

Preventive Cardiology in Europe – Quo vadis?

Präventive Kardiologie in Europa – Quo vadis?

My two-year presidency of the European Association of Preventive Cardiology (EAPC) of the European Society of Cardiology (ESC) ends in August 2022. An enriching and at the same time challenging time, which I had envisioned differently, especially since I value personal communication. Two years in the shadow of the Corona Pandemic unfortunately limited this communication greatly.

The ESC Preventive Cardiology Congress, which was to have been held in Prague at the beginning of April 2022, and also the monthly meetings with the EAPC Board could only be held online. It is therefore a great pleasure that we can meet at the end of August in Barcelona for the ESC Congress and finally enjoy personal exchange after such a long time. This period also revealed problems of a financial nature in performing Online Congresses, since the number of participants at the ESC Preventive Cardiology Congress was clearly reduced and only reached 50% of the „pre-Corona“ period. An online format is, of course not equal to congresses on site, which is reflected in engagement and in the presence of the audience. This causes specialist societies, too, financial woes, especially those specialist societies which are not supported by the pharmaceutical industry.

The EAPC Vision for the Future

The EAPC covers a broad field of primary prevention, Public Health, secondary prevention and sports cardiology, which are found in sections within the specialist society. In my presidency, I especially tried to set accents reflected in the so-called „5 biggies“ (see Figure 1) – five topics which have not to date been adequately represented within the EAPC. Five task forces were formed for working out and strategically implementing the topics (1).

1. „EAPC“: The Risk Factor Association“: First of all, addressing cardiovascular risk factors has been underrepresented within the ESC, especially in the areas of lipid metabolism and diabetes. Only hypertension is represented by a Council. Addressing lifestyle, and also pharmacological intervention is, in my view, of outstanding importance for the specialist society in a variety of aspects, but in the overall strategy of preventive cardiology as well.
2. „Nutrition“: The second topic which has so far been inadequately included in the EAPC is nu-

trition. The Nutrition Task Force developed a Position Paper here and advanced the topic within the Society.

3. „Child health“: The third topic aims at promoting child health beginning with reducing cardiovascular risk factors like adiposity and physical inactivity, up to the treatment of children with congenital cardiac defects. Here, too, Position Papers have been established.
4. „Implementation Strategy“: The fourth topic comprises the Europe-wide implementation of the so-called „Outreach“-Programs like LAUF10!, which will start the next round on 2. May 2022 in Bavaria. We developed and established this program here in Munich in cooperation with the Bayerischen Rundfunk. Initially, this event was held for the first time 15 years ago, meanwhile more than 35,000 people participate every year. Lauf10! addresses persons with adiposity and cardiovascular risk factors, who are to be brought to move more within 10 weeks. For this, training plans developed especially for this program can be downloaded from the Lauf10! Homepage. At the end of the 10 weeks, the participants perform a 10-km run. In cooperation with the EAPC, a transfer to the European level is to be implemented with the „WALK 10“ program; the legal hurdles have been overcome.
5. „Certify knowledge and skills“: The fifth topic comprises the support of the „Accreditation processes“ of centers with the foci preventive cardiology, rehabilitative cardiology and sports cardiology. The accredited centers must meet certain criteria in order to be able to use the title. In addition, there is the „Certification Process“ to Preventive Cardiologist on the European level (2). This includes stepwise teaching programs with qualification for preventive cardiology and specialization for sports cardiology, which can be sought after basic qualification in cardiology. In Germany there is already such a Certification Process under the auspices of the Deutschen Gesellschaft für Kardiologie (DGK) in cooperation with the Deutschen Gesellschaft für Sportmedizin und Prävention (DGSP). Since 2019, the additional qualification „Sports Cardiology“ can be attained within this success concept. Moreover, there is the possibility of obtaining certification as preventive cardiologist from the DGK and the Deutsche Gesellschaft für Prävention und Rehabilitation von Herz-Kreislaufkrankungen (DGPR). >



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1. EAPC: "The Risk Factor Association"
 ✓ Fokus auf Risikofaktoren, z.B. Diabetes und Fettstoffwechselstörungen
 ✓ Kombination aus pharmakologischer Intervention und Lebensstil-Intervention

2. Nutrition, the "ignored topic"
 ✓ Positionierung des Themas Ernährung beim ESC Preventive Cardiology Kongress
 ✓ Initiierung von Leitlinien zum Thema Ernährung (Prävention, Rehabilitation, Sportkardiologie)

3. Child health, "empower them!"
 ✓ Hervorheben der Themen Kinderadipositas und kardiovaskuläres Langzeitrisiko
 ✓ Einbeziehung des Themas angeborenen Herzerkrankungen in die EAPC

4. Implementation Strategy, "The key to deliver!"
 ✓ Entwicklung eines europaweiten "Outreach"-Projekts (Walk 10!)
 ✓ Ausweitung digitaler Bildung

5. Certify knowledge and skills
 ✓ Initiierung eines Zertifizierungsprozess auf der Basis des EAPC Curriculums

Abbildung 1
 EAPC-Strategie 2020-22: Die „5 Biggies“.

Conclusion

It is essential to make the field of prevention visible within the national and international societies, but especially also within the ESC. That research in prevention is gaining can be seen in the fact that most of the abstracts for this year's congress were submitted in the area „Preventive Cardiology and Special Populations“ (among other things, risk factors, lifestyle, environment, pediatric cardiology, cardio-oncology), considerably more than in basic research, cardiac imaging, interventional cardiology or heart failure. This area must be supported with quality in research and care. For this, basic research as well as care research are needed. In Munich, we have been trying for years to implement large randomized controlled multicenter studies that demonstrate the importance of physical training in prevention and therapy, such as the LOGIC Study of adipose children (3, 4), the OptimEx Trial (Optimizing Exercise Training in Prevention and Treatment of Heart Failure with preserved ejection fraction (HFpEF)) to investigate the optimal training dose for patients with heart failure (5) or the DiaTT (Dialysis

Training Therapy) Study, which investigates the effectiveness of one-year physical training during dialysis (6). Such studies are also needed in the field of performance sports, like the COSMO Study headed by colleagues in Tübingen, which deals with the topic COVID-19 in elite sports, in which nearly all sports-medical centers in Germany are participating (7) or cooperative Position Papers of the sports-medical institutes (8)(9). These are all initiatives of central importance for Preventive Cardiology, as well as for Sports Medicine and the DGSP in order to sustain our specialties at universities. The development in recent years in Heidelberg, Frankfurt, Freiburg and Hamburg has shown how difficult the situation is. There must be a concerted effort, which must be followed up by the Scientific Council and the University professorships. The cooperation has solidified through the common activities of the Scientific Council like promotion of the next generation or mutual research projects and regular biweekly ZOOM conferences during the COVID pandemic and annual meetings at the Schneefernerhaus on the Zugspitze. Even more activities are necessary. But we all should also become more visible on the international level. Membership and active contributions in the EAPC, too, are a first but important step. This is more than desired!

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