

Program prevencije kardiovaskularnih bolesti u obiteljskoj medicini

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zaštite

Škola narodnog zdravlja „Andrija Štampar”, Medicinski
fakultet Sveučilišta u Zagrebu

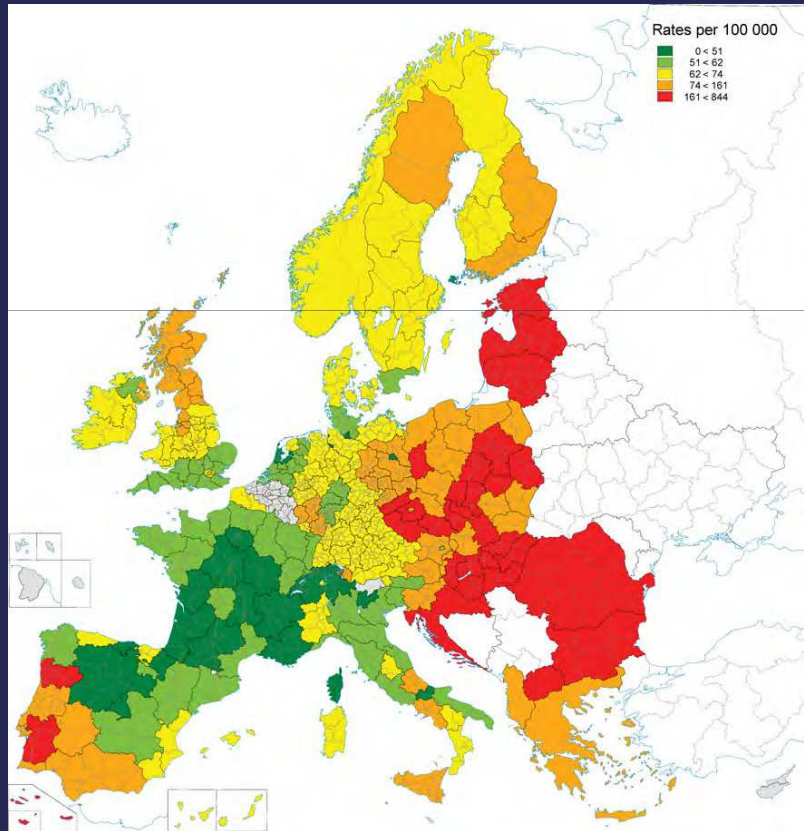
Motovun 10.06.2014

Moto predavanja

Iako svaki drugi Hrvat umire od kardiovaskularnih bolesti, sustavna i jednoobrazna prevencija kardiovaskularnih bolesti ne postoji

