European Commission Green Paper on Ageing

Response from the EU SHD Coalition

Key messages:

- The EU Structural Heart Disease (SHD) Coalition is a **European network** that brings together experts including key opinion leaders, politicians, patients, and industry that collaborate to ensure that SHD is prioritised in policy with the **aim of decreasing the burden of the disease and improving patients' quality of life.**
- Structural Heart Diseases are **structural abnormalities of the heart leading to impaired functioning**. They are forms of cardiovascular disease and include heart valve diseases such as aortic stenosis and mitral or tricuspid regurgitation that require valve repair or replacement. The disease is linked to **functional decline** and **mostly affects the elderly.**
- **With Europe's rapidly ageing population, age-related conditions related conditions** such as **structural heart disease** will continue to expand. Whilst today some 14 million Europeans suffer from a form of SHD, without policy action, this will increase to 23 million[i].
- Most structural heart diseases can be treated, for example, through valve repair or replacement. Still, both **detection and treatment of SHD are suboptimal in Europe**, with major inequalities across geographies and genders.[ii,iii]
- **Age-discrimination in heart disease** has been documented[iv] and the absence of systematic heart check and access to SHD treatment can be linked to **ageism**. Ageism leads to the dismissal of symptoms of treatable conditions in older people both by clinician and patient, late diagnosis and referral, as well as delayed, suboptimal or denied treatment[v]. At its worst, **ageism can cost lives.** This is not due to individual bias, it has been structurally and institutionally built-in healthcare frameworks.[vi]
- To address the challenges around the ageing population, the SHD Coalition **therefore** warmly **welcomes the EU Green Paper** which complements the current efforts on healthy and active ageing and will guide the **EU's efforts to support Member States** and its population to **introduce systemic changes required to adapt to an ageing population.**
- Building on the EU Green Paper, the SHD Coalition calls on the EU and Member States to:
  - **Improve awareness of age-related diseases** such as SHD among the general population and medical professionals.
  - Introduce EU **guidelines and national action plans for heart health checks to improve early detection** of SHDs, improve quality of life and reduce mortality rates.
  - Develop an **EU patient registry** on Structural Heart Diseases, to identify the unmet needs and inequalities across EU Member States
  - Support research into **the impact of ageism** on age-related heart disease detection and access to treatment.

Q1. How can healthy and active ageing policies be promoted from an early age and throughout the life span for everyone? How can children and young people be better equipped for the prospect of a longer life expectancy? What kind of support can the EU provide to the Member States?

The EU and its Member States should ensure a **holistic approach to healthy and active ageing incorporating both the cultural shifts required, as well as equity and equality in detection, access and treatment when diseases occur**.

First, the **perception around ageing** should evolve. **All citizens**, from the elderly themselves to families, and from employers to younger people, can be encouraged to change their attitudes about ageing. Ageing today is often interpreted as being a synonym for becoming frail and/or ill. But this is not (always) the case. **Educational campaigns** on ageing targeted at both young and older people should raise awareness on ageing symptoms, and age-related diseases such as Structural Heart Disease (SHD), to overcome negative perceptions and tackle ageism.

Ageism in healthcare, and specifically in age-related heart diseases such as Structural Heart Disease, is a form of discrimination that can impact the lives of elderly people, and sometimes **even can cost lives.** Ageism leads to the dismissal of symptoms of treatable conditions in older people both by clinician and patient, late diagnosis and referral, as well as delayed, suboptimal or denied treatment[vii].

More should be done to **raise awareness on age-related structural heart disease and symptoms** among medical professionals, who still dismiss symptoms as a consequence of old age, leading to a **consistent lack of detection[ii]. The introduction of EU guidelines and national plans for a heart health check for all those above the age of 65 to ensure that age-related conditions can be detected early, can overcome this**.

