NASPCH
NATIONAL STRATEGIC PLAN FOR CARDIOVASCULAR HEALTH
2024 | 2027

Manifesto of CARDIOVASCULAR HEALTH in Italy *2024*

1.

Organize **national mandatory screenings** to assess lipid balance for all citizens aged 18 and above, and evaluate electrocardiograms for all citizens aged 65 and above. Advocate for **mandatory annual blood pressure measurements** for all citizens. Highlight the significance of primary care in recognizing 'red flags' that indicate a higher cardiovascular risk.

2.

Organize **national social responsibility campaigns** to raise awareness of the number one risk of death in Italy for both women and men, as well as the risk factors that increase the likelihood of cardiovascular disease.

3.

Reorganize the National Healthcare System (NHS) with a focus on the **'community'** rather than the traditional 'patient' paradigm; **address inequalities** in preventing, diagnosing, and **treating cardiovascular diseases in different regions**, among women, and in economically disadvantaged populations. Standardize prescription systems and improve access to treatment nationwide, thus reducing regional disparities in the prescribing of life-saving cardiovascular medications and disease progression modifiers.

4.

Identify **local areas with critical issues** such as inadequate prevention measures, insufficient bed capacity, hospitals not meeting standards, understaffing, and outdated technology.

5.

Change the approach to **cardiovascular disease prevention**, viewing it not as a cost but as **an investment** and a tool to reduce sudden cardiac death, total and cardiovascular mortality, the onset of heart failure, disability, hospital, social, and family costs. The cost of cardiovascular diseases in Europe is around EUR 300 billion; savings of some of these costs could be reinvested in healthcare or socially beneficial projects.

6.

Promote policies that encourage the redevelopment of designated urban areas and the creation of bicycle lanes. Implement educational campaigns for the entire population, including **physical activity education in schools**. Provide safe areas in public parks or recreational spaces to promote **physical activity**. Promote the monitoring of the amount of physical activity actually performed by the NHS, including the use of IT systems, and eventually reward citizens who are particularly active. Promote a **dietary education** program in schools, universities and workplaces. Promote educational campaigns among young people to **discourage the initial use of cigarette smoking**, e-cigarettes and drugs. Provide rewards to motivate individuals to quit smoking. **Prevent diabetes** and give all at-risk diabetes patients access to new treatments following provisions contained in the guidelines.

7.

Promote awareness and educational campaigns on preventing cardiovascular disease for the general population; reduce delays and **lower pre-hospital mortality rates** related to heart attacks and acute aortic syndromes. **Encourage the use of the 118/112 emergency system** and discourage patients with suspected heart attacks from going to the emergency department on their own. Provide ambulances with electrocardiograms, telemedicine, and enhance national systems to assess the effectiveness of time-sensitive networks. Promote equal access to interventional cardiology services nationwide by standardizing diagnosis-related groups (DRGs) across the country.

8.

Promote the importance of systematically or opportunistically estimating cardiovascular risk in the general population, especially in apparently healthy individuals, using **specific scores**. This includes men over 40 years old and women over 50 years old. Collaborate with the Ministry of Education to implement mandatory education in schools and universities, aiming to enhance cardiovascular health awareness, especially addressing **issues such as childhood obesity**, **alcohol consumption**, **smoking**, and **lack of physical activity**.

9.

Simplify paperwork of cardiologists to enhance the efficiency and effectiveness of healthcare interventions for preventing diagnosing, and treating cardiovascular disease.

10.

Encourage the use of **technologies** and **Artificial Intelligence** in the cardiovascular field to **predict** patients at risk of developing atherosclerotic diseases, **prevent** the consequences of atheroma progression (major MACCE events), and **protect** against plaque instability and/or the likelihood of a cardiac re-event.

11.

Promote adherence to therapies for those in secondary prevention to **reduce** the likelihood of **major cardiovascular events** and limit the impact of complications.

12.

Define **appropriate monitoring indicators** in cardiovascular prevention to contribute to improving the **quality of life for citizens** and reducing territorial disparities.

13.

Promote digital literacy activities aimed at the population to **monitor** their vital parameters and **physical activity** status using smart devices.

14.

Disseminate **best practices** targeting young people and different age groups on preventing cardiovascular disease and promoting healthy lifestyles.

15.

Promote **grants** dedicated to cardiovascular research and prevention, in order to collect data and quality indicators aimed at improving cardiovascular prevention strategies and stratification of the population at risk.

16.

Actively engage citizens and patients to help raise awareness in the community through collaborative activities with patient associations and stakeholders.