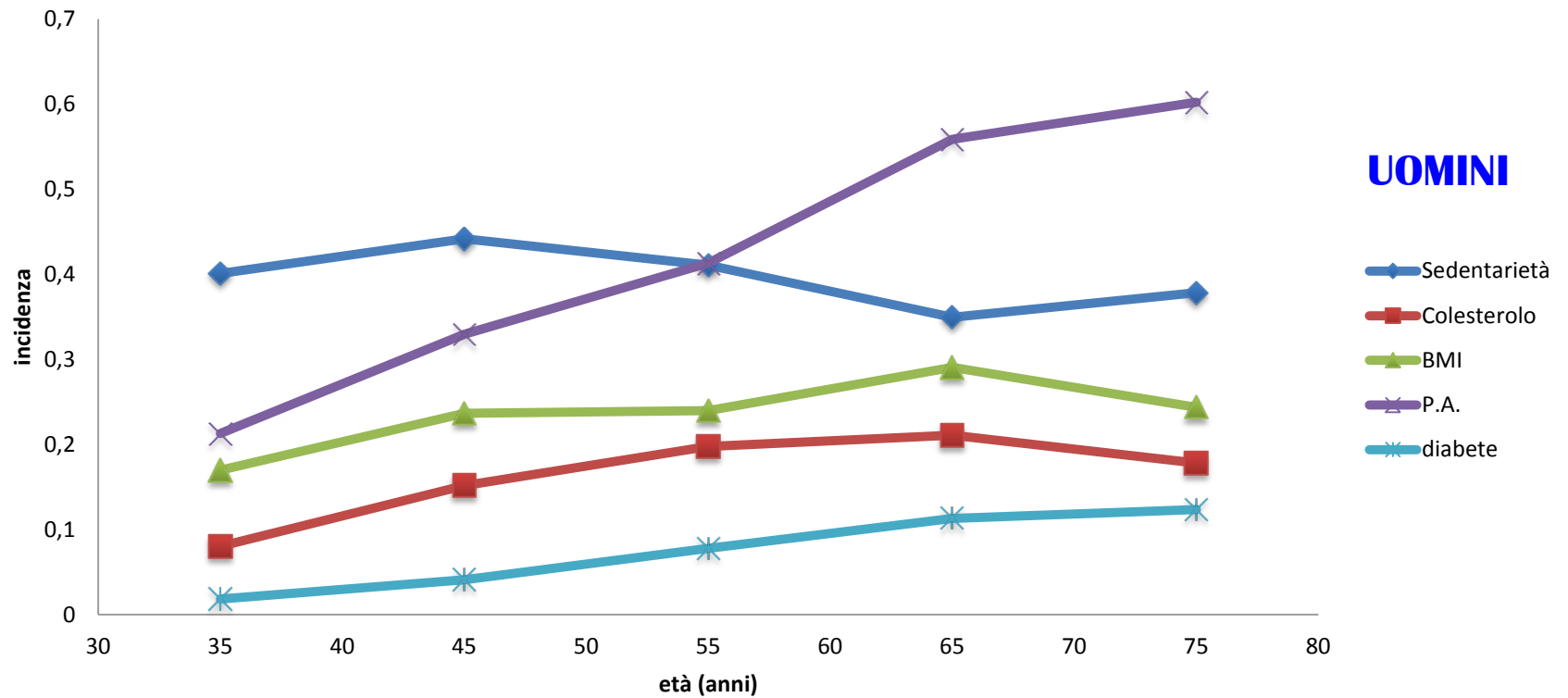
Uomini



Donne

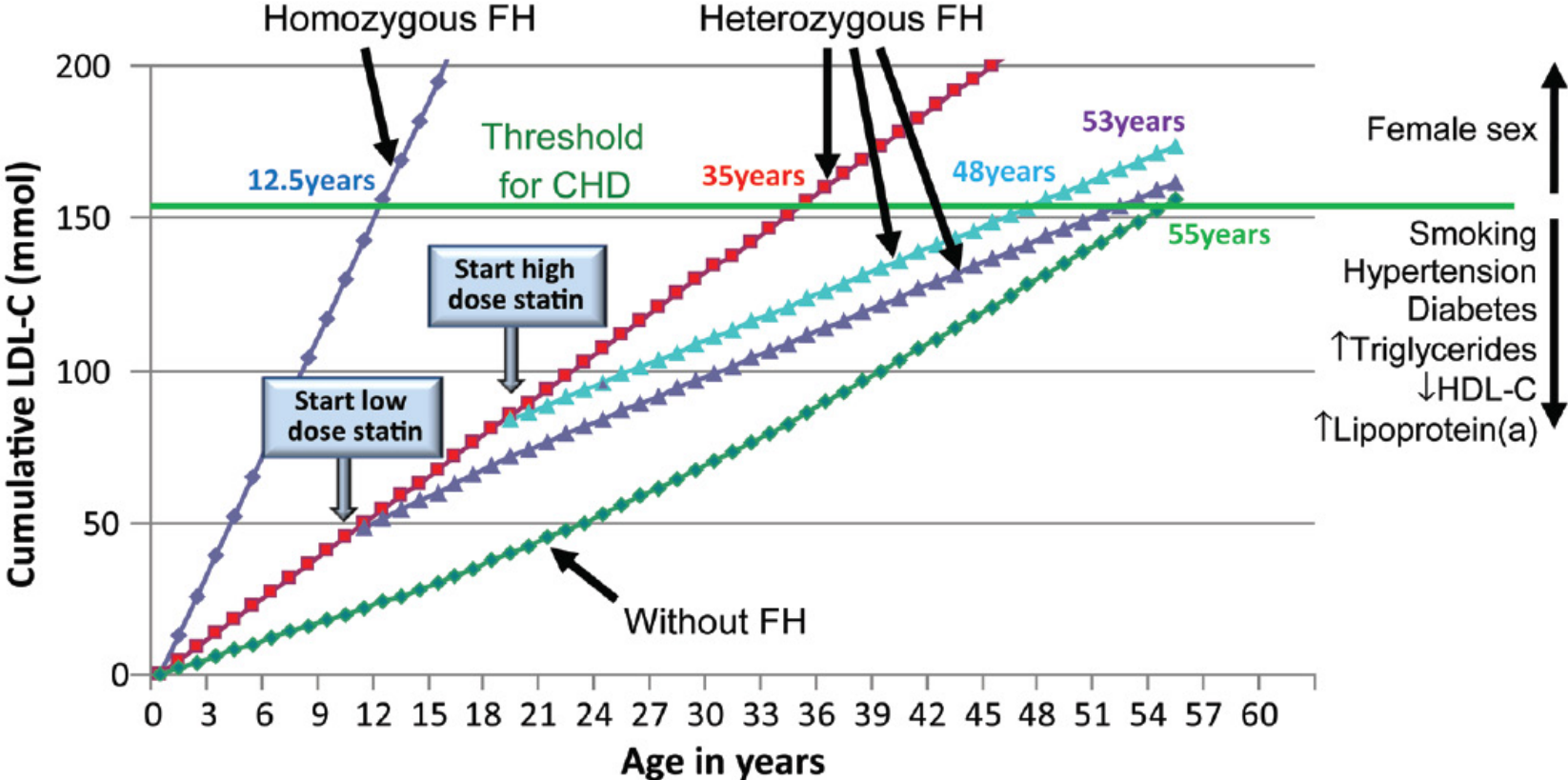


Fattori di Rischio vs Età



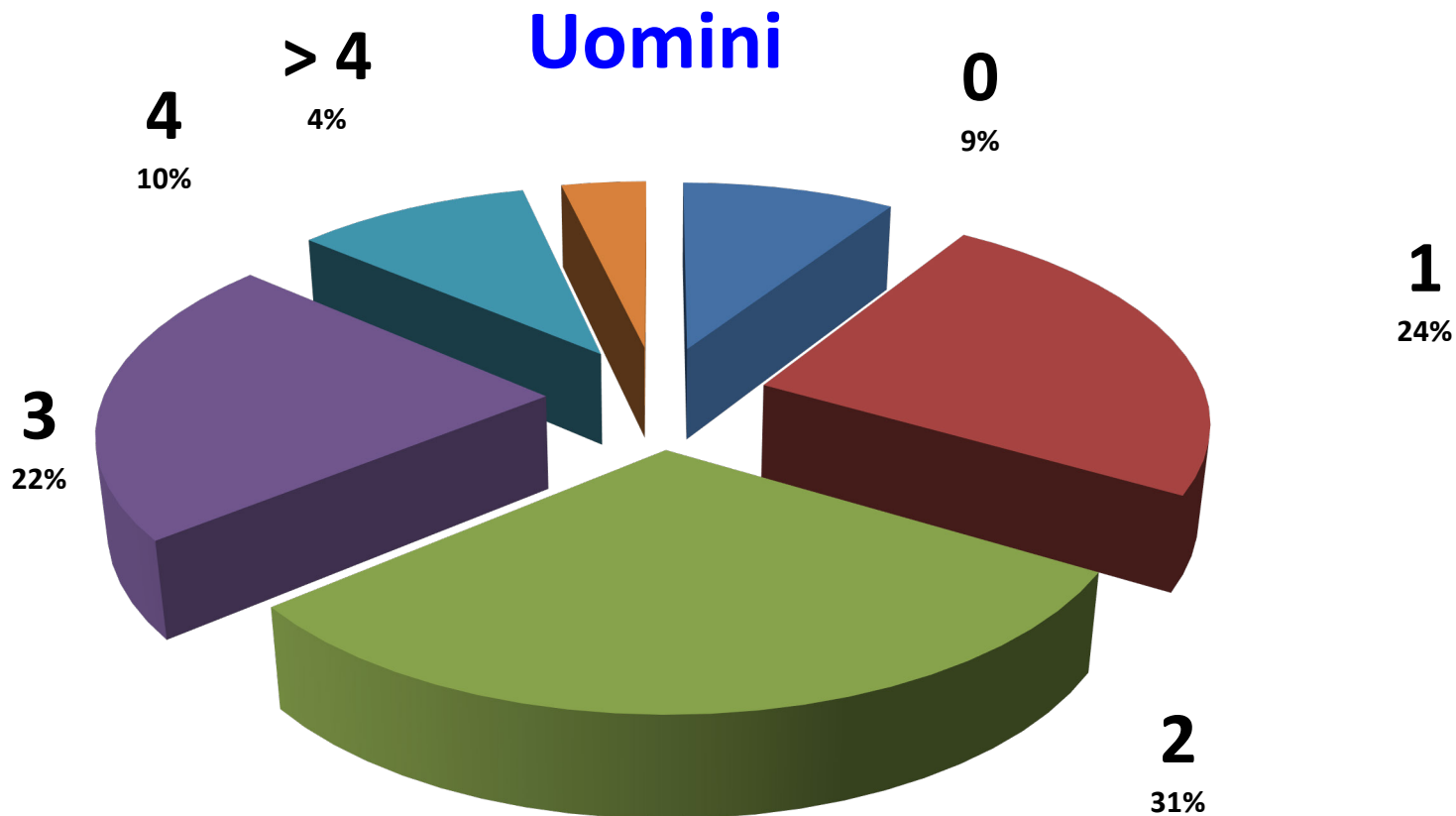
The risk effect of LDL-C is cumulative over time

Cumulative LDL-C burden in individuals with or without FH as a function of their age at initiation of statin therapy

