

Editor's Page

National Policy for the Prevention of Cardiovascular Disease: A Need for Complete Reorganisation?

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Prevention was already a recognised and valued goal in Hippocratic medicine. Today, despite impressive advances in treatment, prevention remains a primary aim and concern. In Greece a number of governmental and non-governmental organisations and bodies have recognised for some time the need for the development, promotion and application of measures to control cardiovascular disease in general, and ischaemic heart disease in particular. The Ministry of Health, the scientific establishment and the universities are leading these efforts. This mobilisation, which certainly exists and is working to a degree, cannot be seen as anything but beneficial and useful. However, I consider that it suffers from a number of drawbacks, in that it has not been properly organised, it is handled by various different bodies and the benefit has never been evaluated systematically.

This initiative, in other words, is a well-intended but disorganised effort and is far from covering the requirements of a national policy. I believe that there is a widely recognised need for a material reconsideration of the data and the organisation of a national policy for the prevention of cardiovascular diseases. The targets of this policy should be first and foremost the risk factors for coronary artery disease, as well as the screening of schoolchildren and teenagers.

There can be no doubt that rapid developments in the field of molecular cardiology will, in the long term, inevitably include prevention, too. A new and well-organised policy, which goes beyond health care and the reduction of hyperlipidaemias, hypertension, the consequences of diabetes and smoking, should examine the implications of the explosion in our understanding of the mechanisms of genetic expression.

All the above, of course, presupposes the existence of a central state body that can orchestrate the individual university groups and scientific associations based on a planned programme, knowledge, and above all strategy. Until now, such an active state body does not exist. The cost of this deficiency in terms of coordination, strategy and goals is also not easy to estimate. However, all indications, and particularly the high morbidity and mortality of ischaemic heart disease in Greece, support the view that the cost is high, in a period when most industrialised countries have achieved the opposite, significantly reducing coronary artery disease. I believe that Greece, too, must deal with the reality in a systematic and organised way. The first step should be to place prevention at the top of the list.

The words of Hippocrates endure.