

Prijedlog Nacionalnog programa prevencije kardiovaskularnih bolesti u obiteljskoj medicini

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Ministarstvo zdravlja
Hrvatski zavod za javno zdravstvo
Hrvatski zavod za zdravstveno osiguranje
Katedra za obiteljsku medicinu



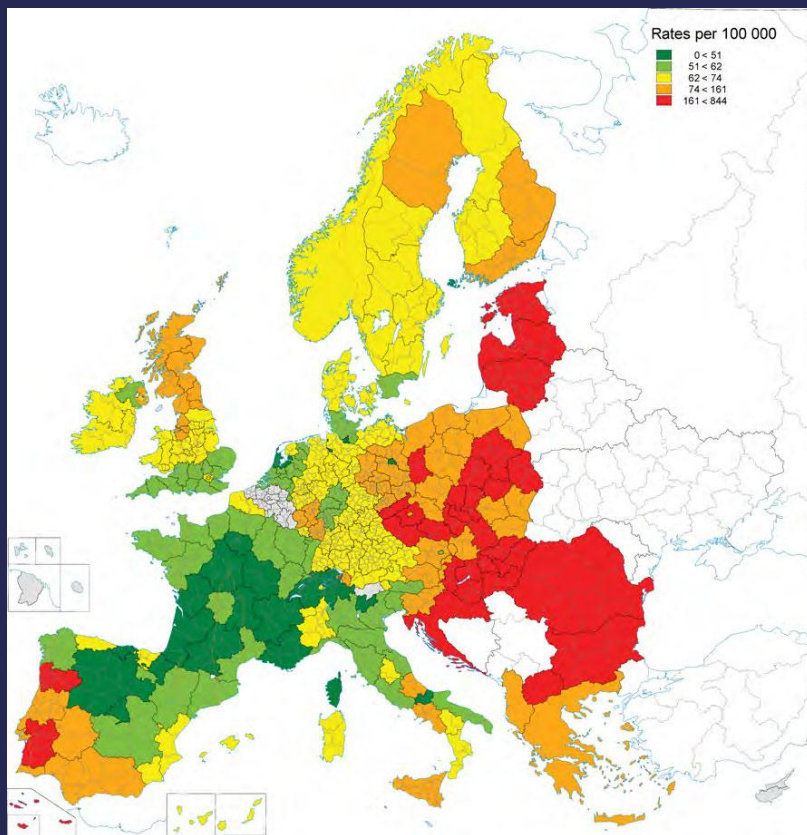
Simpozij Rano otkrivanje i prevencija kardiovaskularnih
bolesti u obiteljskoj medicini,
Zagreb, 14.12. 2015

Moto predavanja

Iako svaki drugi Hrvat i dalje umire od kardiovaskularnih bolesti, sustavna i jednoobrazna prevencija kardiovaskularnih bolesti ne postoji

