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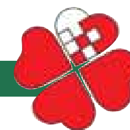

Zaključci Radne skupine za prevenciju i rehabilitaciju kardiovaskularnih bolesti Hrvatskog kardiološkog društva

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Conclusions of the Working Group for Prevention and Rehabilitation of Cardiovascular Diseases of the Croatian Cardiac Society

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Radna skupina za prevenciju i rehabilitaciju kardiovaskularnih bolesti, Hrvatsko kardiološko društvo

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1. Kardiovaskularne bolesti (KVB) kao jedan od vodećih suvremenih javnozdravstvenih problema nužno trebaju sustavni pristup prevenciji koji mora uključivati daljnje napore u razvoju svijesti opće populacije i upravljačkih struktura. U skladu s općeprihvaćenim konceptom neprekidnosti u razvoju aterosklerotske bolesti i definicijom KVB kao izoliranog događaja unutar navedenog neprekinutog slijeda, temeljni pristup prevenciji treba donekle zanemariti tradicionalnu podjelu na "primarnu" i "sekundarnu", barem u načelnim razmatranjima ovog tematskog područja. Suvremena strategija nameće dva osnovna cilja: opću populacijsku preventivnu strategiju, te strategiju preventivnih mjera u visokorizičnih bolesnika izjednačenih s onima koji su već oboljeli od KVB. Navedeno je temelj profiliranja suvremenih općih i specifičnih preventivnih planova u zaštiti od KVB.

2. Učinkovitost napora u prevenciji KVB izravno ovisi o jasnoj definiciji svih preinačivih čimbenika rizika kao ciljnih točaka preventivnih planova i akcija. U tom je smislu nužan nastavak provedbe postojećih i formirane novih, integriranih i sveobuhvatnih programa unutar medicinskih ustanova, ali i svih drugih dostupnih društvenih zajednica. Nadalje, takvo načelo integrativnosti ne može i ne treba podrazumijevati sveobuhvatnost svake pojedinačne akcije već nameće strogu koordinaciju pojedinačnih, specifičnih akcija koje u svojoj ukupnosti trebaju obuhvatiti sve značajne i preinačive čimbenike rizika.

3. Takvi programi moraju biti suptilno formulirani, temeljeni na biomedicinskim činjenicama, ali u komunikacijskom i općem metodološkom pristupu što atraktivniji, usmjereni redefiniranju općih poželjnih, "modernih" obrazaca svakodnevnog ponašanja. Njihova provedba treba maksimalno koristiti postojeće društvene resurse, uključiti stručnjake, ali i druge istaknute osobe na pozitivnim načelima suvremenih promotivnih programa. Implementacija treba biti fleksibilna i u skladu s primarnim zabilježenim odgovorom populacije uključene u akciju, ona treba predstavljati trajno prilagodljiv niz poduhvata usklađen s trenutnim društvenim, političkim i socijalnim prilikama te aktualnim promjenama interesa korisnika.

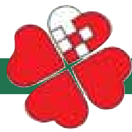
4. Dugoročna strategija prevencije KVB treba obuhvatiti sve preinačive čimbenike rizika i dostupne strategije djelovanja: promociju fizičke aktivnosti (svih oblika: organizirane kineziterapije, ali i spontanih dnevnih aktivnosti), prehrambenih intervencija s posebnim naglaskom na na-

1. Cardiovascular diseases (CVD), as one of the leading modern public health problems, need a systematic approach in prevention which must include further efforts in developing the awareness of general population and authorities. In accordance with the generally accepted concept of continuous development of the atherosclerotic disease and the definition of CVD as an isolated event within a mentioned continuous cycle, the basic approach to prevention should to a certain extent disregard the traditional division into "primary" and "secondary" , at least in the basic discussion about this topic. The modern strategy imposes two main goals: general population preventive strategy, and strategy of preventive measures in high risk patients equal to those already suffering from the CVD. The aforementioned is the basis of profiling the modern general and specific preventive plans in protection from CVD.

2. The efficiency of efforts in prevention of CVD is directly dependent on a clear definition of all modifiable risk factors as goals of preventive plans and actions. In that regard, the continuation in implementation of the existing and formation of new integrated and comprehensive programs not only within medical institutions, but also in all other social groups, is necessary. Moreover, this principle of integrity cannot and should not imply the comprehensiveness of each individual action, but it imposes a strict coordination of individual, specific actions which in their totality must include all significant and modifiable risk factors.

