

FINAL REPORT - STRUCTURAL HEART

DISEASE: EUROPE AT THE HEART OF THE

SOLUTION

Online Public Hearing

Tuesday 10 May, 14.00 – 15.30 CEST



Why a public hearing on structural heart disease?

A public hearing is a special meeting organised by Members of the European Parliament to shed light on specific issues.

Structural Heart Disease (SHD) represent an enormous social and economic burden for society. With this public hearing, the European Parliament aimed at pursuing their efforts to put cardiovascular health at the top of the EU agenda. The issue of SHD requires an open exchange with key stakeholders and policy makers to increase awareness of the disease and prevent unnecessary deaths, as well as missed treatment opportunities by promoting the early detection and screening of these conditions.

The key outcome of this hearing was increased awareness on SHD amongst policy-makers and members of the European Commission. Thanks to the support of the two MEPs who co-hosted the public hearing, we will be able to continue to raise awareness around SHD in Europe and strive towards more concrete policy action on CVDs and SHDs at the EU and national level.

Introductory remarks by co-host MEP Pascal Arimont (EPP, Belgium)

Key takeaways

- **Mr. Arimont** highlighted the importance of acting now to reduce the burden of Structural Heart Disease, as more and more people will suffer from SHD in the future.
- A disease linked to ageing, SHD is not preventable, but early detection and screening of SHD are relatively easy via a simple stethoscope check by a General Practitioner.
- Further investment into actions to increase awareness of the disease and to implement EU wide screening programmes are necessary.



Mr. ARIMONT welcomed all the participants and provided details regarding the particular case of Structural Heart Diseases (SHD).

He pointed out that SHD are a set of Cardiovascular Diseases (CVDs) affecting the structure of the heart (the valves, atria, ventricles, and blood vessels). Most of these conditions are degenerative, meaning that they primarily affect the elderly. It is estimated that 14 million people in Europe were living with SHD in 2020, and that by 2050, this number will increase

to 23 million. With an ageing population in Europe, this means that more and more people will be suffering from a form of the disease, if no action is taken.

He also indicated that the disease simply occurs as a result of the ageing process, and that it cannot be prevented by a healthier lifestyle. However, it is treatable, and easily detected with a simple stethoscope check by a General Practitioner. Nevertheless, there are no screening programs for the disease in Europe. Due to the lack of awareness on the disease and its symptoms amongst the general population and healthcare professionals, many older people might not even be aware that they have the disease.

Mr. Arimont added that the EU is presented with a unique opportunity to improve the resilience of the ageing population and improve their health and that for the first time, the Healthier Together - EU NCD initiative looks at concrete action for CVDs including SHD. He concluded by stating that policymakers should work together to put this ambition into action and strive for the implementation of EU screening targets for people that may be at risk of having a SHD.

«The European Parliament has a role to channel current EU budgets towards improving detection of SHDs. No one should walk in the streets without knowing they are suffering from a SHD- MEP Pascal Arimont, Belgium

Key takeaways

- Mr. Benifei stressed the importance of having an EU-wide target for the early detection of CVDs including SHD. This should be facilitated under the EU4Health 2022 Work Programme.
- The necessary steps for an EU-wide screening programme of SHD includes the development of guidelines on early detection, as well as the training of healthcare professionals and the improvement of the health literacy of older citizens.



Mr Benifei began by stating that the Healthier Together – EU NCD Initiative is one of the vehicles the EU possesses to gather best practices on the early detection of CVDs and implement them into its EU4Health 2022 Work Programme. Therefore, having an EU-wide target for the early detection of CVDs, including SHD, would be a great starting point for national Health Authorities and would go a long way to save the lives of elderly people who are unaware of their condition.

He added that various EU policy and funding instruments, such as the EU4Health 2022 as well as the EU Joint Action on CVDs should facilitate and invest in more systematic screening of CVDs and SHD by:

- **Improving health literacy of older citizens aimed at increasing awareness on the disease, the symptoms, and the importance of early detection;**
- **The development of guidelines on early detection, including a consensus on the age- range.**
- **The training and education of healthcare professionals in primary care, to ensure that checking for Structural Heart Disease is a priority;**
- **The testing of new innovative practices to facilitate early detection such as digital tools for heart checks.**

According to Mr. Benifei, in the next couple of months, the EU must thus take steps to encourage the development of screening programs for CVDs and SHD, by including it in the Healthier Together EU Non-Communicable Diseases Initiative. This will stimulate the exchange of best practices, data and knowledge sharing across and between Member States, enhancing the development of guidelines and policies, ultimately improving the health and quality of life of elderly citizens in the EU.

