

How to Reduce Cardiovascular Mortality, Morbidity and to Prolong Averaged Value of Healthy Life

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Key words: cardiovascular risk factors, nutrition, cardiotraining, health policy, health insurance companies

Abstract:

Ischemic heart disease (IHD) and stroke are the world's biggest killers. The good news is that 80% of cardiovascular diseases can be prevented with healthy lifestyle habits. The most effective approach to improve this situation is the reduction of risk factors levels. Small positive shifts of risk factors, across a whole population consistently leads to greater reductions in disease burden than the huge investment to the new drugs and devices including invasive procedures. Concrete examples of daily menu, adequate exercise proposals and obesity management how to reach recommended risk factors levels are discussed. Their effectivity could be expressed as follows:

In conclusion:

1. decrease of saFA about to 10% from daily energy intake and their substitution by polyunFA leads to decline cardiovascular risk about 20-30%
2. 2% increase in energy intake from trans fatty acids increases IHD risk by 23%
3. 30 g unsalted nuts daily decrease cardiovascular risk about 30%
4. 7 g/day higher intake of total fibre is associated with a 9% lower risk of IHD and a 10 g/day higher fibre intake is associated with a 16% lower risk of stroke and a 6% lower risk of type 2 diabetes mellitus
5. effective physical activities 150 to 300 min. of moderate-intensity exercise or 75 to 150 minutes of vigorous-intensity exercise each week lead to a 31% reduction in all-cause mortality
6. secondary prevention ambulatory cardiovascular rehabilitation programs, based on regular exercising, education, stress, sleep and obesity management, have reduced total mortality 15-28%, cardiovascular mortality 26-31%
7. Non-inclusion of the patient in the secondary prevention ambulatory cardiovascular rehabilitation program has increased mortality 28%
8. The increase of BMI about 5kg/m² leads to increase of mortality risk about 30% and about 40% risk of IHD, stroke and other vascular diseases

Together: 80% of cardiovascular diseases can be prevented with healthy lifestyle habits. To implement this approach to health care system by education programs is not enough effective.

For the health care system are needed concrete proposals with the aim to reduce cardiovascular morbidity and mortality and prolong averaged value of healthy life.

Proposed proceeding include long term monitoring of patient's risk

factors and basal obesity management in primary care, nurse led preventive cardiology clinics establishment and introducing of positive economic stimulation to decrease levels of risk factors in population by health insurance companies. It means to award the patients who were able to reduce significantly the levels of risk factors and to reduce their pharmacotherapy burden. It means also to award the GPs who were able to manage their patients to change their lifestyle habits to decrease the levels of risk factors and to reduce pharmacotherapy. Proposed proceeding in the specialized sphere include implementation of ambulatory cardiovascular rehabilitation in cardiology stations. In the public health area include changes in food groups taxing according to their health effects and implementation of the clinical excellence centrum to publish official informations and advises for both public and experts in the field of the effectivity of preventive medicine practice, the effectivity of food supplements and the effectivity of the new diagnostic and therapeutic procedures.

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