World Heart Day: New European statistics released on heart disease and stroke

Figures show significant drop in mortality, but the scale of the problem is huge and will increase

Sophia Antipolis, 29 September 2012: New figures released to mark World Heart Day (29th September) show a significant improvement in Europe’s heart health. The European Society of Cardiology (ESC) and the European Heart Network (EHN) are releasing up to date statistics¹ on the burden of heart disease in Europe and in the EU today. These figures represent the first comprehensive overview of the impact of cardiovascular disease (CVD) since 2008.

The statistics show that efforts to reduce heart disease deaths are successful, with mortality now falling in most of the continent. At the same time, the report shows the huge burden CVD presents to Europe’s health, and suggests that underlying factors may cause CVD to increase in the near future.

The figures show some good news. Since the 2008 report there has been a substantial drop in the number of deaths attributed to heart disease. CVD is now responsible for four million European deaths annually, down from 4.3 million in 2008 (which represents a drop from 48% to 47% of total European deaths). Within the EU, it is responsible for 1.9 million deaths per year, down from two million in 2008 (40% of all EU deaths, down from 42%)².

Commenting, ESC President, Professor Panos Vardas said:

“There is good news here, but it needs to be approached with some caution. Fewer lives are being lost to cardiovascular disease than in 2008. At the same time, the scale of the problem is enormous. CVD is still responsible for four million European deaths per year. This is a real human tragedy and a significant economic burden. We anticipate this burden will continue to increase in the coming years due to ageing populations and unhealthy lifestyles”.

Dr. Hans Stam, President of the European Heart Network, said:

“This reduction in CVD mortality is good news, a real success story. A few years ago it seemed that the rise in cardiovascular disease was unstoppable; this report shows that we have reversed that trend, and that lives are being saved. At the same time, we know that there are potential problems ahead. Diabetes and obesity are rising, smoking is still a major issue, and people are still not doing enough physical activity. The continent is also growing older. Today’s figures are good, very good, but they must not lead to complacency”.

¹ Figures on the burden of heart disease in Europe and in the EU today are based on projections of prevalence data and death registration data, adjusted for differences in mortality rates. Prevalence data are based on data from the European Heart Network (EHN) and the World Health Organization (WHO). Mortality data are based on data from the WHO and the European Centre for Disease Prevention and Control (ECDC).
² Figures on the burden of heart disease in Europe and in the EU today are based on projections of prevalence data and death registration data, adjusted for differences in mortality rates. Prevalence data are based on data from the European Heart Network (EHN) and the World Health Organization (WHO). Mortality data are based on data from the WHO and the European Centre for Disease Prevention and Control (ECDC).
The report contains a range of European comparators, giving the latest available figures on mortality, morbidity, treatment, smoking, diet, physical activity, alcohol, blood pressure, cholesterol, overweight and obesity, diabetes, and financial implications for each country. Key statistics include:

- CVD hits women especially hard – it is the main cause of death for women in each of the 27 EU countries³.
- CVD is the leading cause of death for men in all the EU countries except France, the Netherlands, Slovenia and Spain³.
- Stroke is the second single most common cause of death in Europe: accounting for almost 1.1 million deaths each year. Over one in seven women (15%) and one in ten men (10%) die from the disease³.
- There are huge differences in CVD mortality within Europe. For example, for men CVD causes between 60% (Bulgaria) and 25% of deaths (France) and for women between 70% (Bulgaria) and 30% of deaths (France and the Netherlands)⁴.
- The prevalence of diabetes is high, with more than 50% rises in some countries in the last decade. This, plus increasing obesity levels, is threatening to reverse the improvements of recent years⁵.
- The economic burden of CVD is huge, estimated €196 billion a year, of which around 54% is due to direct health expenditure; 24% to productivity losses and 22% to the informal care of people with CVD. The impact on national health care systems is approximately €212 per year⁶, per person, in the EU.
- The figures also show substantial regional differences. Central and Eastern Europe saw large increases in CVD deaths in the years up to the turn of the century, but now mortality rates in this region are declining significantly. For example, over the 2003-2009 period, the rate of coronary heart disease (CHD) deaths in Russian men dropped from 251 to 186 (per 100,000). Nevertheless, these figures are still huge in comparison with other areas in Europe: for example, the UK has a male mortality rate of 33 per 100,000, and in the Netherlands this rate is 16 per 100,000 (2009 figures⁷).

Dr. Stam highlighted that CVD is a chronic disease with a heavy impact on the individual, health care budgets as well as the economy at large. “Today most public health expenses are linked to treatment. It is urgent to invest in prevention in order to improve the health of European population and stem the socio-economic consequences.”

Professor Vardas concluded: “The drop in CVD mortality across Europe is due to a range of factors, not just a single initiative. For example, over the last few years we have taken steps to lower blood pressure and cholesterol levels, and to highlight the dangers of smoking. These measures have helped enormously, but at the same time many lifestyle-linked changes, such as increasing obesity and diabetes, will make it harder for us to stand still. Most of cardiovascular related deaths are preventable. EHN, the ESC and its partners will continue to lobby for the implementation of changes in legislation and for population interventions in order to promote a healthier environment”.
Please mention the ESC, EHN and World Heart Day in any press release

Notes for Editors

About the European Heart Network
The European Heart Network (EHN) is a Brussels-based alliance of heart foundations and likeminded non-governmental organisations throughout Europe, with member organisations in 26 countries. The EHN plays a leading role in the prevention and reduction of cardiovascular diseases, in particular heart disease and stroke, through advocacy, networking, education and patient support, so that they are no longer a major cause of premature death and disability throughout Europe. For more information, please visit www.ehnheart.org
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About the European Society of Cardiology
The European Society of Cardiology (ESC) represents more than 75,000 cardiology professionals across Europe and the Mediterranean. Its mission is to reduce the burden of cardiovascular disease in Europe. For more information, please visit www.escardio.org

About World Heart Day
World Heart Day was created in 2000 by the World Heart Federation to inform people around the globe that heart disease and stroke are the world’s leading cause of death, claiming 17.1 million lives each year. http://www.world-heart-federation.org/index.php?id=123

References

1. European Cardiovascular Disease Statistics, 2012 edition. Authors, Melanie Nichols, Nick Townsend, Peter Scarborough and Mike Rayner, British Heart Foundation Health Promotion Research Group, Department of Public Health, University of Oxford, and Jose Leal and Ramon Luengo-Fernandez, Health Economics Research Centre, Department of Public Health, University of Oxford. This report can be downloaded from the ESC and EHN websites.

2. Ibid, figure 1a-1d
3. Ibid, table 1.2
4. Ibid, table 1.2
5. Ibid, tables 11.1 and 11.1a
6. Ibid, tables 12.1 to 12.5
7. Ibid, table 1.4