He concluded by saying that no EU citizen should be left behind because of lack of access to a heart check and that Europe needs to be at the heart of the solution when it comes to cardiovascular and structural heart diseases and early detection of these conditions should be implemented across the Union.

« No citizen should be left behind and die because of a lack of a heart check»

MEP Brando Benifei, Italy

“Structural Heart Disease: The EU’s invisible epidemic by Arunima

Himawan, Research Fellow at the International Longevity Centre

Key takeaways

- **Ms. Himawan** underlined the economic and societal burden SHD cause if not addressed properly.
- She also underlined the need for a systematic approach, which includes systematic data collection, especially in women where there is a lack of relevant data.



The report from the International Longevity Centre (ICL), that **Ms Himawan** presented, primarily focused on the burden of SHD. On the one hand, it is key to improve peoples' health and quality of life, but on the other hand, SHD represent a financial burden of 210 billion EUR per year, due to healthcare costs, productivity loss, and informal care by caregivers. She listed the lack of awareness of SHD and its symptoms as key barriers for people to receive effective treatments. The education of healthcare professionals is thus key to performing heart checks with a stethoscope and detecting whether the

patient shows a heart murmur.

Ageism is a huge barrier to detection and treatment, as healthcare professionals and patients too flippantly assume that the symptoms are solely related to the patients' age, which results in missed treatment opportunities. Indeed, in many cases patients receive palliative rather than life-saving care. There is also a lack of systematic data collection when it comes to measuring relevant data for women.

Nevertheless, some countries include SHD as a priority, such as Spain and the UK. As a result, there are some examples of good practices, but there needs to be a more systematic approach to tackling SHD.

The report suggests the following recommendations:

- **Increase the public and healthcare professionals' awareness;**
- **Ensure early diagnosis coupled with better targeted screening;**
- **Ensure the existence of high-quality treatments;**
- **Amplify the patient voice;**
- **Better data collection and more research funding – stimulated by European collaboration**

“The healthcare professional perspective: Early detection of SHD is within reach” by Prof. Christophe Dubois, Head of the cardiovascular department at UZ Leuven

Key takeaways

- **Prof. Dubois** raised awareness on SHD mortality rates and how the symptoms are often overlooked by patients and healthcare professionals.
- Defining the target population and encouraging people to be screened for SHD are crucial steps to prevent SHD from becoming the next epidemic.



Professor Dubois presented key facts and data on the mortality rates of people with SHD. For instance, people who have developed symptoms from severe aortic stenosis have about a 50% chance of living 2 years, without aortic valve replacement. Moreover, the symptoms are often ignored, as patients attribute them to natural signs of ageing. Symptoms might include fatigue, reduced physical activity, shortness of breath, dizziness, heart murmur swelling in the legs and chest pain.

According to Prof. Dubois, SHD are most often degenerative and hence related to ageing. Therefore, SHD in general and valvular heart disease in particular need early diagnosis, close follow-up, and timely correction (heart valve repair or replacement using surgical or catheter-based therapies).

It is, thus, firstly important to define the target population, then organise awareness campaigns to encourage people to attend the screenings. This way patients with SHD might be identified via a simple heart check performed with a stethoscope by a general practitioner. Equally, reminders should be sent to the target population on a regular basis by a national authority to increase participation to the screenings. A referral system should also be put in place to ensure that people with a positive result obtain an appointment with a cardiologist quickly.

Prof. Dubois concluded by stating that CVDs and more specifically SHD are the next epidemic and there is a need for timely detection and treatment. Therefore, the EU must take steps to encourage the development of screening programs for CVDs and SHD.