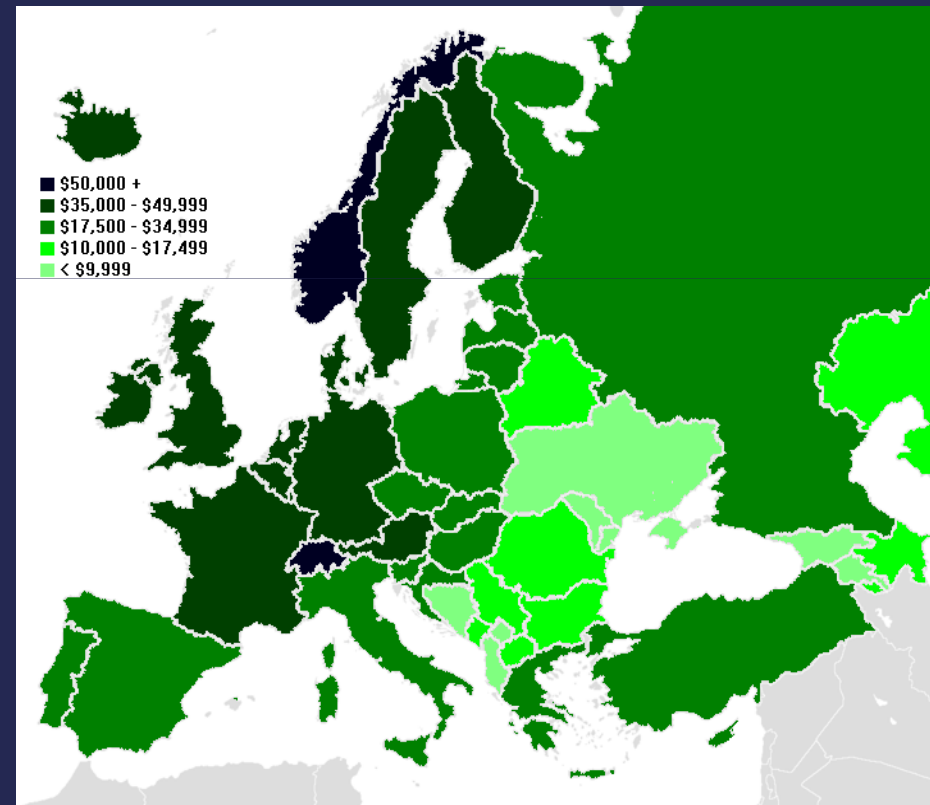
KARDIOVASKULARNE BOLESTI RASTUČI JAVNO ZDRAVSTVENI PROBLEM

Smrtnost od KVB



Muller Nordhorn J, Binting S, Roll S, Willich SN. An update on regional variation in CV mortality within Europe. Eur Heart J 2008;29:1316-26

BND / stanovnik



Map showing regional variation in European GDP (PPP) per capita in 2012. Figures from WorldBank 2014.

Smrtnost od kardiovaskularnih bolesti u Hrvatskoj

Hrvatsko zdravstveno statistički ljetopis, 2012

- 2012

48,3%

- 2015

??????

- 2020

???????

Visoka stopa smrtnost od kardiovaskularnih bolesti u Hrvatskoj



Zašto je to tako ? U čemu je problem?

- Postoji li edukacija obiteljskih liječnika ?
- Postoje li smjernice (međunarodne, nacionalne) ?
- Kakav je stav zdravstvenih vlasti prema prevenciji?

- Postoji li edukacija obiteljskih liječnika ?



Edukacija obiteljske medicine

Kontinuirana medicinska edukacija (KME)

Društvo nastavnika opće/obiteljske medicine (DNOOM)

- Kongresi
- Radionice
- Projekti

Katedra za obiteljsku medicinu

- Dodiplomska nastava
- Poslijediplomska nastava
- Specijalizacija iz obiteljske medicine



2009

- Postoje li smjernice
(međunarodne, nacionalne) ?

Smjernice

- JNC 7 2003
- ECS/EHS 2003
- NCEP ATP III

• The European J Task

ESC/ EAS

Smjernice za zbrinjavanje dislipidemija,

Reiner Ž., Capatano A.L., De Backer

G. i sur., 2011

2001;205:2400-2497.



European Heart Journal (2011) 32, 1769–1818
doi:10.1093/eurheartj/ehr158

ESC/EAS GUIDELINES



ESC/EAS Guidelines for the management of dyslipidaemias

The Task Force for the management of dyslipidaemias of the
European Society of Cardiology (ESC) and the European
Atherosclerosis Society (EAS)

Developed with the special contribution of: European Association for Cardiovascular
Prevention & Rehabilitation†

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Working Group: Cardiovascular Pharmacology and Drug Therapy, Hypertension and the Heart, Thrombosis.

Council: Cardiology Practice, Primary Cardiovascular Care, Cardiovascular Imaging.

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Nove smjernice ECS (2012)

Rujan
2012

European Heart Journal (2012) 33, 1635–1701
doi:10.1093/eurheart/ehs092

JOINT ESC GUIDELINES

European Guidelines on cardiovascular disease prevention in clinical practice (version 2012)

The Fifth Joint Task Force of the European Society of Cardiology and Other Societies on Cardiovascular Disease Prevention in Clinical Practice (constituted by representatives of nine societies and by invited experts)

Developed with the special contribution of the European Association for Cardiovascular Prevention & Rehabilitation (EACPR)[†]