Under-treatment may also be a problem for older people, with medical professionals not using adequate tools to assess the older person's frailty and consequently predicting the risk of treatment while failing to fully take account of the potential benefits to the patient, their family and wider society.[viii] Data shows that **too many older people with SHD** were being placed on palliative and end of life care pathways, rather than referring them for treatment.[ix] Access to treatment of SHDs is still unequal across EU countries, across areas within countries, and across genders.[x]

Q7. Which services and enabling environment would need to be put in place or improved in order to ensure the autonomy, independence and rights of older people and enable their participation in society?

The WHO underlines that **investing in elderly health not only reduces the disease burden** but also helps **prevent isolation** and has **broader benefits for society** by maintaining the independence and productivity of older people.[xi]

This is important because as people get older, the disability rate increases: Where 60% of people in the EU aged 75-84 report a disability, this **increases to 70%** of people in the EU aged 85+.

Loss of good health can mean that an older person who was previously a family resource, may no longer be able to contribute and may, instead, require significant support placing an additional burden on caregivers, the health and social care system, and society at large.

Projections show **that age-related expenditure** will increase to almost 30% of EU-GDP by 2060.[xii] Improvements in health status will be **crucial to ensure elderly people can continue to be independent, have a good quality of life and contribute to society.**

Older people are a vital asset to their families, their local communities, and the wider economy and society. They double their time on volunteering compared to the 15-64 age group, care for their grand-children (some 60% report to care regularly for their grand-children) and spend over 3.7 trillion EUR in goods and services every year. [xiii, xiv]

The expectation that older citizens remain active in society for longer can only be met if we provide them with the healthcare support to do so at every opportunity.

In the area of Structural Heart Diseases, this means ensuring that elderly people can remain in good health and contribute to society through a more systematic approach towards **early detection** of age-related heart disease. Policies can promote the **introduction of heart health checks, and strengthen awareness-raising campaigns.**

In addition, **investment into equal access to treatment** will help to ensure that older citizens remain an active part of society enriching their own lives of their families and society as a whole.

Q13. How can the EU support Member States' efforts to reconcile adequate and affordable healthcare and long-term care coverage with fiscal and financial sustainability?

Preventative health today tends to focus on younger people, rather than older citizens.[xv] Age-related diseases cannot be hand-waved as a matter of lifestyle or diet. No matter what you do, no matter how much you exercise or how well you eat, **your heart will eventually wear out**.

However, **conditions such as Structural Heart Disease (SHD) can be treated in most cases**, **if detected and referred early enough**. The lack of detection and treatment will eventually lead to worsening of health, and is also connected with more complex – and costly – co-morbidities. Investing more in preventing these diseases from worsening will help to save costs at a later stage.[xvi]

Early detection of age-related conditions that cause functional decline can ensure older citizens **remain active in society and family life with a heavy knock-on effect**. The expectation that older citizens remain active in society for longer can only be met if we provide them with the healthcare support to do so at every opportunity.

Similarly, **untreated SHD** can place a heavy burden on both health and social care systems and wider society. People with the condition often have high health and care needs and are unable to contribute to society in ways they would otherwise have done.

Treating SHD and tackling functional decline can significantly reduce hospitalisations (up to 50% reduction), and in that way, help decrease costs for the health systems.[xvii] Effective treatment for SHD, therefore, support the EU's efforts for active, healthy and independently ageing.

14. How could the EU support Member States in addressing common long-term care challenges? What objectives and measures should be pursued through an EU policy framework addressing challenges such as accessibility, quality,

affordability or working conditions? What are the considerations to be made for areas with low population density?

The European Commission has proposed **the EU4health programme**, which aims to decrease the impact of non-communicable diseases on individuals and society in the Union and to achieve the long-term goal of reducing premature mortality from non-communicable diseases by one third by 2030.

Given that the European Commission has also set itself the goal of "Building a Union of Equality", this is an opportunity to **promote equality in a way that will directly contribute to reducing the burden of NCDs**.