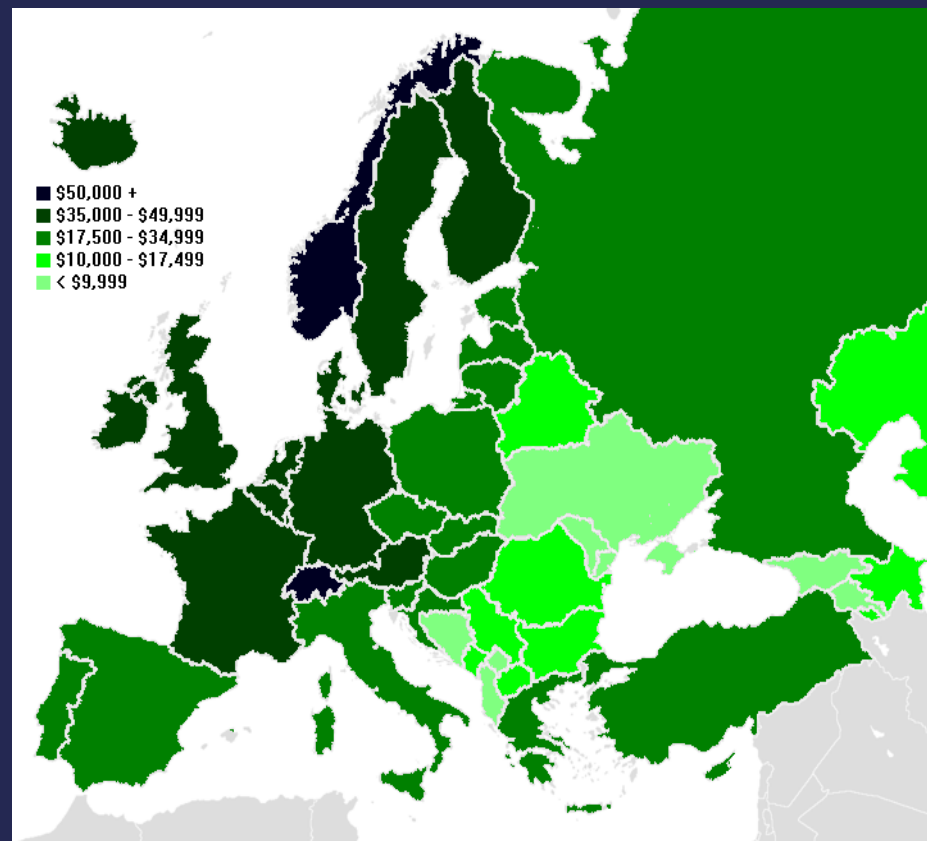
KARDIOVASKULARNE BOLESTI RASTUČI JAVNO ZDRAVSTVENI PROBLEM

Smrtnost od KVB



Muller Nordhorn J, Binting S, Roll S, Willich SN. An update on regional variation in CV mortality within Europe. Eur Heart J 2008;29:1316-26

BND / stanovnik



Map showing regional variation in European GDP (PPP) per capita in 2012. Figures from WorldBank, 2016.

Smrtnost od kardiovaskularnih bolesti u Hrvatskoj

Hrvatsko zdravstveno statistički ljetopis, 2014

- 2014

47,4%

- 2020

??????

- 2025

??????

Cilj : smanjenje
smrtnosti za 25%

Bez sustavnog pristupa i Programa prevencije KVB
cilj se neće postići

Visoka stopa smrtnost od kardiovaskularnih bolesti u Hrvatskoj

**Zašto je to tako ?
U čemu je problem?**



- Postoji li edukacija obiteljskih liječnika ?
- Postoje li smjernice (međunarodne, nacionalne) ?
- Kakav je stav zdravstvenih vlasti prema prevenciji?

Edukacija obiteljske medicine

Katedra za obiteljsku medicinu

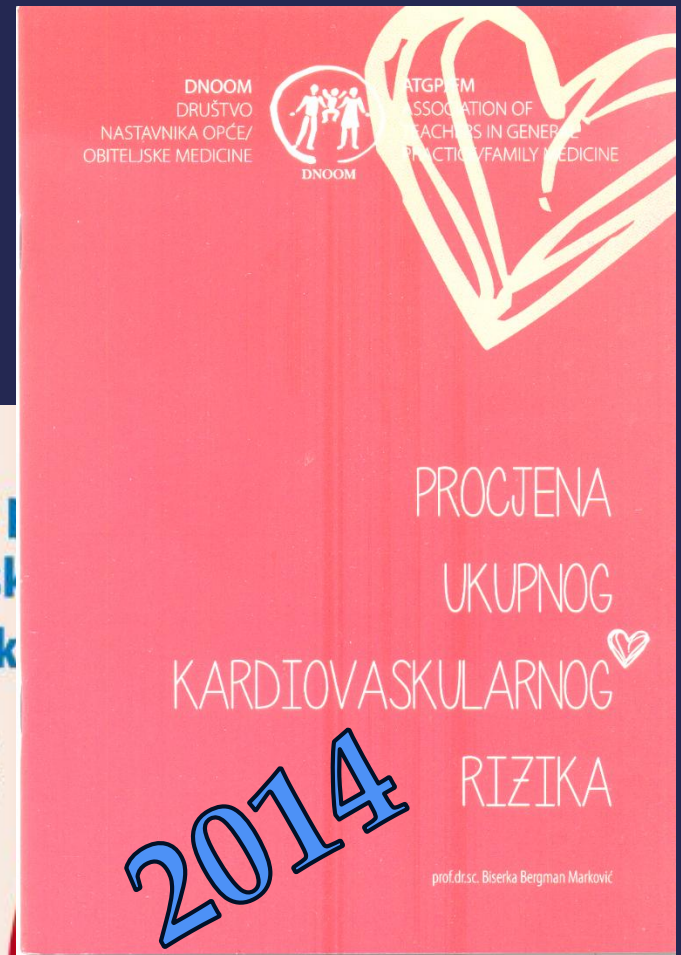
- Dodiplomska nastava
- Poslijediplomska nastava
- Specijalizacija iz obiteljske medicine

**Kontinuirana
medicinska edukacija
(KME)**

Društvo nastavnika opće/obiteljske medicine (DNOOM)

- Kongresi
- Radionice
- Projekti

7.1.2016.