Authors/Task Force Members: Joop Perk (Chairperson) (Sweden)*, G. (Belgium), Helmut Golz (Germany), Ian Graham¹ (Ireland), Željko (Croatia), W.M. Meuwissen¹ (The Netherlands), Christian (Germany), Parag Mehta¹ (France), Gudrun Boysen⁴ (Denmark), R (Czech Republic), Christi Deaton¹ (UK), Shah Ebrahim¹ (UK), Miles Giuseppe¹ (Italy), Richard Hobbs^{1,7} (UK), Arno Hoes⁷ (The Netherlands), Selim Ozkan⁸ (Turkey), Alessandro Mezzani¹ (Italy), Eva Prescott (Sweden), Martin Scherer⁷ (Germany), Mikko Syväne⁹ (Finland), M. Scholte Op Reimer¹ (The Netherlands), Christian Vrintas¹ (UK), Jose Luis Zamorano¹ (Spain), Faiez Zannad¹ (France)

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[†] Other ESC entities having participated in the development of this document: Associations: European Association of Echocardiography (EAE), European Association of Percutaneous Cardiovascular Interventions (EAPCI), European Association of Cardiovascular Imaging (EACVI), European Association of Cardiovascular Nurses (EACVN), European Association of Cardiovascular Radiology (EACR), European Association of Cardiovascular Physicians (EACVP), European Association of Cardiovascular Pharmacology and Drug Therapy (EACPD), European Association of Cardiovascular Therapists (EACT), European Association of Cardiovascular Nurses (EACVN), European Association of Cardiovascular Radiology (EACR), European Association of Cardiovascular Physicians (EACVP), European Association of Cardiovascular Pharmacology and Drug Therapy (EACPD), European Association of Cardiovascular Therapists (EACT). Working Groups: Acute Cardiac Care, e-Cardiology, Cardiovascular Pharmacology and Drug Therapy, Hypertension and the Heart, Basic Cardiovascular Science, Cardiology Practice, Cardiovascular Imaging, Cardiovascular Nursing and Allied Professions, Cardiovascular Prevention, Cardiovascular Rehabilitation, Cardiovascular Research, Cardiovascular Safety, Cardiovascular Statistics, Cardiovascular Training, Cardiovascular Quality of Care, Cardiovascular Research, Cardiovascular Statistics, Cardiovascular Training, Cardiovascular Quality of Care.

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European Society of Cardiology (ESC)

European Association for Cardiovascular Prevention & Rehabilitation (EACPR)

European Society of Hypertension (ESH)

International Society of Behavioral Medicine (ISBM)

European Heart Network (EHN)

European Association for the Study of Diabetes (EASD)

European Atherosclerosis Society (EAS)

International Diabetes Federation Europe (IDF-Europe)

European Society of General Practice/Family Medicine (ESGP/FM)/Wonca

European Stroke Initiative (EUSI)