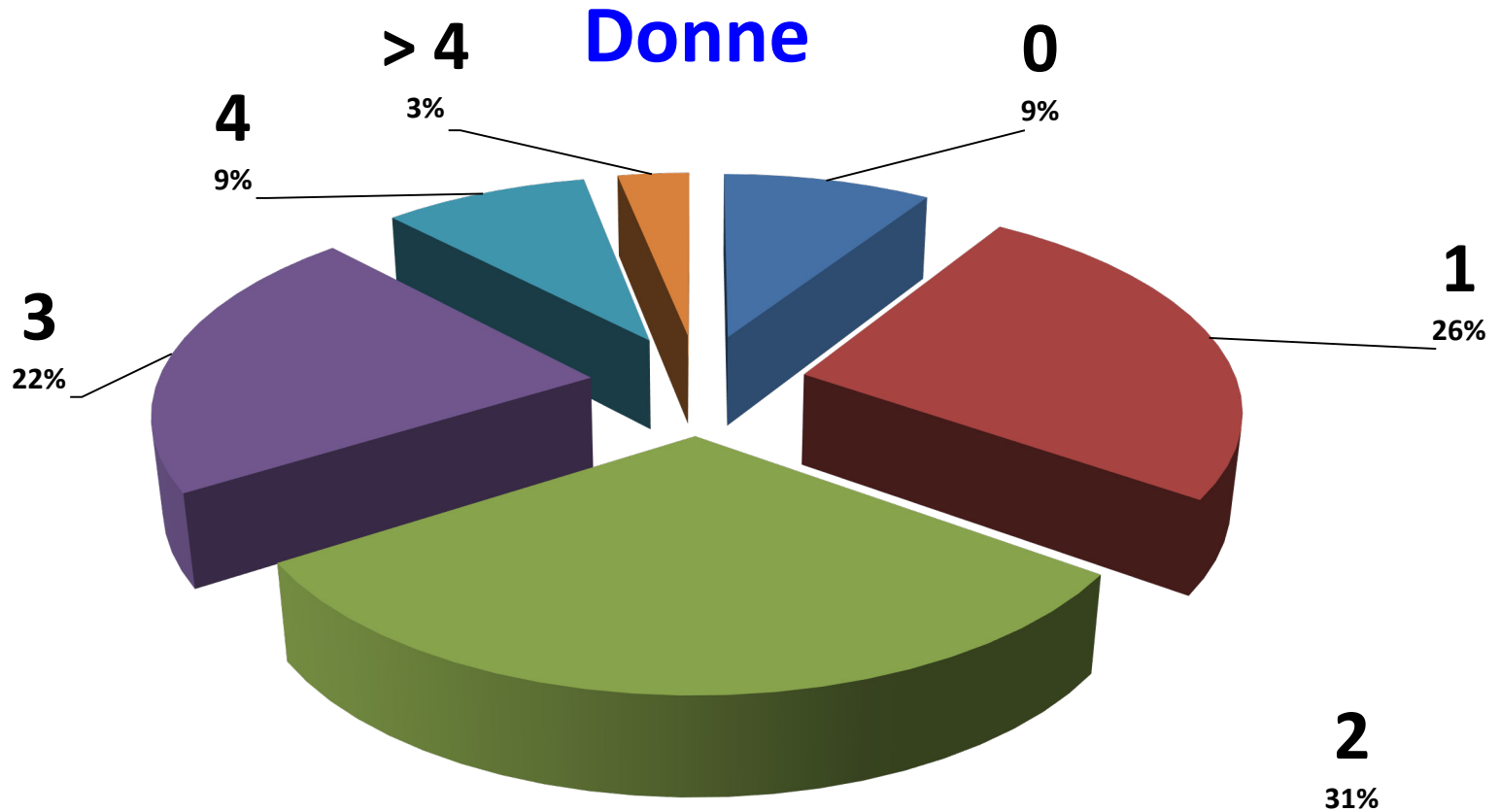


This figure uses modelled data.
 CHD, coronary heart disease; CV, cardiovascular; FH, familial hypercholesterolemia; HDL-C, high-density lipoprotein cholesterol; LDL-C, low-density lipoprotein cholesterol.
