

PREVENTION UPDATE NEWSLETTER

INPUT FROM WONCA Europe

Bjørn Gjelsvik, Vice President Wonca Europe and member of the 4th Joint Task Force.

Q1 – How did your society contribute in this new update of the European Guidelines on CVD Prevention?

The 2003 Guidelines was debated in general practice in Europe, and some national member organisations felt that the 2003 Guidelines were difficult to adopt. Some members argued that following the Guidelines would label a large proportion of the population at high risk and subject to medication.

Wonca was asked to participate in the 4th Joint Task Force, and the Council meeting in 2005 decided to do so, but also ask for a stronger representation from general practice in the process, to ensure that the next guidelines would be more compatible with general practice experience. Bjørn Gjelsvik, Norway and Arno Hoes, Netherlands was appointed members of the Task Force, and Edmond Walma, Netherlands has contributed in the expert group. These 3 members have constituted a working group, and also discussed parts of the work with other GP experts in Europe. The group has worked hard with the draft guidelines to contribute with general practice experience and view. 3 GP experts from other parts of Europe have contributed as external reviewers.

Q2 – From your perspective, what are the key features of these guidelines?

The key feature is to use updated, national-adjusted SCORE risk charts and predict total cardiovascular risk and risk profile as the basis for treatment, and not to base the treatment on single risk factors. Although SCORE charts and other total risk instruments have been available for several years, doctors still tend to treat people on the basis of single risk factor measurement, like elevated blood pressure or cholesterol levels. The 2007 Guidelines will hopefully give the doctor help to prioritize those with the highest total cardiovascular risk, and avoid treating people with low risk. The guidelines also give important qualifiers to the risk chart, making it easier for the doctor to adjust the treatment to the individual patient. Secondly, it is clearly stated that the main objective is to lower total risk, and that the doctor should take several steps to do so. The aim is to reduce if possible all modifiable risk factors contributing to the risk, starting with intensive non-pharmacological treatment. In this way, the guidelines shift the emphasis from one-factor targets to the objective of lowering total risk. Thirdly, the document also put emphasis on patient-centred care, taking into account the patient's views, beliefs and personal opinions, to avoid the older, more paternalistic approach to treatment and counselling.

Q3 - Why would you recommend using the European Guidelines on CVD Prevention?

Because this new Guideline, compared to the earlier ones, to a much greater extent is compatible with general practice experience and values in Europe. The Guideline is well documented, and is a firm ground for the establishment of national, multi-disciplinary guidelines.

Q4– How will these guidelines impact the health professionals in your subspecialty?

I hope the Guidelines will provide the ordinary GP with the necessary tool to identify and prioritize those among his or her patients that need professional care to reduce the future risk for cardiovascular disease. The guidelines will make it easier for the doctor to make a shift from one-factor treatment to total risk identification and management, on the same time give adequate and high-quality treatment to high risk subjects, but also avoid unnecessary labelling and treatment of low risk.

Q5– How will your society contribute to the Guidelines implementation?

The Guideline will be presented and discussed during a symposium on the Wonca World Conference in Singapore, 24-27 of July 2007, and on the Wonca Europe Conference in Paris, October 2007. Wonca Europe will encourage the dissemination of the Guidelines, to be used as a basis for national adopted and adjusted multidisciplinary guidelines. We will also take steps to publish the executive summary in the European Journal of General Practice. We will also take other steps to implement the guidelines, i.e. participation in international surveys or implementation programs.