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EDITORIAL COMMENT

Heart failure care: The time has come to tackle the cardiovascular ''epidemic'' of the XXI century

Cuidados na Insuficiência Cardíaca: chegou a hora de enfrentar a «epidemia» cardiovascular do século XXI

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Heart failure (HF) is an increasingly prevalent condition, with a very high personal and socioeconomical burden. It is estimated that HF affects 5.2% of the adult Portuguese population (more than 400 000 individuals),[1] a prevalence which will likely increase over the next decades, due to the ageing population, to the growing prevalence of risk factors (especially obesity and diabetes) and to the increasing availability of disease-modifying drugs. HF will likely become the most significant cardiovascular ''epidemic'' of the 21st century. The economic and societal impact of this syndrome will also, although it represents 0.2% of the national gross domestic product and 2.6% of all health-related costs (over €400 million per year).[1] The challenge ahead will be enormous for doctors, the healthcare system but especially for the society.

Progressively, this issue has begun to be addressed.[3–5] To better ''understand our enemy'' the Portuguese Society of Cardiology is currently conducting the PORTHOS study. In this landmark epidemiological study, the investigators are going prospectively to understand the real burden of the disease, and the epidemiology of HF in Portugal, using state-of-the arte diagnostic tools using state-of-the-art diagnostic tools.

Regarding HF treatment, in recent decades, there has been an exponential growth in the number of available therapies – both pharmacological and device-related – that increase survival and quality of life in these patients. Recent data analysis has shown that optimal medical treatment can have a major impact on life-expectancy and extend survival to up to 8.3 additional years of life for a 55-year-old patient with HF with reduced ejection fraction (HFrEF).[2] Few therapies in medicine have such an impact on patient prognosis.

Despite all these advances in HF treatment, the use of many of these therapies in routine practice is remarkably low. The time has come for every stakeholder to concentrate on applying the principles of ''implementation science'' in HF care i.e., develop new methods and strategies that facilitate the uptake of evidence-based practice by practitioners and policymakers, as we did several decades ago in the organization of acute myocardial infarction care across the country.

In this issue, a group of HF specialists report the results of the ATHENA project[6] which tried to identify the most

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impactful strategies to improve HF care in Portugal from HF prevention, diagnosis, and treatment. Starting with prevention, we need to improve the promotion of healthy lifestyle habits, address and directly combat the ''diabesity'' epidemic in Portugal and promote an early(ier) diagnosis to prevent disease progression, keep patients in a less-advanced disease state, and facilitate intrinsic networks between care in all health settings. It is also important to broaden the access to the use of natriuretic peptide levels in primary care because this measurement has been recommended as a screening tool for patients at risk of developing HF[7-9] and to improve the early diagnosis of HF, especially in the always challenging diagnosis of HF with preserved ejection fraction (HFpEF).

Regarding disease management, another component which is frequently overlooked is the importance of cardiac rehabilitation. Although this is a class IA recommendation in the guidelines,[10] its utilization in real-life practice is extremely poor and Caldeira et. al. have also accurately identified this as a source of inequality in HF care nationwide.[6] In fact, equity in HF management should be viewed as a priority, and establishing a close network between both tertiary and peripheral hospitals, and also between them and with primary care, would be a major step toward delivering evidence-based treatment for every patient.

In summary, this relevant article addresses several organizational issues which, if corrected, can significantly improve HF care in Portugal. Now the discussion must be wider and involve the active contribution of many more doctors, healthcare professionals and involve scientific societies, the government, policymakers and, most importantly, the real patients.

The time has come to tackle the cardiovascular ''epidemic'' of the 21st century.

Conflicts of interest

Ricardo Fontes-Carvalho has received consulting/speaker fees from Novartis, Bial, Servier, AstraZeneca, Boehringer-Ingelheim.

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