 Nordestgaard BG, et al. Eur Heart J 2013;34:3478–90.

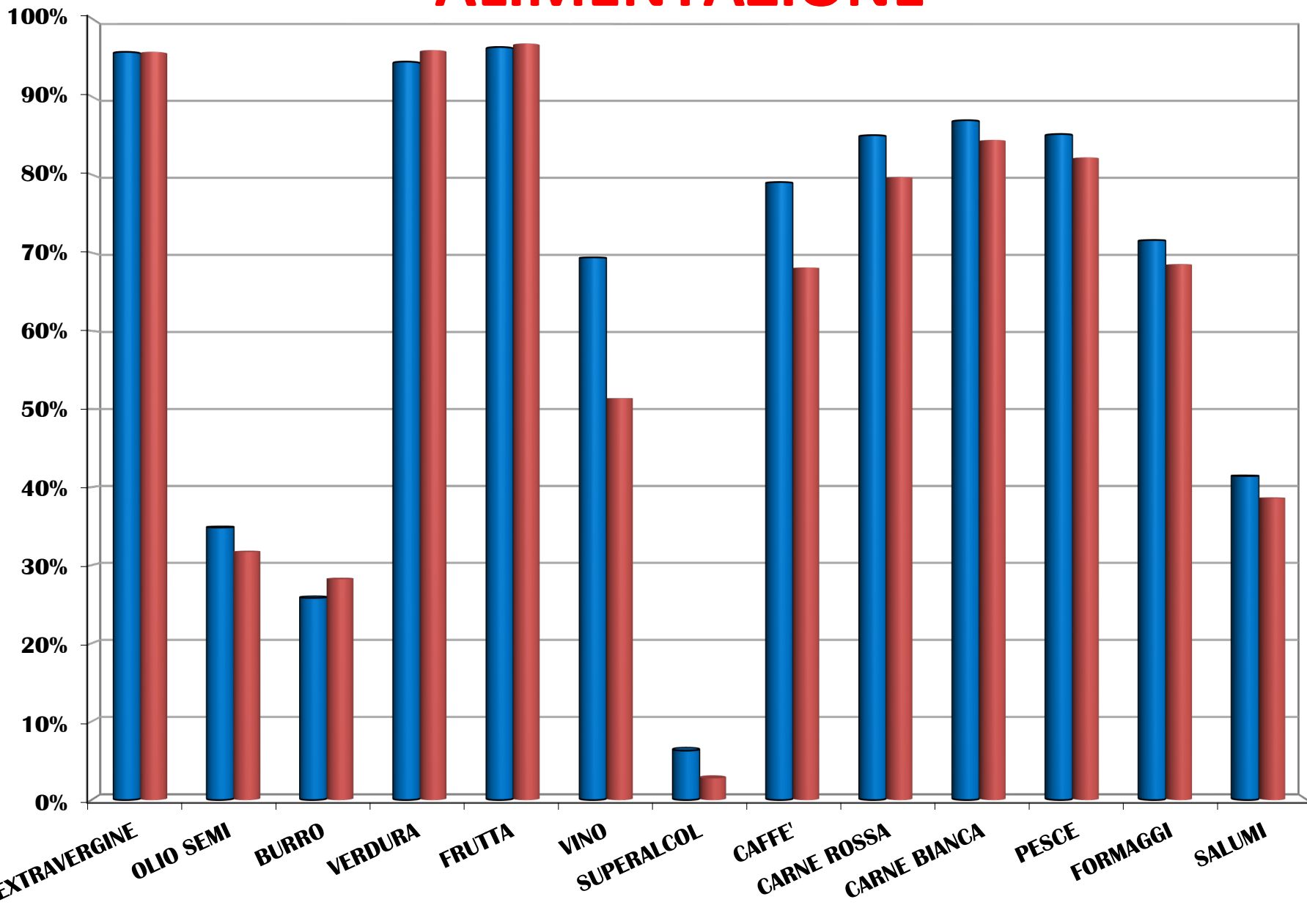
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DISTRIBUZIONE NUMERO FATTORI DI RISCHIO



