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EDITORIAL

“2024 Spanish Society of Arteriosclerosis standards for the global control of vascular risk: an essential reference document”



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According to the Royal Spanish Academy, the word standard is “that which serves as a type, model, norm, pattern or reference.” I believe that the authors of the document, which we have the pleasure of commenting on in this leading article, could not have headed it more precisely. The prevention of cardiovascular diseases is one of the most effective tools for the preservation and optimisation of health and opportunities for lengthening the general public’s good quality life. The document summarises, updates and clearly explains the model required to do this.¹

Life expectancy at birth in Spain has increased more than 10 years for both sexes since 1980.² The decrease in mortality from cardiovascular diseases contributes to this increase by 63% among women and 53% among men. In ages ≥ 65 years, the contribution is 93% and 87% of the total respectively.³ This means that cardiovascular disease prevention is mainly responsible for us living longer and better, and that the efforts that the different cardiovascular prevention measures have involved at an individual and collective level are highly effective. We live longer and our life is higher in quality.² These statistics may be interpreted in different ways. The first is very positive: we are on the right path. We know the aetiopathogenesis of most cardiovascular

diseases; we have effective tools for their treatment which are safe and cost-effective, and if these tools are correctly applied to large strata of the population, atheromatous cardiovascular disease could disappear in a few decades.⁴

On the negative side is the fact that we are improving too slowly. For this reason, cardiovascular morbidity and mortality continue to be one of the main causes of death and disability in Spain and surrounding countries.² How can we explain this paradox? It seems contrary to logic that, with the knowledge and means to avoid this group of devastating diseases, cardiovascular diseases still account for a quarter of total mortality in Spain.⁵

There are many reasons to explain this paradox. Among them is that we probably apply preventive measures too late, when the clinical or subclinical disease is already advanced and where therapeutic possibilities are fewer. Observational studies tell us that if we applied these measures at earlier ages, the benefit could be multiplied.⁶ Also significant is the Spanish healthcare model. It focuses very highly on disease treatment, whether acute or chronic, with excellent hospitals and health centres that devote their efforts to treating the disease in advanced stages, and sometimes in the final stages of life when little remains to be done from a medical point of view. In Spain, health spending per inhabitant is concentrated in the final years of life, and annual spending before the age of 60 represents a small percentage of total spending throughout life.⁷ We spend the

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budget on older ages and in the phases of advanced illness when healing is difficult and life expectancy is shorter. This means that there is a prevention deficit in the Spanish system. The Spanish Society of Arteriosclerosis (SEA for its initials in Spanish) standards indicate how to reverse this situation: to be truly efficient more intense and early prevention of the disease risk factors must be achieved. Not an easy task and one that carries responsibilities at different levels.

Society as a whole is responsible, especially the health authorities that must guide their policies on internationally accepted scientific evidence such as that reflected in the SEA document. There is too much controversy, artificially created for the most part, regarding the benefit of controlling risk factors that minimise risk and questioning interventions that are summarised in the document with highly solid scientific information.¹

Healthcare professionals also play a vital role in the control of cardiovascular risk factors. Our first responsibility is to be well trained so that the public may be offered the best, appropriate, evidence-based treatment. Due to the enormity of scientific information surrounding cardiovascular disease, it is impossible to know what is important, to discern between the wheat and the chaff, and for this the recommendations of scientific societies are essential. The SEA standards compile that information. All risk factors, their importance, their best diagnostic procedure and the best available treatments are reviewed in detail. It is a document that has been able to effectively summarise the best of the main international recommendations and is therefore a must-read and permanent reference document for healthcare professionals involved in cardiovascular prevention. Continuous advance in knowledge entails that a document of these characteristics must be updated periodically. We believe updating the standards to be essential, and is also SEA's intention, with reporting on what has remained and what has changed with respect to previous editions.

Although training and information for health professionals is a priority objective for the SEA, its main objective is to contribute from scientific knowledge to the prevention and treatment of arteriosclerosis diseases and this is impossible without society's participation. Cardiovascular prevention as an individual obligation must be promoted and even required by the health system.⁸ There must be acknowledgement of the fact not enough emphasis has been placed on this fundamental aspect. The perception exists that cardiovascular disease is an inevitable problem in advanced stages

of life and is somewhat random in its nature. We must convey that cardiovascular health is not the result of chance, that it can be avoided, and that when it is allowed to evolve, solutions become difficult and expensive. To do this the public has to be well informed and this is not easy. The enormous quantity of information, that is sometimes discordant and of self-interest, makes training doctors difficult, and even more so the general population. We would encourage the SEA to also lead this process by periodically publishing the "standards for cardiovascular prevention for citizens." All the information collected in the latest document must be rigorously explained and lifestyle guidelines given, together with the expected benefit of each intervention, what should be controlled, how to do this and how often. The public need to be assured that the information collected is the best at all times, differentiating evidence from opinion.

Our congratulations to the SEA, and particularly to the authors of the document for their great efforts. This documented is an essential reference tool, aiding our responsibility to practice the best possible medicine.

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