«We have the tools at hand to set detection guidelines for SHD. The EU must take steps to support their development and tackle the burden of CVD in general, and SHD specifically»

- Prof Christophe Dubois, UZ Leuven

“The institutional perspective: what cross national cooperation can do to help early detection of SHD” by Prof. Paolo Magni, board member of the Italian Heart Foundation

Key takeaways

- **Prof. Magni** highlighted the importance of detecting SHD at an early stage.
- Five crucial steps need to be taken to facilitate the political effort in SHD:
 - Reflection of novel and effective policies regarding SHD detection
 - Awareness promotion of SHD in the general public
 - Spread awareness among healthcare professionals via national education programmes
 - Promotion of the use of innovative digital solutions
 - Provide equal access to early detection programmes across the EU



Prof. Magni addressed the question of how the European Commission and Member States can support people living with SHD. The key word being early detection. Indeed, early detection is pivotal for SHD to make a proper diagnosis, monitor the situation and plan the most appropriate treatment strategies. According to Prof. Magni, the institutional perspective should include the following:

1 A reflection of novel and effective policies regarding SHD detection and treatment, which may be adopted in EU countries according to a harmonised protocol. This protocol might in turn be able to identify and overcome country-specific barriers.

- Such a reflection at the European Parliament level, could lead to the inclusion of this early detection strategies of SHD within the EU NCD initiative and the EU4health Work Programme.

2 Awareness promotion of SHD in the general public:

- For younger people, who may implement healthy lifestyle choices proactively by themselves as well as assist older people to identify initial symptoms,
- For older citizens, who may be prone to neglect these minor but important symptoms or signs. We should not forget the definition of “invisible epidemic” coined for SHD.

3 Increase the awareness of health care professionals, through national educational programs. A particular focus should be given to the signs and symptoms of SHD in the older population and the implementation of a systematic auscultation of the heart.

4 Promotion of the use of innovative digital options for heart auscultations.

5 Easy and equal access to basic early detection of SHD in all EU countries to make the patient journey simple, straightforward, and effective for each individual and for society at large.

Local, regional, and national examples of best practices of early detection programmes should be combined to foster long-term policies able to achieve harmonised strategies across the European Union. The ultimate goal is to improve the quality of life of EU ci-

tizens, while making appropriate and effective use of all available resources.

«Improving SHD detection should be at the heart of our public health strategies to improve people’s health» - Prof Magni, Professor Pathology Milano , Member of the Board of the Italian Heart Foundation

“The national perspective: Planning on Cardiovascular Diseases in Spain” by Dr. Bueno, scientific coordinator of the Spanish National Strategy on Cardiovascular Health

Key takeaways

- **Dr. Bueno** outlined the new National Cardiovascular Health Strategy of Spain which focuses on the promotion of cardiovascular health among the population.
- **Dr Bueno** gave two main recommendations to address heart valve disease – a key form of Structural Heart Disease - in the population:
 - ✓ Foster early diagnosis of prevalent heart valve diseases through regular heart auscultations
 - ✓ Improve the choice of best therapeutical options for multidisciplinary heart teams



Dr. Bueno first outlined the process that led up to the adoption of the Spanish Cardiovascular Health Strategy. Each strategy is coordinated by the Ministry of Health, then approved by the regional authorities. The regional health services then develop their local implementation plans.

Dr. Bueno then explained the principal aim of the Strategy on Cardiovascular Health of Spain’s NHS, which is to improve the level of CV health of the Spanish population.

The general aim of the strategy is translated as such:

- Promote cardiovascular health among the population through the development of a comprehensive approach that facilitates the adoption of healthy lifestyles.
- Reduce the incidence and prevalence of CVDs in Spain through prevention, improvement in care, rehabilitation, and restoration of health.
- Foster the adoption of interventions with proven efficiency that are effective, safe, and sustainable.

Dr. Bueno gave the following recommendations when it comes to addressing heart valve diseases – a key form of structural heart disease in the population:

1 Foster the early diagnosis of prevalent heart valve diseases

- By promoting systematic heart auscultations in any patient >65 years old visiting a general practitioner;
- By analysing the evidence of the use of point of care cardiac ultrasound PO CUS by non-cardiologists for the early detection of Heart Valve Diseases (HVDs);
- By designing derivation pathways for patients with suspected HVDs for specialised diagnosis confirmation and coordinated follow-up in primary care;
- By improving the knowledge of healthcare professionals of factors involved in the development of HVD;
- By creating a check box in the electronic medical records to check the systematic cardiac auscultation of patients >65 years;
- By developing shared criteria for the follow-up of patients with HVD (cardiac auscultation, echocardiography in patients with heart murmurs, patient follow-up according to the echo findings).