Zdrava prehrana i tjelesna aktivnost, Anti stres kamp

Ljiljana Lulić Karapetić, dr.med.

PROMJENA

Lj. Lulić Karapetić, Lj. Kondić, i suradnici
PROGRAM ZA LJEČNIKE, ZDRAVA PREHRANA I TJELESNA AKTIVNOST U PREVENCIJI KARDIOVASKULARNIH BOLESTI
EDUKACIJA EDUKATORA

Cilj programa:
edukacija i osnaživanje ljepčnika za preventivan način rada, poticanje konstruktivnih obrazaca ponašanja i zdravih stilova života, aktivno sudjelovanje i poboljšanje međusobne suradnje

Kardiovaskularne bolesti su i dalje vodeći uzrok smrti u svijetu. Hrvatska ima 49.5% ukupnog mortaliteta. Bolesti s faktorom rizika, oboljeli od kardiovaskularnih bolesti trajuja slab - LDM zrenivost rad = ljepčnje = LOM LOM veliki broj posera, administrativni rad, dilatar tržišni odnosa. kronična frustracija, nedostatak rada, slabu zdravje ljepčnika! !! Ispod ljepčnog pacijenta !!

Na početku projekta mjerili smo:
razinu anksioznosti, nivo oboljenosti od stresa, reakcije na stres, kvalitetu življenja

Kontrolna praćenja i mjerenja nakon 6 mjeseci:
•bolje rješavanje stresnih situacija
•poboljšano osnaživanje osobnosti
•bolju kvalitetu življenja
•uspješno sprovođenje navedenog preventivnog programa s osobama koje imaju različite faktore za razvoj kardiovaskularnih bolesti

Zbog pozitivnih učinaka našu edukaciju i druženja nastavljamo i nakon prethodnih 8 radionica s temom kardiovaskularnih bolesti. 4 suvremena godišnje za praćenje i evaluaciju onoga što činimo za sebe i za svoje pacijente i ostale građane.

Ljiljana Lulić Karapetić, dr.med. i suradnici

Program
• predložiti i pesni modal
• nastaviti predavanja u vezi sa kardiovaskularnim bolestima
• organiziranje upitnika i skupa kvalitete življenja
• edukativna grupa psihoterapija
• edukativna i zdrava praksa
• program smo započeli pilot grupom ljepčnika u veljači 2019.
• 5 radionica: 3 u Zagrebu, 1 na otoku Mljetu i 1 u Metkoviću
• interaktivni rad + interaktivno učenje = po završetku radionica održavamo u našu obitelji i na svoja radna mjesta s novim elementima, pozitivnom energijom, osnaženi za nastavak odgovornog posla, i novim stajama koje već preporučujemo u praksi.



CRISIC-fm

Cardiovascular risk and intervention study in Croatia-family medicine (ISRCTN31857696)

- multicentrična, prospektivna, cluster-randomizirana, interventna, kohortna, kontrolirana studija
- 59 LOM (response rate 71%)
- Broj ispitanika N=2467 (response rate 78%)
- Trajanje =18 mjeseci
- 4 doktorske dizertacije
 - DOKAZANA UČINKOVITOST SUSTAVNE PROGRAMIRENE INTERVENCije LIJEČNIKA OBITELJSKE MEDICINE

Smjernice

- JNC 7 2003
- ECS/EHS 2003
- NCEP ATP III

• The European Task

ESC/ EAS

Smjernice za
zbrinjavanje
dislipidemija,

Reiner Ž., Capatano A.L., De Backer
G. i sur., 2011

2001;265:2460-2497.



European Heart Journal (2011) 32, 1769–1818
doi:10.1093/eurheartj/ehr158

ESC/EAS GUIDELINES



ESC/EAS Guidelines for the management of dyslipidaemias

The Task Force for the management of dyslipidaemias of the European Society of Cardiology (ESC) and the European Atherosclerosis Society (EAS)

Developed with the special contribution of: European Association for Cardiovascular Prevention & Rehabilitation†

Authors/Task Force Members: Željko Reiner* (ESC Chairperson) (Croatia), Alberico L. Catapano* (EAS Chairperson)* (Italy), Guy De Backer (Belgium), Ian Graham (Ireland), Marja-Riitta Taskinen (Finland), Olov Wiklund (Sweden), Stefan Agewall (Norway), Eduardo Alegria (Spain), M. John Chapman (France), Paul Durrington (UK), Serap Erdine (Turkey), Julian Halcox (UK), Richard Hobbs (UK), John Kjekshus (Norway), Pasquale Perrone Filardi (Italy), Gabriele Riccardi (Italy), Robert F. Storey (UK), David Wood (UK).