An important pillar of that will be to tackle ageism in healthcare. Age-discrimination in heart disease has been documented[xviii] and the absence of systematic heart check and access to SHD treatment can be linked to **ageism**. Ageism leads to the dismissal of symptoms of treatable conditions in older people both by clinician and patient, late diagnosis and referral, as well as delayed, suboptimal or denied treatment. [xix] At its worst, **ageism can cost lives.** This is not due to individual bias but has been structurally and institutionally built-in healthcare frameworks. [xx]

a Europe-wide registry (the IMPULSE study) for example, looked at data collected from patients with previously undiagnosed aortic stenosis across nine countries. Patients with aortic stenosis experiencing severe symptoms were often referred for surgery too late for it to be safely and effectively performed. Many patients were denied the intervention despite clear guideline recommendations and the availability of appropriate treatment.[xxi]

Tackling ageism both in society at large and in particular in healthcare will be vital towards ensuring the long-term care challenges of older citizens are met, throughout the clinical pathway, i.e. from diagnosis to access to care and after-care.

The EU SHD Coalition, therefore, calls upon the EU and its Member States to support an **EU Joint Action** that seeks to accomplish 3 main items:

1. **Improve awareness of age-related diseases** such as Structural Heart Disease (SHD) among the general population and medical professionals.
2. Introduce EU **guidelines and national action plans for heart health checks to improve early detection** of SHDs, improve quality of life and reduce mortality rates.
3. Develop an **EU patient registry** on Structural Heart Diseases, to identify the unmet needs and inequalities across EU Member States
4. Support research into **the impact of ageism** on age-related Heart disease detection and access to treatment.

i D'Arcy et al. 2016, Large-Scale Community Echocardiographic Screening Reveals a Major Burden of Undiagnosed Valvular Heart Disease in Older People

[ii] European heart health survey 2019, Luise Gaede MD Marta Sitges MD Johnson Neil Eleonara Selvi William Woan Richard Derks Helge Möllmann MD First published: 28 October 2020 https://doi.org/10.1002/clc.23478

[iii] Frey N, Steeds RP, Rudolph TK, et al. Heart 2019;105:1709–1716.

[iv] Bowling A. Ageism in cardiology BMJ 1999; 319 :1353 doi:10.1136/bmj.319.7221.1353

[v] WHO (2021) Global report on ageism. Global report on ageism (who.int)

[vi] Peter G Lloyd-Sherlock, Shah Ebrahim, Martin McKee , Martin James Prince, "Institutional ageism in global health policy", BMJ 2016;354:i4514 doi: 10.1136/bmj.i4514

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[xv] European heart health survey 2019, Luise Gaede MD Marta Sitges MD Johnson Neil Eleonara Selvi William Woan Richard Derks Helge Möllmann MD First published: 28 October 2020 https://doi.org/10.1002/clc.23478

[xvi] Melanie Y Bertram, et. al. "*Investing in non-communicable diseases: an estimation of the return on investment for prevention and treatment services.*"

[xvii] D. Cohen et al. (2017) Cost-effectiveness of transcatheter vs. surgical aortic valve replacement in intermediate risk patients results from the PARTNER 2A and Sapien 3 intermediate risk trials: https://www.acc.org/~/media/Clinical/PDF-Files/Approved-PDFs/2017/10/24/TCT17_Presentation_Slides/Tue_Oct31/PARTNER-2A-SAPIEN-3-Cost-Effectiveness-TCT-2017.pdf

[xviii] Bowling A. Ageism in cardiology BMJ 1999; 319 :1353 doi:10.1136/bmj.319.7221.1353

[xix] WHO (2021) Global report on ageism. Global report on ageism (who.int)

[xx] Peter G Lloyd-Sherlock, Shah Ebrahim, Martin McKee , Martin James Prince, "Institutional ageism in global health policy", BMJ 2016;354:i4514 doi: 10.1136/bmj.i4514

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