White Paper 'Prevention of Cardiovascular Diseases - Care Situation in Germany

Many concrete recommendations for action

'It is an orientation aid on the way to a better care situation,' explained Prof Dr Stephan Baldus, Director of the Medical Clinic III for Internal Medicine at the University Hospital of Cologne, who took part as patron in the presentation of the recently published new white paper 'Prevention of Cardiovascular Diseases - Care Situation in Germany' (1). The white paper, financed by Novo Nordisk Pharma, pursues 'a scientific approach, is neutral and independent of products', as Hans-Holger Bleß (_fbeta) emphasised at the presentation of the white paper's findings. The third speaker at the book presentation, Prof Dr Ulrich Laufs, Clinic and Polyclinic for Cardiology at Leipzig University Hospital and co-author of the White Paper, gave an indication of why Novo Nordisk is involved in this area. He said: 'We need to take a closer look at cardiovascular inflammation as a significant risk factor. This is a great opportunity for more effective treatment of cardiovascular diseases.'

>> The research-based pharmaceutical company Novo Nordisk, which has been committed to helping people with serious chronic diseases, particularly diabetes, for over 100 years, is now expanding its commitment to other disease areas. One focus of this work is the clinical development of innovative drugs for the treatment of people with cardiovascular disease (CVD), atherosclerotic cardiovascular disease (ASCVD) and heart failure. Numerous substances for the treatment of cardiovascular diseases are currently in all phases of clinical trials. Among others, the anti-IL-6 ligand drug ziltivekimab is currently being investigated in phase 3 trials ('Artemis', 'Hermes', 'Zeus').

For Laufs, the inflammasome, which releases messenger substances such as interleukin-1-beta or interleukin-6 - responsible for inflammation in the blood vessels - is highly relevant in practice. At least when the 'revolution in drug development through modern antibody technologies and RNA-based therapies makes the new targets accessible'. This would make it possible to address an additional domain - inflammation - which, according to Laufs, 'could help us to influence the morbidity and mortality of cardiovascular disease'. Studies have shown that anti-inflammatory therapeutic approaches have the potential to fundamentally change the prevention and treatment of cardiovascular disease. 'We need to focus more on cardiovascular inflammation as a significant risk factor,' emphasised Laufs.

This is precisely where the recently published white paper comes in. According to Bleß, Managing Partner of _fbeta, cardiovascular diseases are the most common cause of death in Germany: in 2023, they will be the leading cause of death with 33.9% of all deaths, ahead of cancer (23.2%). In terms of health economics, cardiovascular diseases are also the number one cost factor in Germany: at 13.1% or 56.73 billion euros of total healthcare costs, they are one of the largest sources of healthcare costs in this country.

Baldus discussed this figure in a presentation: While 13% of healthcare expenditure is invested in treatment each year, preventative measures account for less than 1% of all healthcare expenditure, half of which is cancer screening alone. According to Baldus, one reason for this is that there is no adequate early detection of cardiovascular diseases. Although politicians can be criticised for doing so little about it, they are usually only reacting to waves of motivation from the population. Baldus: 'You have to realise that there is very little concern about cardiovascular disease among the population.' If anything, people are afraid of cancer and neurological diseases. It is therefore not surprising that the research budget invested in cardiovascular diseases is correspondingly lower. 'In order to make fundamental changes for the future, we need to reduce both the burden of disease and mortality - through targeted prevention, diagnosis and treatment,' demanded Baldus.

'The white paper contains numerous specific recommendations for action, including the use of health guides who can lead patients through preventive, diagnostic and therapeutic services according to their individual needs, thus enabling patient support across all indications,' explained Bleß. Further development of the DMP is necessary here in order to expand it into a case management system so that pilots are available to take over cross-indication case management, guide patients through the system and close gaps in care. Early diagnosis and treatment of risk factors would improve patient care and reduce the burden on the German healthcare system in the long term.

In addition, digital technologies must actually make their way into healthcare. Bleß continues: 'In order to be able to take targeted preventative measures, we need standardised data collection as well as regular and systematically recorded prevalence data.' In addition, the nationwide expansion of low-threshold screening programmes is essential in order to identify risks at an early stage. His petition: 'Let's work together to promote early detection so that we can create low-threshold services to recognise patients at an early stage and make them treatable.' <<

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