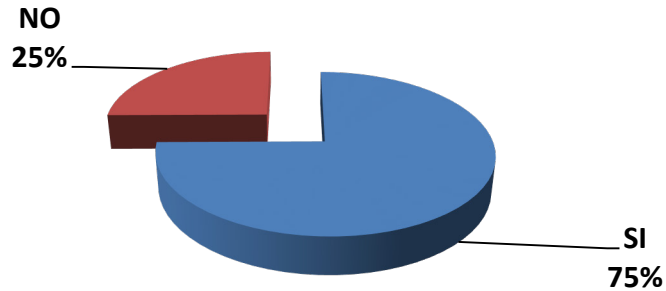
ALIMENTAZIONE



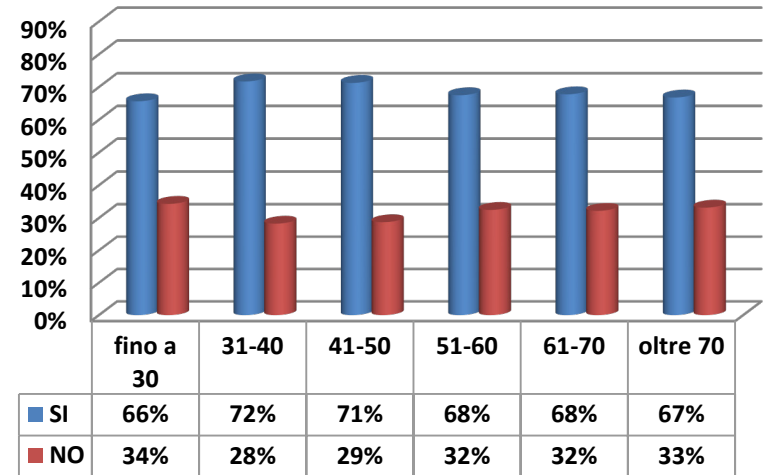
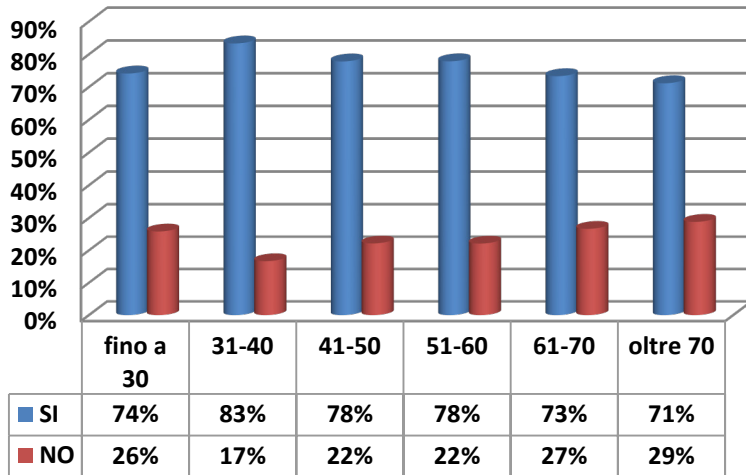
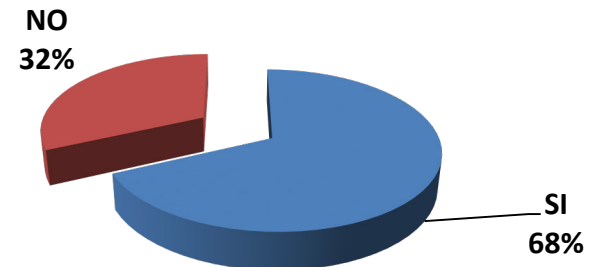