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† Other ESC entities having participated in the development of this document:
Associations: Heart Failure Association.

Working Groups: Cardiovascular Pharmacology and Drug Therapy, Hypertension and the Heart, Thrombosis
Councils: Cardiology Practice, Primary Cardiovascular Care, Cardiovascular Imaging

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Nove smjernice ECS (2012)

Rujan
2012

European Heart Journal (2012) 33, 1635–1701
doi:10.1093/eurheartj/ehs092

JOINT ESC GUIDELINES

European Guidelines on cardiovascular disease prevention in clinical practice (version 2012)

The Fifth Joint Task Force of the European Society of Cardiology and Other Societies on Cardiovascular Disease Prevention in Clinical Practice (constituted by representatives of nine societies and by invited experts)

Developed with the special contribution of the European Association for Cardiovascular Prevention and Rehabilitation (EACPR)[†]

Authors/Task Force Members: Joep Perk (Chairperson) (Sweden)*, Guy De Backer (Belgium), Helmut Gohlke (Germany), Ian Graham (Ireland), Željko Reiner (Croatia), W.M. de Winter (The Netherlands), Christian Allmendinger (Germany), Christian Lenzen (France), Gudrun Boysen (Denmark), Renée Bejcek (Czech Republic), Christi Deaton (UK), Shah Ebrahim (UK), Miles Fisher (Germany), Giovanni Giamberini (Italy), Richard Hobbs^{1,7} (UK), Arno Hoes⁷ (The Netherlands), Mustafa C. Karadeniz⁸ (Turkey), Alessandro Mezzani (Italy), Eva Prescott (Denmark), Göran Sjöström (Sweden), Martin Scherer (Germany), Mikko Syväne (Finland), Ilma J.M. Scholte Op Reimer (The Netherlands), Christiaan Vrints (Belgium), David Wood (UK), Jose Luis Zamorano (Spain), Faiez Zannad (France)

Other experts who contributed to parts of the guidelines: Marie Therese Cooney (Ireland).

ESC Committee for Practice Guidelines (CPG): Jeroen Bax (Chairman) (The Netherlands), Helmut Gohlke (Germany), Claudio Ceconi (Italy), Veronica Dean (France), Christi Deaton (UK), Robert Fagard (Belgium), Christian Funck-Brentano (France), David Hasdai (Israel), Arno Hoes (The Netherlands), Paulus Teunissen (Germany), Juhani Knuuti (Finland), Philippe Kolh (Belgium), Theresa McDonagh (UK), Cyril Morice (France), Bogdan A. Popescu (Romania), Željko Reiner (Croatia), Udo Sechtem (Germany), Per Anton Sirnes (Norway), Michal Tendera (Poland), Adam Torbicki (Poland), Alec Vahanian (France), Stephan Windecker (Switzerland)

Document Reviewers: Christian Funck-Brentano (CPG Review Coordinator) (France), Per Anton Sirnes (Review Coordinator) (Norway), Victor Aboyans (France), Eduardo Alegria Ezquerro (Spain), Colin Leake (UK)

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[†] Other ESC entities having participated in the development of this document: European Association of Echocardiography (EAE), European Association of Percutaneous Cardiovascular Interventions (EAPCI), European Association of Cardiovascular Nursing (EACVN), European Association of Preventive Cardiology (EAPC), European Association of Cardiovascular Rehabilitation (EACR), European Association of Cardiovascular Imaging (EACVI), European Association of Cardiovascular Radiology and Intervention (EACR), European Association of Cardiovascular Intensive Care (EACIC), European Association of Cardiovascular and Thoracic Radiology (EACTR), European Association of Cardiovascular and Thoracic Anaesthesiologists (EACTA), European Association of Cardiovascular and Thoracic Surgeons (EACTS), European Association of Cardiovascular and Thoracic Radiology (EACTR), European Association of Cardiovascular and Thoracic Radiology (EACTR), European Association of Cardiovascular and Thoracic Radiology (EACTR).