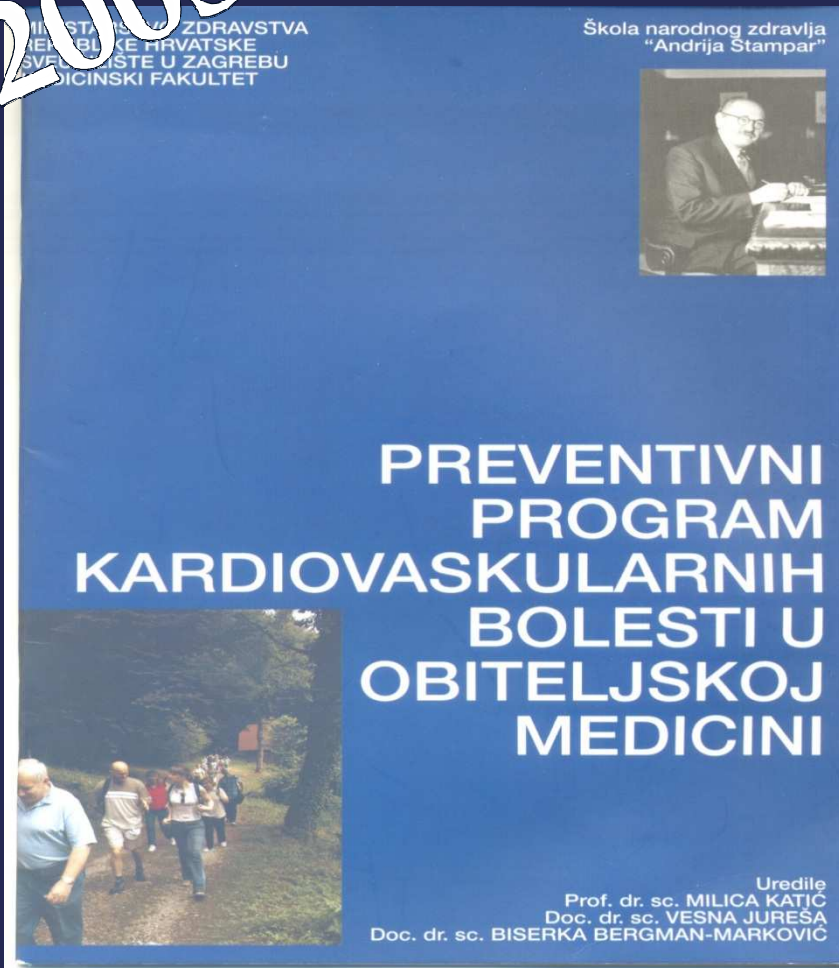
Nacionalne smjernice za prevenciju KVB

Ne postoje zajednički
usaglašene
smjernice
svih društva

for

Nacionalni programi prevencije KVB OBITELJSKA MEDICINA

2003



Program nije nikada zaživio,
impementacija ne postoji



2012

Program prevencije KVB u obiteljskoj medicini, 2003:

- skupina primarne KV prevencije
- screening
- proaktivni pristup: LOM treba koristiti svaki kontakt s pacijentom za aktivno traženje
- osobna i obiteljska anamneze
- svi > 18 godina jednom u 5 godina provjeriti čimbenike rizika za KV bolesti
 - glikemija
 - arterijski tlak,
 - uzimanje alkohola
 - pušenje
 - lipidemija
 - BMI

AKTIVNO TRAŽENJE

>18

Prijedlog Nacionalnog programa prevencije KV bolesti u RH 2012

Ciljna populacija

- sve osobe dobi ≥ 40 godina koje posjete svog LOM zbog bilo kojeg razloga

OPORTUNISTIČKI
PROBIR

≥ 40

Prijedlog Nacionalnog programa prevencije KV bolesti u RH, 2012

- **Procjena učestalosti čimbenika rizika**

Prijedlog Nacionalnog programa prevencije KV bolesti u RH 2012

Dio elektronskog zdravstvenog zapisa (EZZ)

Provjeriti, izmjeriti i zabilježiti u e-karton - **OBVEZA UBILJEŽBE**

o osobna anamneza - **NAVIKE**

- uzimanje alkohola
- pušački status
- provođenje tjelesne aktivnosti

o Fizikalni pregled

- **visinu, težinu, IMT, opseg trbuha**
- **srednju vrijednost arterijskog tlaka (2 mjerenja)**

o obiteljska anamneza

- **rana KV smrtnost u obitelji (roditelji, braća)**

Provjeriti i zabilježiti u e-karton

Laboratorijska analiza uzorka krvi:

- Lipidni status
 - ukupnog kolesterol
 - HDL kolesterol
 - LDL kolesterol
 - Trigliceridi
- Glukoza u plazmi (GUPnt) / HbA₁C
- procjena 10-godišnjeg rizika fatalne KV bolesti prema SCORE-u

Prijedlog Nacionalnog programa prevencije KV bolesti u RH, 2012

- Procjena kvalitete rada
- (postizanje ciljnih vrijednosti), zbrinjavanje i praćenje
 - prema usaglašenim smjernicama europskih stručnih društva koje su prihvatile i hrvatska stručna društva (HKD, HDH, HDA)



POSTIZANJE CILJNIH VRIJEDNOSTI

Tijek intervencije	1 mj	3 mj	Postignuta ciljna vrijednost	3 mj	6 mj	12 mj	18 mj
Arterijski tlak	X			X	X	X	X
GUK natašte	X			X	X	X	X
KOL-uk		X			X		X
HDL		X			X		X
LDL		X			X		X
Trigliceridi		X			X		X
Urati		X				X	X
Visina	X				X	X	X
Težina	X				X	X	X
Opseg struka	X				X	X	X
Opseg bokova	X				X	X	X
Pušenje	X				X	X	X
Tjelesna aktivnost	X				X	X	X