3. Such programs must be subtly formulated, based not only on biomedical facts, but also as attractive as possible in the communication and general methodological approach, aimed at redefining general desirable "modern" patterns of everyday behavior. Their implementation has to use the existing social resources to their maximum, include experts, and also all other prominent persons on positive principles of modern promotional programs. The implementation has to be flexible and in accordance with the primary registered response of the population included in the action, it must represent a permanently adaptable series of projects adjusted to the current social and political circumstances, and actual changes in the users' interest.

4. The long term strategy in CVD prevention should include all modifiable risk factors and available action strategies: promotion of physical activity (all forms: organized kinesiotherapy as well as spontaneous daily activities), dietary interventions with a special emphasis on the evidence-based principle (promotion of general and specific die-



čelu utemeljenosti na dokazima (promoviranje općih i specifičnih prehrambenih načela, isticanje nužnosti propitivanja utemeljenosti različitih prehrambenih intervencija na činjenicama — razvoj kritičnog pristupa stručne javnosti i opće populacije), isticanje medicinskog značaja pretjerane uhranjenosti i pretilosti, poticanje programa redukcije tjelesne težine, širenje mreže strukturiranih škola nepušenja i daljnje promocije štetnosti pušenja, promocija korištenja bodovnih sustava za procjenu KVB rizika u stručnoj javnosti i općoj populaciji, promocija Europskih smjernica za prevenciju bolesti srca i krvnih žila, isticanje značaja identifikacije čimbenika rizika i ranih simptoma/znakova KVB, poticanje svijesti o nužnosti i nezamjenjivoj koristi koju donosi sustav kardiološke rehabilitacije za ukupno zdravstveno stanje nacije, promocija koristi "uloženo-dobiveno" za sve programe prevencije i rehabilitacije KVB.

5. Kontinuirani razvoj i dosljedno promoviranje sveobuhvatnog nacionalnog preventivnog KVB-programa, prema međunarodnim iskustvima neupitno donosi dugoročne, nezamjenjive uspjehe u prevenciji kroničnih nezaraznih bolesti i ukupnoj promociji zdravlja.

6. Daljnji napredak u prevenciji KVB, u razdoblju koje slijedi, treba voditi računa o dodatnom uključivanju i intenzivnijoj suradnji sa stručnjacima koji nisu kardiolozi (nefrolozi, dijabetolozi, stručna društva za arterijsku hipertenziju, dijabetes i debljinu, pedijatri, klinički nutricionisti, stručnjaci s područja prehrambene tehnologije, specijalisti javnog zdravstva, epidemiolozi i dr.), udrugama građana i drugim subjektima čije su aktivnosti komplementarne ciljevima Radne skupine za prevenciju i rehabilitaciju KVB.

7. Područje rehabilitacije KVB, svojim neupitnim značajem i svekolikom korišću u ukupnom zdravstvenom sustavu, zahtijeva upornu promociju u svim smjerovima, u prvom redu prema državnoj zdravstvenoj administraciji. Visok zdravstveni i financijski učinak programa kardiološke rehabilitacije, rane stacionarne rehabilitacije u okvirima izvrsnog funkcioniranja *Hrvatske mreže primarnih perkutanih koronarnih intervencija* i odgođene ambulantne kardiološke rehabilitacije u okvirima ukupne KVB prevencije, zahtijevaju inzistiranje prema zdravstvenoj administraciji i zdravstvenim osiguravateljima o ispravnom vrednovanju, primjerenom tretiranju i financiranju ovakvih programa u skladu s pozitivnom praksom razvijenih europskih zdravstvenih sustava.

