

## 5. Cardiovascular disease to be considered

Two criteria have been followed in prioritising CVD of greatest interest: high frequency of disease, in terms of mortality, morbidity and disability; and the possibility of prevention, in terms of modifiable risk factors.

The most important CVD are ischaemic heart disease (IHD), which include AMI, ACS, effort angina, other forms of coronary heart disease; HF; and cerebrovascular accidents (CVA), including ischemic and haemorrhagic stroke. In the section on Health Status indicators, under *diseases of large impact*, the European Community Health Indicators, ECHI Project<sup>1</sup>, recommends AMI, IHD, CVA and HF within the CVD. It is also advisable that other poorly defined CVD of atherosclerotic origin and venous thromboembolic diseases be included as well.

Diseases of the heart and circulatory system (CVD) are the main cause of death in Europe: accounting for over 4.35 million deaths each year. Nearly half (49%) of all deaths are from CVD (55% of deaths in women and 43% deaths in men). The main forms of CVD are coronary heart disease and stroke. Just under half of all deaths from CVD are from CHD and nearly a third are from stroke. CHD by itself is the single most common cause of death, accounting for 1.95 million deaths in Europe each year. Over one in five women (23%) and over one in five men (21%) die from the disease. Stroke by itself is the second single most common cause of death, accounting for 1.28 million deaths in the EU each year. Over one sixth in women (18%) and one in ten men (11%) die from the disease<sup>21</sup>. IHD contributes to about 40% and CVA to an additional 25% of total CVD mortality<sup>22</sup>. Mortality data on HF are not available<sup>23</sup>. Although not currently included in most evaluations of CVD mortality, sudden death (SD) should also be considered among causes of death of interest.

Morbidity data are not available at the European level, in part because they are difficult to collect. Moreover, standardised morbidity rates are difficult to produce. One of the aims of the MONICA Project was to obtain valid and reliable information on fatal and non-fatal acute coronary and cerebrovascular events in different populations. Attack rates collected by MONICA have provided useful, accurate and reliable indicators for cross-country comparisons of acute coronary and cerebrovascular trends in men and women in the age range 35-64 years<sup>24</sup>. The MONICA study showed that for the age group 35-64 years, 1.0 to 1.5 events of hospitalised non-fatal AMI were registered for every death due to CHD<sup>11</sup>. Attack rates of acute coronary and cerebrovascular events, however, are in themselves not sufficient to describe the impact of CVD on the population. The demographic changes in Europe with the increasing proportion of older people and the advancements in treatment have resulted in an increasing prevalence of chronic forms of IHD.

Because of their frequency and cost there is a need to monitor the occurrence of both acute and chronic forms of the disease.

Interest has recently been focused on HF because of the poor quality of life among affected patients and the high cost of the disease. In the United States, it is estimated that the leading diagnosis in hospital admission of patients 65 years and over is heart failure<sup>2</sup>.