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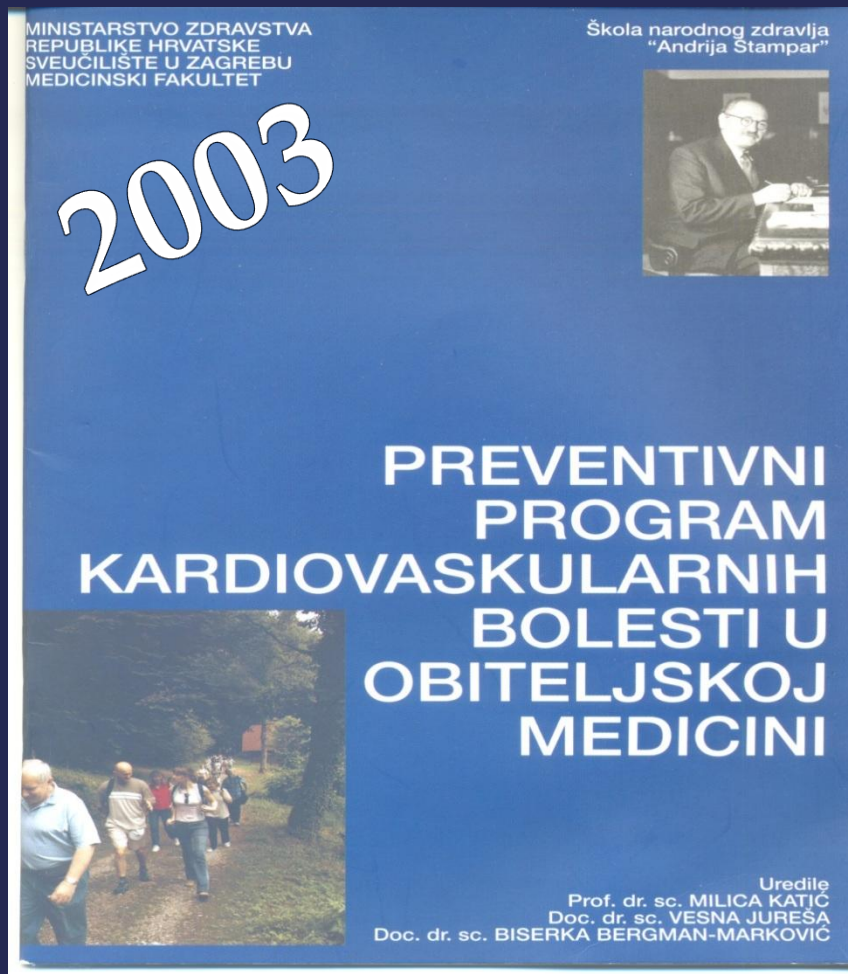
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- European Society of Cardiology (ESC)
- European Association for Cardiovascular Prevention & Rehabilitation (EACPR)
- European Society of Hypertension (ESH)
- International Society of Behavioral Medicine (ISBM)
- European Heart Network (EHN)
- European Association for the Study of Diabetes (EASD)
- European Atherosclerosis Society (EAS)
- International Diabetes Federation Europe (IDF-Europe)
- European Society of General Practice/Family Medicine (ESGP/FM)/Wonca
- European Stroke Initiative (EUSI)

Ne postoje zajednički
usuglašene
smjernice
svih društva

for

Nacionalni programi prevencije KVB OBITELJSKA MEDICINA



Program nije nikada zaživio,
impementacija ne postoji



Prijedlog Nacionalnog programa prevencije KVB, 2015

- Ministarstvo zdravlja
- Hrvatski zavod za javno zdravstvo
- Hrvatski zavod za zdravstveno osiguranje
- Katedra za obiteljsku medicinu
- Društvo nastavnika opće/obiteljske medicine
- Hrvatsko kardiološko društvo ?

Prijedlog Nacionalnog programa prevencije KV bolesti u RH, 2015

Metodologija

- dvoetafni program
 1. Praćenje obuhvata populacije
 2. Praćenje kvalitete rada

Prijedlog Nacionalnog programa prevencije KVB, 2015

OPĆI CILJ:

- smanjenje učestalosti pobola i smrtnosti od KVB u Hrvastkoj obuhvatom cijele populacije

SPECIFIČNI CILJEVI

- određivanje ukupnog KV rizika svim osobama u dobi od 40 do 69 godina u Hrvatskoj
- otkrivanje čimbenika KV rizika u asimptomatskoj fazi bolesti, liječenje i praćenje istih,
- **stvaranje registra „rizičnih osoba“ u RH**
- unaprjeđenje kvalitete rada u obiteljskoj medicini



Prijedlog Nacionalnog programa prevencije KV bolesti u RH 2015

Ciljna populacija

- sve osobe u dobi 40 - 69 godina koje posjete svog LOM zbog bilo kojeg razloga



OPORTUNISTIČKI
PROBIR

Prijedlog Nacionalnog programa prevencije KV bolesti u RH, 2015

- Bez informatizacija PZZ – nemoguća misija
- Paneli – osnovni alat za procjenu kvalitete rada

