

## Editor's Page

# Cardiovascular Medicine in 2025: Assessments and Priorities

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**C**ardiovascular medicine depends to a significant degree on the socioeconomic conditions of the time. Fifty or eighty years ago, when people lived under extremely poor conditions, when rheumatic fever was very common and antibiotics were absent, valvular diseases, especially of the mitral valve, were the main forms of heart disease. Then, progressively, rheumatic fever was essentially eliminated and the associated valve diseases along with it.

This was followed by consumer prosperity in the industrially developed countries, accompanied by a sedentary lifestyle and unhealthy habits such as smoking. Coronary artery disease and its sequelae, such as sudden death, emerged as the central elements in the new phase of cardiovascular medicine.

Coronary artery disease, of course, continues to be a scourge, especially for those peoples who came late to the opulence and over-consumption already enjoyed in Western Europe and the USA. However, in developed countries the demographic makeup of the population is currently changing, with advanced ages becoming the rule. At the same time, the nature of cardiovascular medicine is also changing. Coronary artery disease is in decline and the degenerative heart conditions of old age are on the rise. As a consequence, the cardiovascular diseases that will tend to predominate in coming years will be largely of different character compared to today's reality, and the cost and the needs must be evaluated accordingly.

The new epidemics are likely to be atrial fibrilla-

tion, degenerative valvular disease, and heart failure. Of course, stroke will account for a significant proportion of cases. It is therefore necessary to assess, in timely and systematic fashion, the needs of the years to come.

Coronary artery disease will not be eliminated. It will continue to wreak damage, mainly because of the increasing incidence of diabetes. It is, however, clear that people in their eighties and nineties will require more active diagnostic and therapeutic intervention for a range of degenerative cardiovascular conditions.

This is precisely where there is a need for new analysis, since the hospital treatment of these age groups will require more hospital beds, a higher cost of care, and greater nursing provisions. But will health care systems be able to afford the new needs? All assessments suggest that they will not. If they have not already, public health systems will soon find themselves without the resources to meet, in a sufficient and proper way, the progressively evolving requirements.

There are no obvious solutions. There is, however, an urgent need for detailed analysis, based on specific models of statistical evaluation, of all the coming developments, so that we may be appropriately prepared. Clearly, scientific societies and responsible governmental bodies must work to map out, in an effective and honest way, the developments of the next few decades. This is what logic and the circumstances require.