8. U skladu s prethodnim, nužno je predložiti Hrvatskom zavodu za zdravstveno osiguranje revidiranje sustava fakturiranja u kardiološkoj rehabilitaciji. Neminovnim se nameće prepoznavanje i evaluiranje svih nužnih terapijskih intervencija, a za većinu kojih ne postoje mogućnosti iskazivanja u postojećem sustavu šifriranja. Nadalje, stacionarna kardiološka rehabilitacija, u skladu sa suvremenom kliničkom praksom, treba učiniti jasnu distinkciju između rane i odgođene. Rana kardiološka rehabilitacija u osnovi je postkoronarna skrb u periodu trećeg do petog dana od primarne koronarne intervencije ili sedmog do devetog dana od kardiokirurškog liječenja, ona zahtijeva opsežan dijagnostički i terapijski tretman i ne može se uklopiti u postojeću cijenu bolničkog dana, pa isto valja korigirati. Tako formulirana rana kardiološka rehabilitacija, koja se usprkos organizacijskim i financijskim problemima provodi, značajno racionalizira ukupni sustav zbrinjavanja bolesnika i rasterećuje akutne kardiološke odjele. Odgođena

tary principles, placing out an emphasis on the necessity of examining as to whether various dietary interventions are based on facts — development of the critical approach of the scientific community and general population), pointing out a medical importance of overweight and obesity, stimulating programs for reduction of body weight, spreading a network of structured schools of non-smoking and a further promotion of harmful effects of smoking, promotion of the usage of a scoring system in the evaluation of the CVD risks in the scientific public and general population, promotion of the European guidelines for prevention of cardiovascular diseases, pointing out an importance of identification of risk factors and early symptoms/signs of CVD, promoting the awareness of the importance and irreplaceable benefits gained from the system of cardiac rehabilitation for the health of an entire nation, the promotion uses "invested-gained" for all programs for prevention and rehabilitation of CVD.

5. The continuous development and consistent promotion of the overall national preventive CVD program, according to international experience undoubtedly brings long-term, irreplaceable success in the prevention of chronic noninfectious diseases and general promotion of health.

6. The further advancement in the prevention of CVD, in the following period, should take into account the additional involvement and cooperation with professionals who are not cardiologists (nephrologists, diabetologists, professional societies for arterial hypertension, diabetes and obesity, pediatricians, clinical nutritionists, specialists in the field of dietary technology, public healthcare professionals, epidemiologists, etc.), public organizations and other entities whose activities are complementary to the goals of the Working Group for Prevention and Rehabilitation of CVD.

7. The area of rehabilitation of CVD, with its undoubted importance and comprehensive benefit for the entire health system requires persistent promotion in all directions, primarily towards the public health administration. A high healthcare and financial effect of the program for cardiac rehabilitation, early stationary rehabilitation in the framework of excellent operation of the *Croatian Network for Primary Percutaneous Coronary Interventions* and delayed clinical cardiac rehabilitation within the framework of the CVD prevention require correct valuation of the healthcare administration and healthcare insurers, adequate treatment and financing of these programs in accordance with the applicable practice of the developed European healthcare systems.

8. Pursuant to the aforementioned, it is necessary to recommend a revision of the invoicing system in cardiac rehabilitation to the Croatian Institute for Health Insurance. The recognition and evaluation of all necessary therapeutic interventions is imminent, and in the existing coding system there is no way to note most of them. Furthermore, the stationary cardiac rehabilitation should, according to modern clinical practice, make a clear distinction between the early and delayed rehabilitation. Early cardiac rehabilitation is basically the post-coronary care during the period form the third to the fifth day from the primary coronary intervention or from the seventh to the ninth day from the cardiac surgery treatment, and it requires an extensive diagnostic and therapeutic treatment and may not be included in the existing price for the day spent in hospital, so it should be corrected. The early cardiac rehabilitation de-

kardiološka rehabilitacija, trebala bi obuhvaćati fakturiranje svih intervencija (dijagnostičkih i terapijskih) kao i ambulantna, tek uz dodatak iznosa za smještaj bolesnika. Ovakva koncepcija financiranja neodvojiva je od suvremene kliničke prakse, visoko racionalna i u razdoblju koji slijedi nema stručne alternative.

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fined in that way, which is being implemented despite the organizational and financial problems, significantly rationalizes the entire system of patient management and relieve the acute cardiac units of load. The delayed cardiac rehabilitation should include the invoicing of all interventions (diagnostic and therapeutic) and the outpatient ones as well, only with the addition of fee for the patients' accommodation. This concept of financing is inseparable from the modern clinical practice, is highly rational and in the coming period it has no other professional alternative.

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