Prijedlog Nacionalnog programa prevencije KV bolesti u RH, 2015

Postojeći Paneli

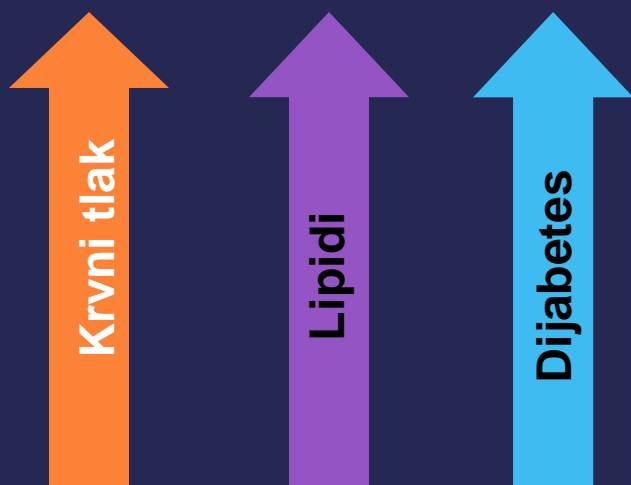
- Dijabetes
- Hipertenzija
- Preventivne aktivnosti

Predloženi budući Paneli

- Dijabetes
- **Ukupni KV rizik**
- Preventivne aktivnosti

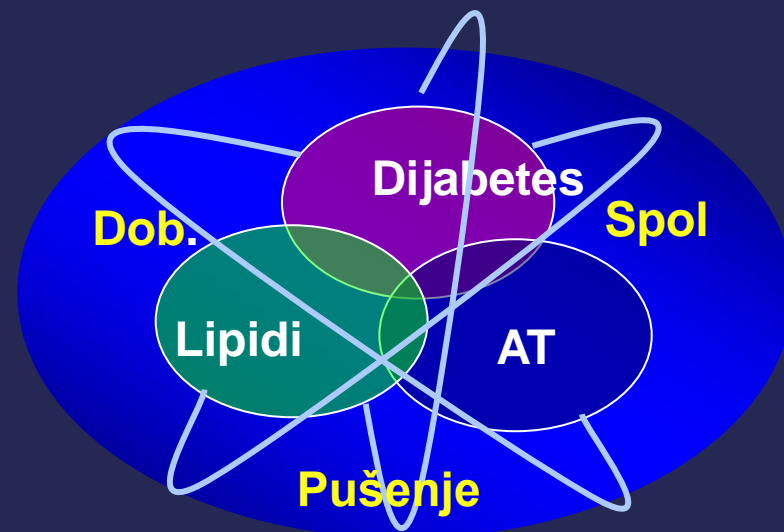
EVOLUCIJA RAZUMIJEVANJA KVB

Tradicionalni pristup
KVB



Nezavisni multipli
čimbenici rizika

Suvremeni pristup
procjene ukupnog rizika



UKUPNI RIZIK

Fourth Joint Task Force of European Society of Cardiology and other Societies on Cardiovascular Disease Prevention in Clinical Practice. Europ J Prev and Rehab **2007**; 14(supp 2):S1 – S113.