Prijedlog Nacionalnog programa prevencije KV bolesti u RH 2012

Praćenje programa

- planira se i ugovara na godinu dana
- o provedbi izvještava svaka 3 mjeseca i završno na kraju godine

Način plaćanja

- plaćanje prema izvršenju,

Obuhvat populacije %	Simulacija %
< 50	0
50 - 69	50
70 - 80	70
>80	100

Novi model ugovaranja primarne zdravstvene zaštite, 2013

PANELI

Stimulacija !!!!!

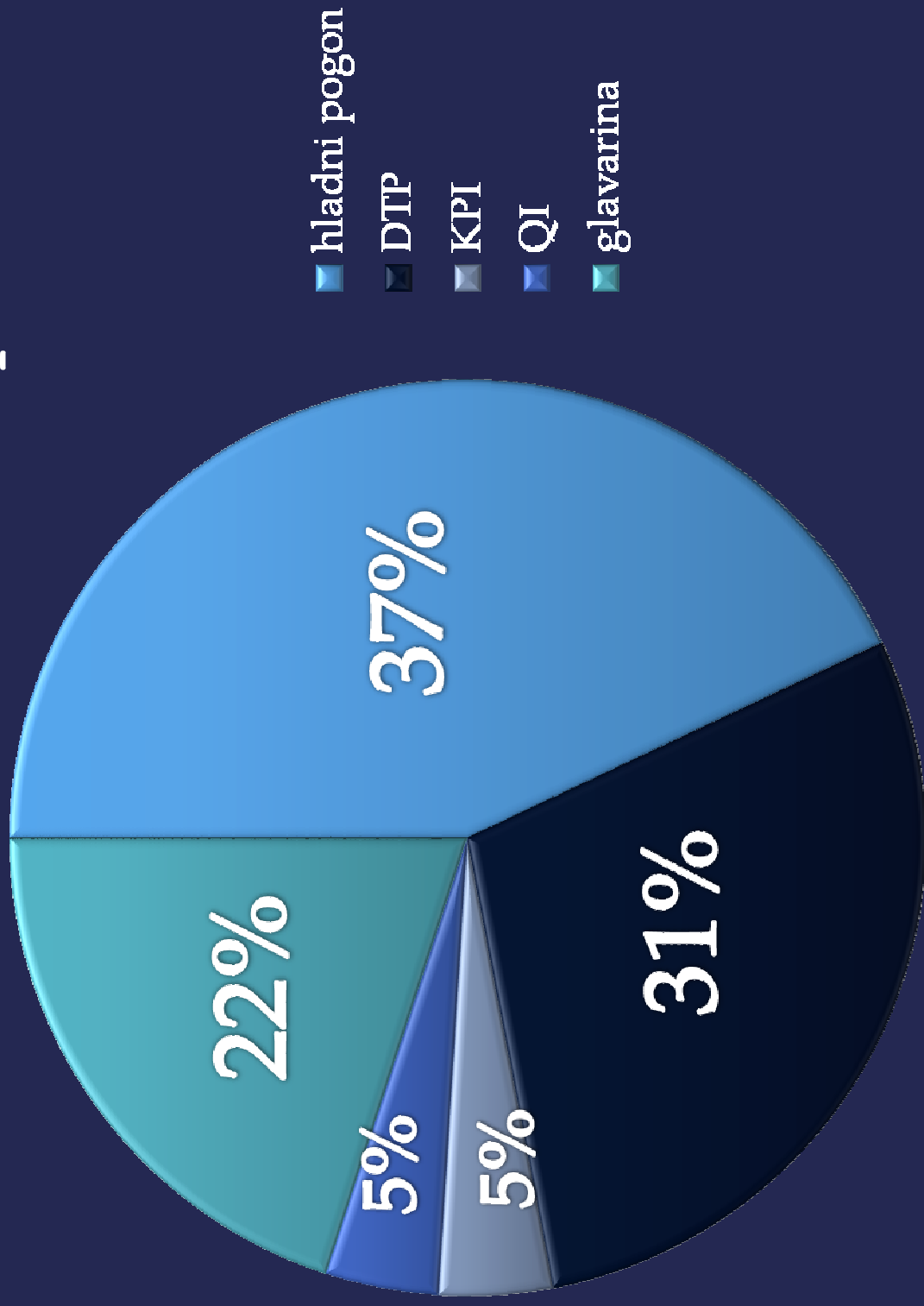
- Hipertenzija
- Dijabetes
- KOPB
- prevencija

