Diet, Physical Activity and Cardiovascular Disease Prevention in Europe

Report from the Regional Workshop in Smolenice 18 October 2012

Professor Jan Slezak, Past President of the Slovak Heart to Heart League, welcomed all participants to the workshop. He spoke about the problem of childhood obesity and its effects on quality of life. He also stressed that there is room for communities and governments to work together, especially in the field of promotion of healthy eating and physical activity. He highlighted the importance of involving schools in this debate.

Susanne Løgstrup, Director of the European Heart Network, gave an overview of the EuroHeart II project and explained that the workshop in Smolenice is the last of three regional workshops organised in the framework of Work Package 7 of the EuroHeart II project. The general objective of the EuroHeart II project, which is co-funded by the European Union, is to reduce the burden of cardiovascular diseases in Europe. The specific objective of Work Package 7 is to disseminate information from the EHN report on Diet, Physical Activity and Cardiovascular Disease Prevention in Europe and to examine how its policy recommendations can be implemented at regional and national level.

Professor Kamensky, Head of Department of Cardiology at the Ministry of Health of the Slovak Republic, spoke about cardiovascular prevention policies in Slovakia, including policies and activities on nutrition and physical activity. He referred to studies showing that changes in risk factors have reduced CVD mortality by around 50%, with treatment accounting for the remaining 50%. In Slovakia, 9 out of 10 people between 18 and 64 years old present at least one risk factor for cardiovascular diseases (CVD); 50% of Slovaks do not know their blood pressure and 80% of the population does not know its cholesterol level. The on-going national programme for CVD prevention aims to educate people about their health. Professor Kamensky explained how the first EuroHeart project led to the MOST project in Slovakia (“Most” is Slovak for “Bridge”). The MOST project promoted the implementation of the European Heart Health Charter and increased awareness of main CVD risk factors, including promotion of the “know your risk number”. Activities carried out during the MOST project were explained to participants in the workshop. The project also included a population survey performed in 2007 and repeated in 2011, whereby people are asked what is the main cause of death. It shows that in 2011, after awareness campaigns, the population is much better aware about causes of death, and risk factors such as blood pressure and cholesterol. The outcome of the survey also shows that women are much more aware of risk factors than men. Professor Kamensky also presented two more projects which run in Slovakia, namely. “Educated patients” and the European Health Examination Survey which show a reduction in the prevalence of risk factors in the population in Slovakia: numbers of smokers are decreasing and there is a reduced prevalence of hypertension among the general population. They also showed a better awareness of total cholesterol levels amongst the general population.
Dr Alena Cvopova, from the Public Health Authority of the Slovak Republic, explained that the public Health Authority considers it to be one of its main tasks to stress the importance of life style in order to promote and improve health of the population, and to prolong years of productive life. She mentioned the importance of a population strategy aimed at preventing diseases in the healthy population in general, but also the importance of an individual strategy for high risk people. She explained that the Public Health Authority in Slovakia worked via counselling services in 36 offices spread over the country. In these offices about 300 000 people were examined between 1993 and 2010; the main group were people between 45 and 54 years old, and most of the counselling focused on diet (cholesterol) and smoking prevention. These counselling offices prove the efficiency of non-pharmacological interventions, and help the healthy population stay healthy.

Dr Jan Lietava, president of Slovak Heart to Heart league, talked about the research programmes in the field of Diet and Exercise in a Slovak patient population. He stressed that it was important for the medical staff to not only consider treatment, but also help patients prevent further development of diseases through healthy lifestyle, smoking prevention, promotion of healthy eating habits and physical activity.

Mr Ladislav Mesko, Secretary General of SAKFST, presented the importance of physical activity in a healthy lifestyle and the important role that fitness centres can play. He referred to prevention of obesity and CVD and in rehabilitation after traumata or accidents as well as the health benefits in pain reduction and improving general condition of the elder population. He stressed the need for “total care” for clients and hence the need for highly qualified trainers. He also mentioned that fitness centres are mainly present in cities and densely populated areas, with hardly any fitness centres in rural areas. Mr Mesko also discussed the financial cost involved, which meant that a large group of people could not benefit from health effects of fitness centres. His presentation was followed by a “practical session” on physical activity during lunch time breaks.

Ing. Lucia Polakovicova, Association for Health of our Children, Slovakia, presented her research on children and physical exercise. Her research showed that the main reason children gave for not being involved in physical activity was that they have no time (sic!). Children move less than 5h/week but spend 3h/day in front of a computer. Children do not like the physical activity programmes that schools propose and schools do not use their full potential to help children to be physically active. This lack of physical activity has dramatic consequences on children’s weight. Figures show that 11-year old boys in Slovakia weigh on average 5kg more than 10 years ago, and that their waist circumference is 5cm more than 10 years ago. A better cooperation between government and private initiatives could help in drastically reducing overweight in children and contribute to a better health of the younger population.

Dr Mike Rayner, Director of the British Heart Foundation Health Promotion Research group and Chair of the EHN Nutrition Expert Group presented the EHN report on Diet, Physical Activity and Prevention of Cardiovascular Diseases in Europe pointing out that CVD is a problem for the whole of Europe but particularly for poorer countries and poorer people within richer countries. Prevention, however, does work and can reduce incidence and mortality and considering the major impact of prevention efforts, these should be increased.
Dr Rayner then went on to explain that the report contained intermediate nutrition and physical activity goals (based on assessment of current dietary and physical activity patterns in Europe and including pragmatic considerations of what might realistically be aimed for in the next five to 10 years) and ambitious longer-term goals, which are goals we should ultimately aim at to reduce considerably prevalence and mortality from cardiovascular diseases. Dr Rayner highlighted that the goals are not for individuals but addressed at political decision makers responsible for developing measures to make sure the population goals are achieved. The report also contains concrete recommendations for measures that can be taken at European, national or local level to achieve a reduction in cardiovascular diseases.

In the debate that followed, participants (including representatives from the Hungarian Heart Foundation and the Slovenian Heart Foundation) discussed which policy measures were more likely to be achieved. Particularly in times of economic crisis, taxation of unhealthy foods was seen to serve a dual purpose of promoting healthier diets whilst also generating an income for the state. Fiscal measures become especially interesting, if the money collected by the tax is earmarked, i.e. is reinvested in specific programmes such as promoting healthy food and physical activity in schools.

A second topic of intense discussion was the need for cooperation between organisations in order to be able to put pressure on governments. This requires forming alliances at national level (such as NCD alliances at international and national level) or working with “ambassadors” to communicate certain messages to a wider public (e.g. TV personalities, sports people, influential political decision makers).

A last topic of discussion amongst participating organisations was the need to have a common vision, which could be aspirational. As an example, the vision of the European Heart Network was mentioned, which is that “Every child born in the new millennium has the right to live until the age of at least 65 without suffering from avoidable cardiovascular disease”.