Consumo di Caffè

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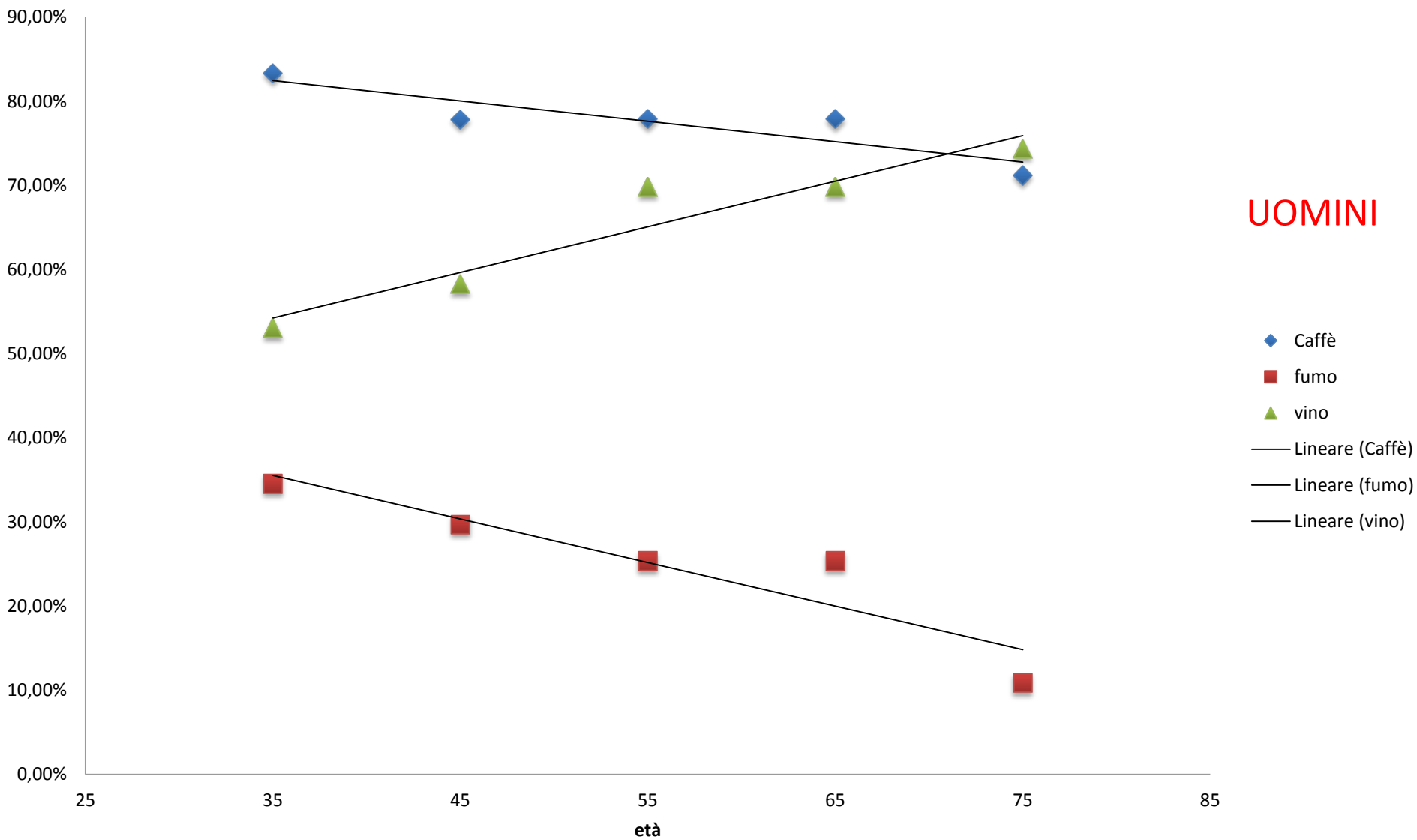


Donne



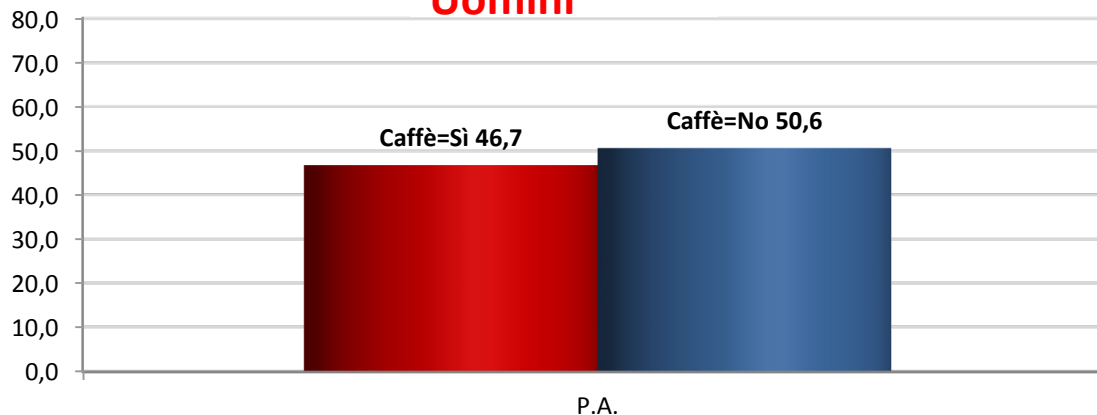
Impatto età: caffè, fumo, vino (correlazione significativa))