2 Improve the choice of the best therapeutical options for patients with severe aortic stenosis through the evaluation by integrated multidisciplinary heart teams

- By creating the clinical models needed for the multidisciplinary evaluation of patients with severe aortic valve stenosis;
- By adapting the use of aortic valve replacement therapies to the scientific evidence according to the expected benefits and risks in each patient.

«All people above 65 years in Spain should be detected for SHDs. This is the ambition of the new Spanish CV Health Strategy»

- Hector Bueno, Scientific Coordinator CV Health Strategy, Spanish Ministry of Health

Q&A with the audience

How can Member States gain from the Spanish experience as a best practice example, and what role for the EU?

Mr. Artur Furtado, who is the Deputy Head of Unit - Health promotion, disease prevention, financial instruments at DG SANTE informed the audience what levers the European Commission can utilise to tackle SHD. He explained that the European Commission has learned a lot from COVID-19 which cumulated in the understanding that Non-Communicable Diseases, such as Cardiovascular Disease should be better addressed. The last 6 months have been dedicated to co-drafting the Healthier Together - EU NCD Initiative with Member States, and key stakeholders in the field of NCDs. The European Commission adopted this multi-stakeholder, bottom-up approach to have a mature guidance once the document is finalised and presented. The European Commission has also been mapping the legal and financial tools to further assist the national authorities. The document containing the inputs of all stakeholders will be presented on the 22nd of June.

Mr Furtado acknowledged that suggestions to improve early detection for CVDs like SHDs could be further tackled through the EU NCD Initiative and investments through EU4Health.

Why are Structural Heart Diseases considered as “normal” within the population?

Arunima Himawan addressed this question by stating that many people hold ageist beliefs. Therefore, the symptoms of SHD pass for the natural process of ageing for older people themselves, but most importantly for healthcare professionals as well. However, things can be done to address this issue. Indeed, people older than 65 years old should have the right to an annual heart check by a medical professional with a stethoscope to determine whether they have CVDs or SHD. To attain this goal, it is very important to raise greater awareness on SHD and educate the general population and medical professionals on what these symptoms entail.

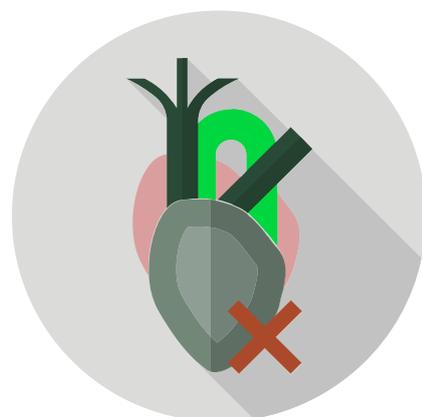
Have you considered or discussed digital options in the Spanish strategy?

Dr. Bueno addressed the role of digitalisation and data collection to tackle CVDs. He expressed that currently there is very little information available regarding people who suffer from CVDs. According to him, the sharing of digital information needs to be improved to be able to provide people with the right care pathways. Equally he added that, there are electronic patient records, but they are not accessible, which means that healthcare professionals cannot obtain the information they need due to the GDPR rules. According to Dr. Bueno, there will be missed treatment opportunities.

Contribution by attendee Prof. Dr. Ralph Stephan von Bardeleben who is the Head of the Centre of Structural Heart Disease Interventions and the Heart Valve Centre in Mainz, Germany.

Prof. Dr. von Bardeleben one of the participants of the public hearing contributed to the discussion by stating that there is an acute lack of awareness on SHD. He also stated that treatment is available and safe in the EU. He affirmed that a digital application would be a good vehicle to strengthen awareness of SHD by informing people about the symptoms and risks of SHD.

He finished his contribution by expressing that people imperatively need to be screened and that the availability of treatments is still far too heterogenous across Europe. As a result, the EU needs to allow equal access to detection and treatment in all EU countries.



Call for action

■ The **lack of awareness on SHD** can result to decreasing quality of life of patients affected by the condition and have negative societal impacts for EU Member States.

✓ There should be an EU-wide target for the early detection of CVDs which should include SHD. This should be facilitated under the EU4Health 2022 Work Programme.

✓ The necessary steps for an EU-wide screening programme of SHD should include the development of guidelines on early detection, as well as the training of healthcare professionals and the improvement of the health literacy of older citizens.

