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EUROPEAN JOINT TASK FORCE IV 2007 GUIDELINES PREVENTION OF CARDIOVASCULAR DISEASE

WONCA perspective -general practice-

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Why guidelines?

- Increasing recognition of the importance of EBM
- Interpreting and summarizing the overwhelming amount of knowledge
- Cardiology is the most documented clinical field in medicine



Why European?

- To share knowledge
- To avoid big differences in Europe
- To overbid smaller and potentially bad guidelines
- Because Europe seems to become one “body”
- To give countries with no national guideline institution the chance to take this 4th JTF guideline as a starting point



Why multidisciplinary?

- Medicine is medicine, so guidelines about the same medical subject should not differ between medical disciplines
- Medical care is more and more 'through the disciplines'
- Collaboration creates powerful possibilities
- The continuously increasing burden of work asks for delegating more tasks to nurses



History of JTF CVD-prevention guidelines

- Initiative 1994
 - ESC European Society of Cardiology
 - EAS European Atherosclerosis Society
 - ESH European Society of Hypertension
- Revised 1998 and 2003 – invitation to other societies:
 - WONCA-Europe (European Society of General Practice)
 - EASD (European Society for Study of Diabetes)
 - IDF-Europe (International Diabetes Federation)
 - EUSI (European Stroke Initiative)
 - ISBM (International Society of Behavioural Medicine)
 - EHN (European Heart Network)
 - ESC Subgroups (EACPR and Nursing Group)



2003 Guidelines - 3d JTF

Problems arising in general practice

- Drug treatment recommended $\geq 5\%$ total 10y-CVD mortality risk
very high numbers of patients to be treated
- Risk assessment extrapolation to age 60
- Treatment algorithm on single risk factors
 - BP $\geq 140/90$
 - TC ≥ 5 or LDL ≥ 3
- Rigorous treatment goals
- Treatment overkill and medicalisation



WONCA-Europe decisions

- 2004 (Amsterdam): WONCA-Europe Council decided to withdraw the support of the 2003 Guidelines
- 2005: Invitation of ESC to WONCA to join the 4th Joint Task Force
- 2006: Discussions in WONCA-Europe Executive, position paper.
- 2006 WONCA-Europe Council (Florence):
 - Stronger representation in the Task Force
 - More GP influence on intervention thresholds, treatment and treatment goals
 - Guidelines should be applicable in European General Practice
 - Establishment of a CV expert group



Wonca Europe ad hoc CV Group

- Bjørn Gjelsvik (member of WE Executive, member JTF IV)
 - Arno Hoes, Netherlands (member JTF IV)
 - Edmond Walma, Netherlands (contributing expert)
- more GP experts have been partly involved.

External peer review, on behalf of WONCA:

- Jan Hakanson, Sweden
- Attila Altiner, Germany
- Mario Sammut, Malta



WONCA priorities

- Definition of risk – intervention cut-off points and treatment goals in better accordance with GP thinking and priorities
- Strong commitment to total risk evaluation – moving away from ”one-factor treatment”
- Respecting patient values and choices – supporting patient empowerment.



Process evaluation

- WONCA appreciates that the collaboration in the 4th JTF guideline was realized
- WONCA feels recognised as a full partner.
- 3 general practitioners in the task force is a minimum
- The role of ESC is still very dominant. The important supportive role of ESC is recognised and appreciated, but in the longer run WHO or EU should take a greater part of the organisational and financial burden.



Important achievements

- **Total risk** is the leading thread
 - Single risk factor management is more and more abandoned
 - Redefinition of the risk categories
 - 10y mortality CVD risk (%)

< 5	Low risk
5 - 10	Increased risk
10 - 15	High risk
> 15	Very high risk.
- 10y total risk threshold for drug treatment redefined
- Extrapolation of risk to 60 years has been replaced by a relative risk table
- More weight on non-pharmacologic treatment.
- More weight on patient preferences and patient-centered approach
- Less alarming language and statements in the text of the guideline



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WONCA endorsement

WONCA-Europe Council, Singapore July 20th 2007,
decided to support the revised
2007 CVD-prevention Guidelines



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WONCA will endorse the dissemination of this 4th JTF guideline on CVD-prevention

WONCA intends to:

- encourage our national member organisations to organize national, multi-disciplinary Guideline Committees on the basis of the 2007 European Guidelines
- co-publish the Executive Summary in the
 - EJGP (Eur J of General Practice) and in the new European journal
 - PCCJ (Primary Care Cardiovascular Journal)
- put the guideline on the WONCA-Europe web site
- favor dissemination of the guideline to other WONCA-World regions like North America
- prepare the internal WONCA-Europe organisation for the 5th JTF revision.



CONCLUSION

- The 2007 European CVD guidelines are less aggressive and have more input from general practice.
- The risk of over-treatment and medicalisation is smaller than in the 3d JTF guideline
- Though not ideal the 2007 CVD prevention guidelines are an important step in the right direction!



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*WONCA-Europe thanks ESC, other partners
and especially Ian Graham and Veronica
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