

Editor's Page

Cardiovascular Medicine: At the Crossroads

PANOS E. VARDAS

*Department of Cardiology, Heraklion University Hospital, Crete, Greece
President, ESC*



During the 1970s and 80s, the western industrialised countries, while enjoying their financial prosperity, started to pay the price of opulence and profligacy. Coronary artery disease, the Nemesis of overconsumption, began to develop into a real epidemic with hundreds of thousands of victims. Faced with this tragic new reality, the medical communities, health care systems, and the pharmaceutical and medical device industries rallied together in an unprecedented effort to confront the crisis.

Epidemiological studies demonstrated the problem and its consequences. Physicians made great investments in prevention and, together with industry, developed therapeutic techniques and drugs that were highly effective and useful.

Now, in the second decade of the twenty-first century, Western Europe and the United States of America recognise with satisfaction that the indexes of coronary artery disease have started to follow a downward slope, as a result of the intense efforts directed at prevention. The smoking ban has contributed materially to this positive development.

Unfortunately, however, the spectrum of cardiovascular diseases continues to represent one of the major causes of mortality and morbidity worldwide. At the same time, for a number of reasons, innovation in the field of cardiovascular medicine has fallen behind and it is very hard to develop new drugs. Of course, national health care systems are rubbing their hands at the prospect of classical drugs, such as clopidogrel and atorvastatin, losing their exclusivity and becoming available very cheaply as generics. The same applies to medical devices, whose prices today are a fraction of what they were originally.

It is generally accepted today that company profit-

ability has shrunk drastically, as is indicated by the negative Compound Annual Growth Rate for the cardiovascular drug industry, which is estimated to reach -10%. It is thus reasonable to pose the question: will the next decade be a period of further development in our field, or a period of stagnation, with a lag in innovation?

Innovation, as we well know, is mainly rooted in academic and industrial institutions, both of which show clear signs of exhaustion, lack of resources, and slowdown, as defined by the science of economics. Of particular importance is to assess the prospects for young people who today are students of medicine or cardiologists in training. I sincerely consider that their prospects are extremely limited in comparison with the past.

The physician, as a shining example, has lost a large part of his lustre pretty much everywhere in Europe, for many and various reasons. Medical schools continue to attract talented young people, but I wonder for how much longer. The pharmaceutical and medical device industries are investing less and less in research into cardiovascular diseases. At the same time, it is becoming clear that the cardiovascular medicine of the future will be mainly concerned with degenerative problems of the heart and vessels – those that develop at the ages of 80 and 90 years.

But are national health care systems ready and willing to invest in drugs that will really support these age groups? Has the viability of the health care systems, if they follow such a future policy, really been examined?

It is obvious that cardiovascular medicine, one of the most successful medical specialties, is at a crossroads. There can be no doubt that the next ten years will be crucial in the establishment of new directions.

The medical communities and patients have a duty to be vigilant.