UOMINI

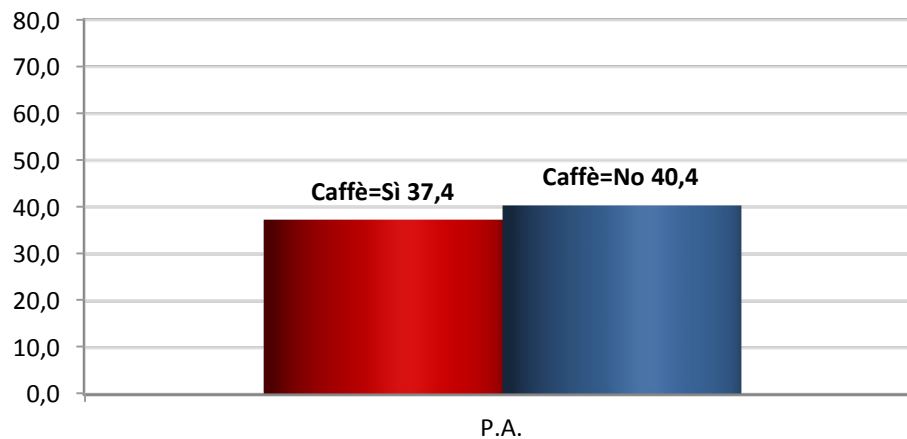
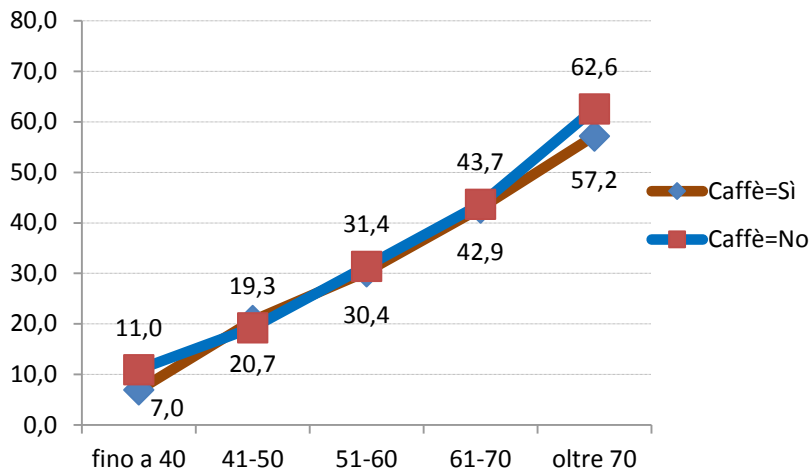