PROGRAMI PREVENCIJE KRONIČNIH BOLESTI

- za sada nema niti jedan

Novi model ugovaranja primarne zdravstvene zaštite, 2013

PENTAGRAM: veliki tim, udio prihoda



KPI i QI

- **KPI i QI KPI (Key performance indicators)**

- Propisivanje lijekova na Rp (potrošnja i smjernice)
- Stopa bolovanja
- Upućivanje u PZZ laboratorij
- Upućivanje u skzz
- Prijavlivanje zaraznih bolesti

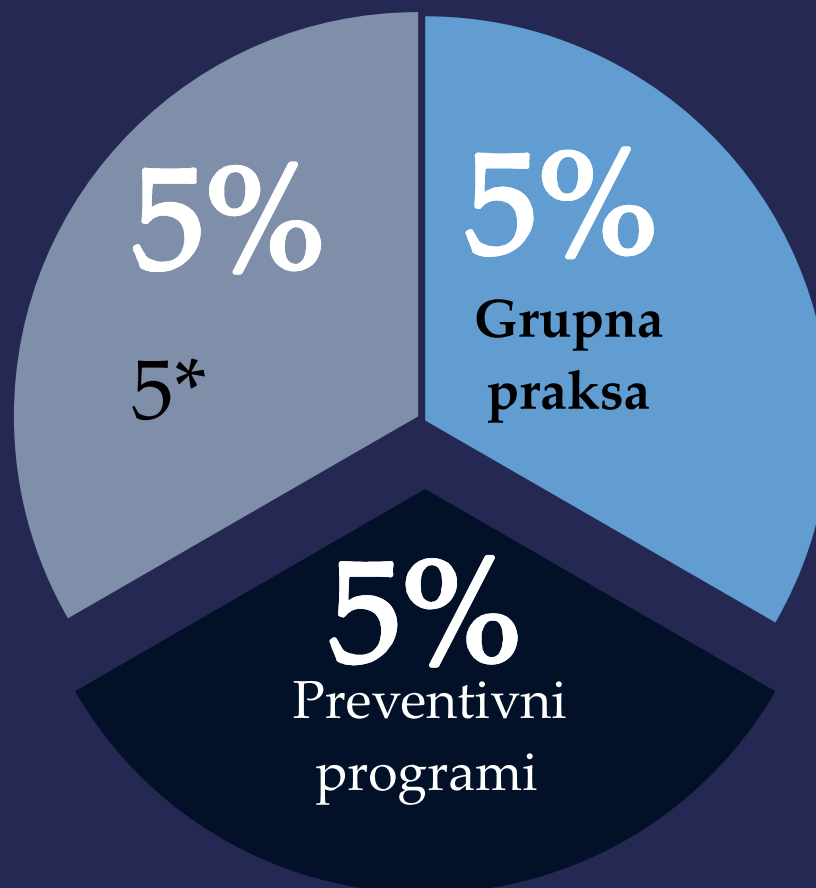
- **QI (Quality indicators)**

- Klinički pokazatelji
- Specifična područja (kardio i cerebrovaskularne bolesti, debljina, dijabetes, KOPB)
- Organizacijski pokazatelji

Jednostavni

- Mjerljivi
- Dohvatljivi iz e Kartona i CEZIH-a

Novi model ugovaranja primarne zdravstvene zaštite, 2013



Kakvu prevenciju KVB
imamo ?