PREVENCIJA KV BOLESTI

TRADICIONALNI PRISTUP

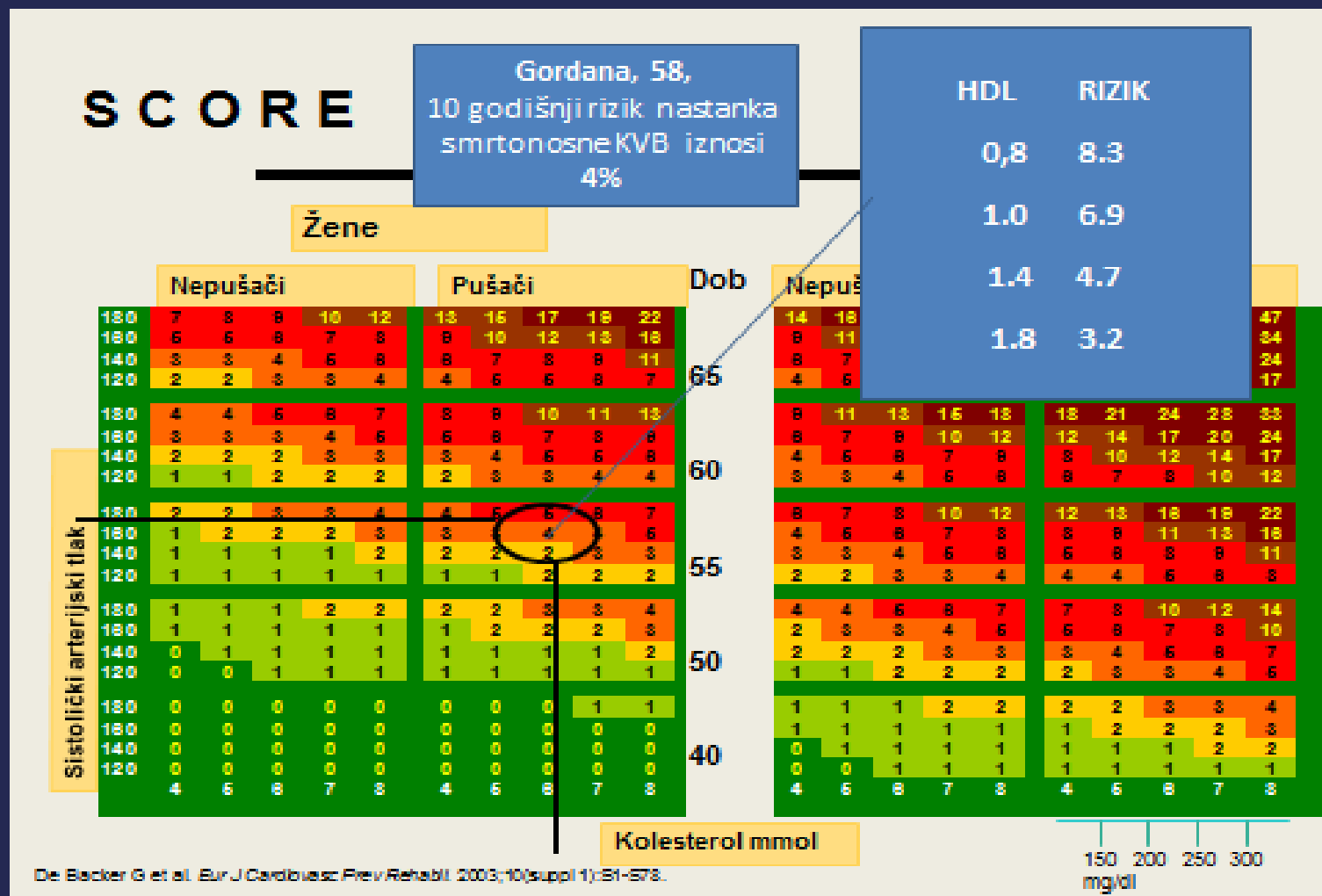
- zbrinjavanje i liječenje pojedinačnih čimbenika rizika

SUVREMENI PRISTUP

- zbrinjavanje i liječenje prema ukupnom KV riziku
- nije potrebno postizanje svih ciljnih vrijednosti čimbenika rizika

European Guidelines on cardiovascular disease prevention in clinical practice (version 2012). Atherosclerosis **2012**;223:1-68.

Tablica 1. Procjena ukupnog 10-godišnjeg rizika za fatalni KV događaj



De Backer G et al. Eur J Cardiovasc Prev Rehabil. 2003;10(suppl 1):S1-S78.

Prema: Reiner Ž, Catapano, A.L., De Backer G. i sur. ESC/ EAS Guidelines for the management of dyslipidaemias, Eur Heart J.2011;32:1769-1818)

UKUPNI KV RIZIK (SCORE %)	LDL kolesterol				
	< 1.8 mmol/L	1.8 - < 2.5 mmol/L	2.5 - < 4.0 mmol/L	4.0 - < 4.9 mmol/L	>4.9 mmol/L
<1 NIZAK	Nema intervencije	Nema intervencije	Promjena načina življenja	Promjena načina življenja	Promjena načina življenja + medikacija ako nije pod kontrolom
≥1-<5 UMJERENI	Promjena načina življenja	Promjena načina življenja	Promjena načina življenja + medikacija ako nije pod kontrolom	Promjena načina življenja + medikacija ako nije pod kontrolom	Promjena načina življenja + medikacija ako nije pod kontrolom
≥5< 10 VISOK	Promjena načina življenja + razmotriti medikaciju*	Promjena načina življenja + razmotriti medikaciju*	Promjena načina življenja + odmah medikacija	Promjena načina življenja + odmah medikacija	Promjena načina življenja + odmah medikacija
≥10 VRLO VISOK	Promjena načina življenja + razmotriti medikaciju*	Promjena načina življenja + odmah medikacija	Promjena načina življenja + odmah medikacija	Promjena načina življenja + odmah medikacija	Promjena načina življenja + odmah medikacija

*● pacijenata sa MI, terapija dislipidemija se treba razmotriti neovisno o vrijednosti LDL kolesterola, MI – infarkt miokarda, LDL – lowdensitylipoprotein
(Prema: ESC/EAS Guidelines for management of dyslipidaemias 2011.)