Consumo di caffè e Ipertensione

Uomini

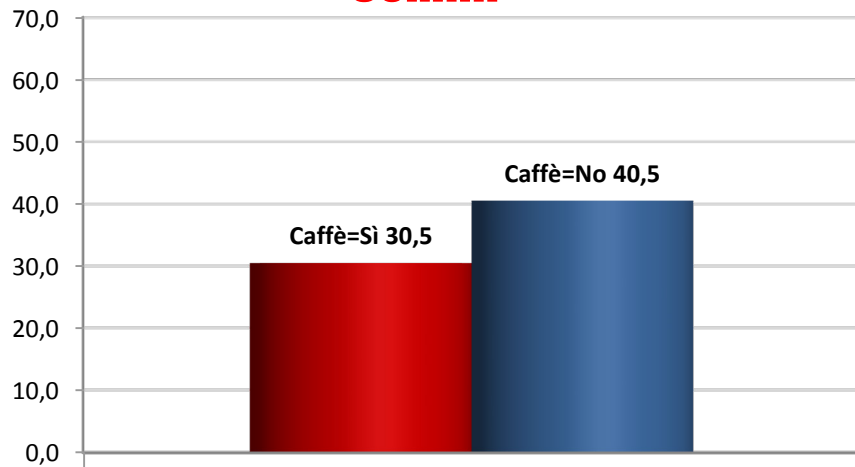


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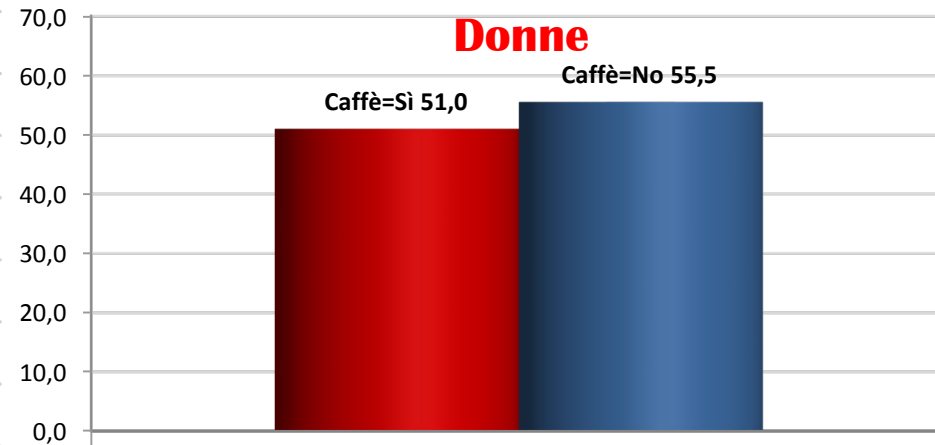


Consumo di caffè e Ansia

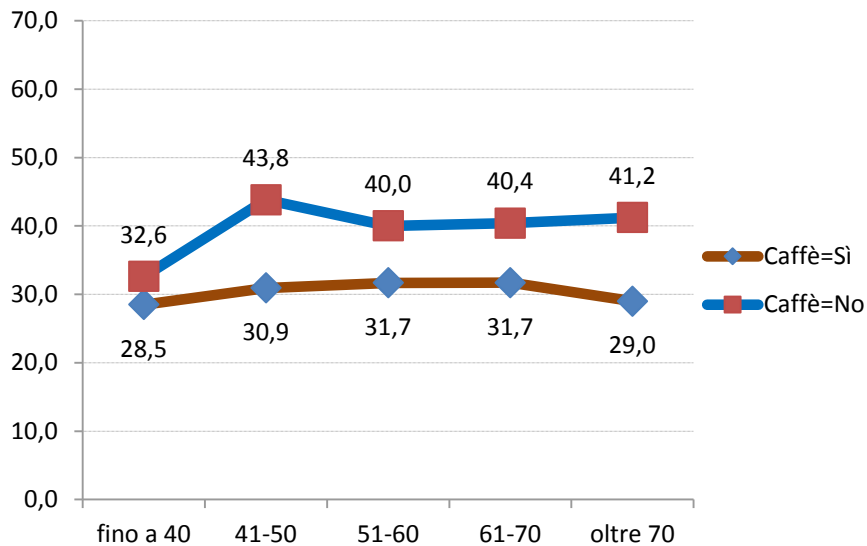
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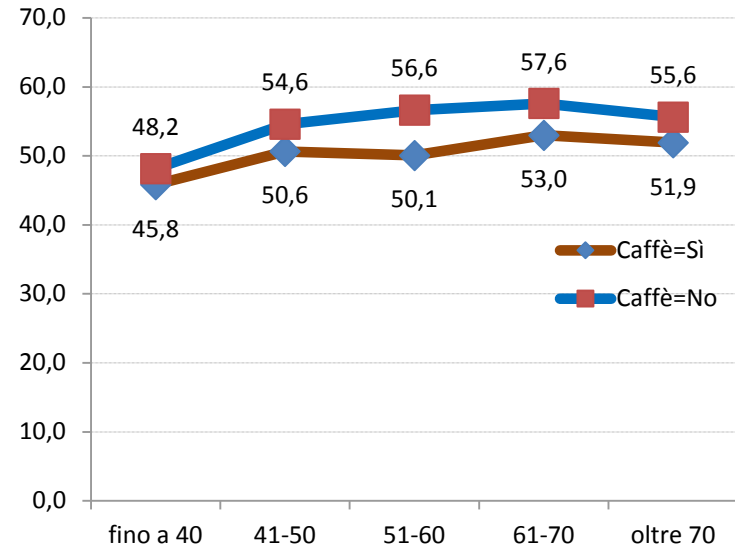
Donne



ansia



ansia



INTERVENTI & CONCLUSIONI

- Raccomandazioni basate su un approccio diretto a gruppi di popolazioni
- Interventi a livello di singoli individui
- Raccomandazioni per programmi di prevenzioni specialistici
- Monitoraggio dei programmi di prevenzione
- ALIMENTAZIONE incide sul 50% dei fattori
- ATTIVITA' FISICA condiziona molti altri fattori



Grazie per la vostra attenzione