Uloga obiteljske medicine u prevenciji KV bolesti

Prevencija KVB DANAS

- Individualna

Prevencija KVB SUTRA

- osmišljena
- sustavna
- programirana



Preventivni pristup KVB u obiteljskoj medicini

- populacijski
- individualni pristup visokorizičnim skupinama
- kombinacija (koju WHO preporučuje)



Preventivni pristup KVB u obiteljskoj medicini

Liječničke novine, 07.2013

1. Stimulacija NE prema pojedinačnom panelu

- ✓ Podatke panela -
 - pokupiti
 - evaluirati
 - vratiti liječniku obiteljske medicine - poboljšanje rada

2. Stimulacija prema zabilježbi učestalosti čimbenika rizika

Obuhvat populacije %	Simulacija %
< 50	0
50 - 69	50
70 - 80	70
>80	100

3. Stimulacija prema postizanju ciljnih vrijednosti čimbenika rizika



Program prevencije KVB u RH

- Sveobuhvatan
 - nacionalni
 - multiprofesionalan

Zajednička aktivnost MZ, HZZO, HZJZ i obiteljske
medicine



Pilot projekt programa
prevencije
kardiovaskularnih bolesi



CRISIC-fm

Cardiovascular risk and intervention study in Croatia-family medicine (ISRCTN31857696)

- multicentrična, prospektivna, cluster-randomizirana, interventna, kohortna, kontrolirana studija
- 59 LOM (response rate 71%)
- Broj ispitanika N=2467 (response rate 78%)
- Trajanje =18 mjeseci
- 4 doktorske dizertacije
 - DOKAZANA UČINKOVITOST SUSTAVNE PROGRAMIRANE INTERVENCIJE LIJEČNIKA
- OBITELJSKE MEDICINE

Doktorska disertacija: Ksenija Kranjčević

„Učinkovitost intervencije na ukupni srčanožilni rizik u obiteljskoj medicini, uloga GFR u procjeni kardiovaskularnog rizika“, 2014

	Intervencija			P	Kontrola		
	2008.	2010.	Razlika		2008.	2010.	Razlika
SCORE							
Nizak	27,2	16,7	-10,5	0,900	24,2	12,8	-11,4
Umjereni	41,5	43,4	+ 1,9	0,461	38,5	38,3	- 0,2
Visoki	17,1	19,5	+ 2,4	0,822	20,1	19,2	- 0,9
Vrlo visoki	14,2	20,4	+ 6,2	<0,001	17,2	29,6	+12,4

Doktorska disertacija: Ksenija Kranjčević

„Učinkovitost intervencije na ukupni srčanožilni rizik u obiteljskoj medicini, uloga GFR u procijeni kardiovaskularnog rizika“, 2014

	Intervencija			P	Kontrola		
	2008.	2010.	Razlika		2008.	2010.	Razlika
Hipertenzija	56,4	62,5	+6,1	0,014	61,7	72,6	+10,9
↑uk. kolesterol	75,6	78,9	+3,3	<0,001	76,5	75,3	- 1,2
↓HDL	17,3	21,5	+4,2	0,332	20,3	21,8	+ 1,5
↑ LDL	64,8	65,9	+1,07	<0,001	48,3	60,0	+11,7
pušenje	24,0	25,2	+1,2	0,094	21,7	21,2	- 0,5

Doktorska disertacija: Ksenija Kranjčević

„Učinkovitost intervencije na ukupni srčanožilni rizik u obiteljskoj medicini, uloga GFR u procijeni kardiovaskularnog rizika“,

	Intervencija		P	Kontrola	
	2008.	2010.		2008.	2010.
	mean	mean		mean	mean
Sistolički RR	129,65	128,16	<0,001	129,82	132,65
Dijastolički RR	81,15	79,58	<0,001	80,73	81,67
Uk. kolesterol	5,94	5,64	0,584	5,75	5,67
HDL-kolesterol	1,51	1,48	0,287	1,48	1,45
LDL-kolesterol	3,63	3,35	0,136	3,42	3,27
Trigliceridi	1,92	1,74	0,014	1,94	1,95
ITM	28,71	28,49	<0,001	29,25	29,64

Zaključak

- Sustavna, programirana prevencija kardiovaskularnih bolesti dokazano daje pozitivan rezultat