Upotreba Panela „Ukupni KV rizik“

- dizanje kvalitete rada LOM sveobuhvatnim pristupom
- nije potrebno liječiti svaku hiperlipoproteinemiju nego ukupan KV rizik

UŠTEDA

Prijedlog Nacionalnog programa prevencije KV bolesti u RH, 2015

Praćenje programa

• LOM

- Ugovara se na godinu dana
- Podaci iz Panela se sakupljaju svake godine
- u prvoj fazi obrađuje se obuhvat populacije
- Rezultati obrade vraćaju se LOM

- svake godine povećati obuhvat populacije za 20

**OBUHVAT CIJELE
POPULACIJE OBITELJSKE
MEDICINE ZA 5 GODINA**

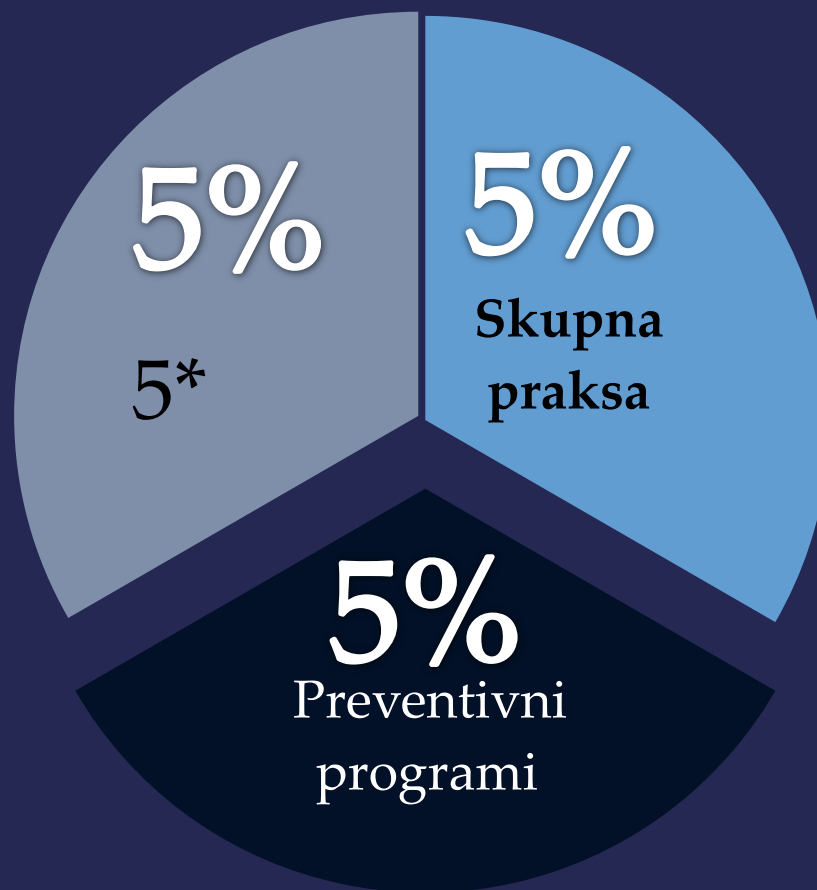
Način stimulacije LOM

- Stimulacije prema obuhvatu populacije

Obuhvat populacije %	Simulacija %
< 50	0
50 - 69	50
70 - 80	70
>80	100

- NE prema pojedinačnom panelu

Model ugovaranja primarne zdravstvene zaštite, 2013



Kakvu prevenciju KVB
imamo ?



Kakvu prevenciju KVB imamo

Uloga obiteljske medicine u prevenciji KV bolesti

Prevencija KVB DANAS

- Individualna

Prevencija KVB SUTRA

- Individualni
- populacijski pristup (preporuka WHO)



Zaključak

- sustavna, programirana prevencija kardiovaskularnih bolesti dokazano daje pozitivan rezultat
- osnovni alat procjene (PANEL), imamo, potrebno ga je doraditi prema znanstvenim kriterijima i iskoristiti u bolju svrhu

Zaključak

- Nacionalni Program prevencije KVB ujedno omogućava

1. etapa

- Uvid u registar rizičnih osoba
- Uvid u utvrđeno oboljele od KVB
- Uvid u prevalenciju čimbenika rizika i KVB cUvid u incidenciju čimbenika rizika i KVB

• 2.etapa

- Uvid u kvalitetu skrbi