Malattie cardiometaboliche
Le Best Practice degli ospedali con i Bollini Rosa

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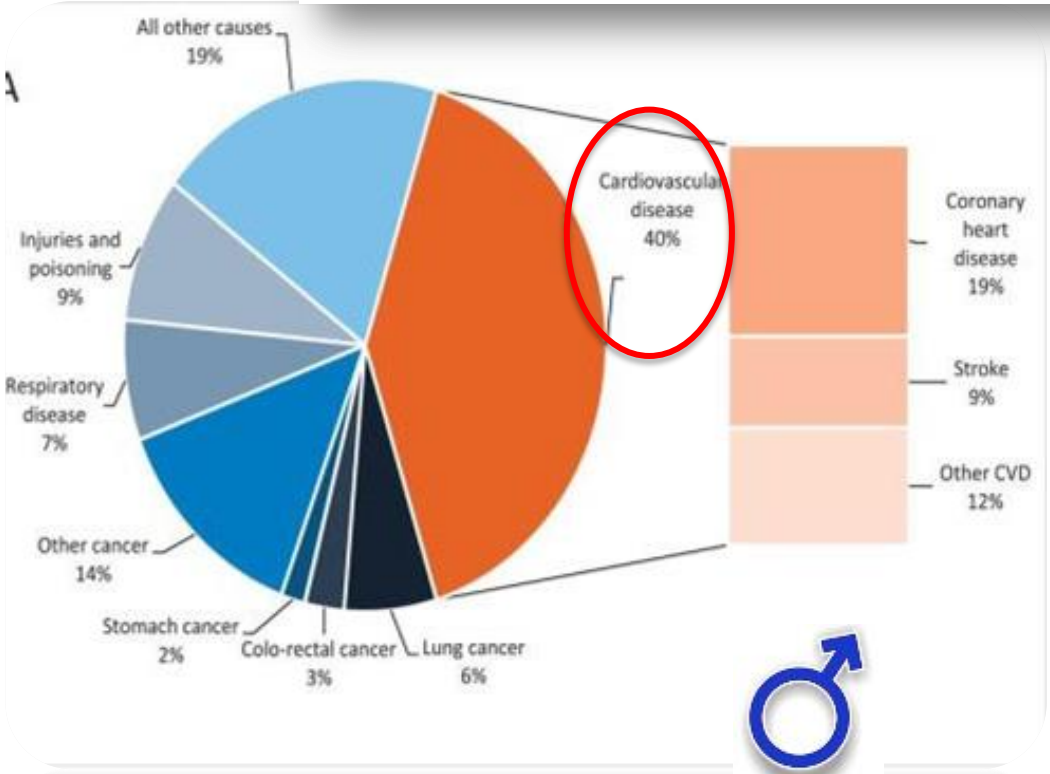
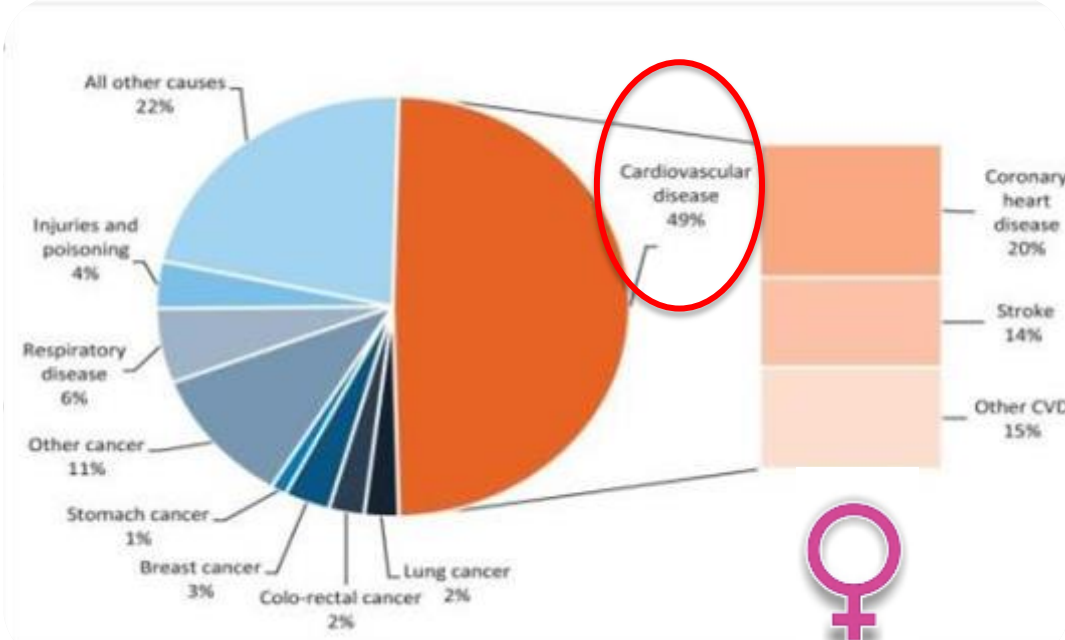
REVIEW

Cardiovascular disease in Europe: epidemiological update 2016

Nick Townsend[1]*, Lauren Wilson[1], Prachi Bhatnagar[1], Kremlin Wickramasinghe[1], Mike Rayner[1], and Melanie Nichols[1,2]





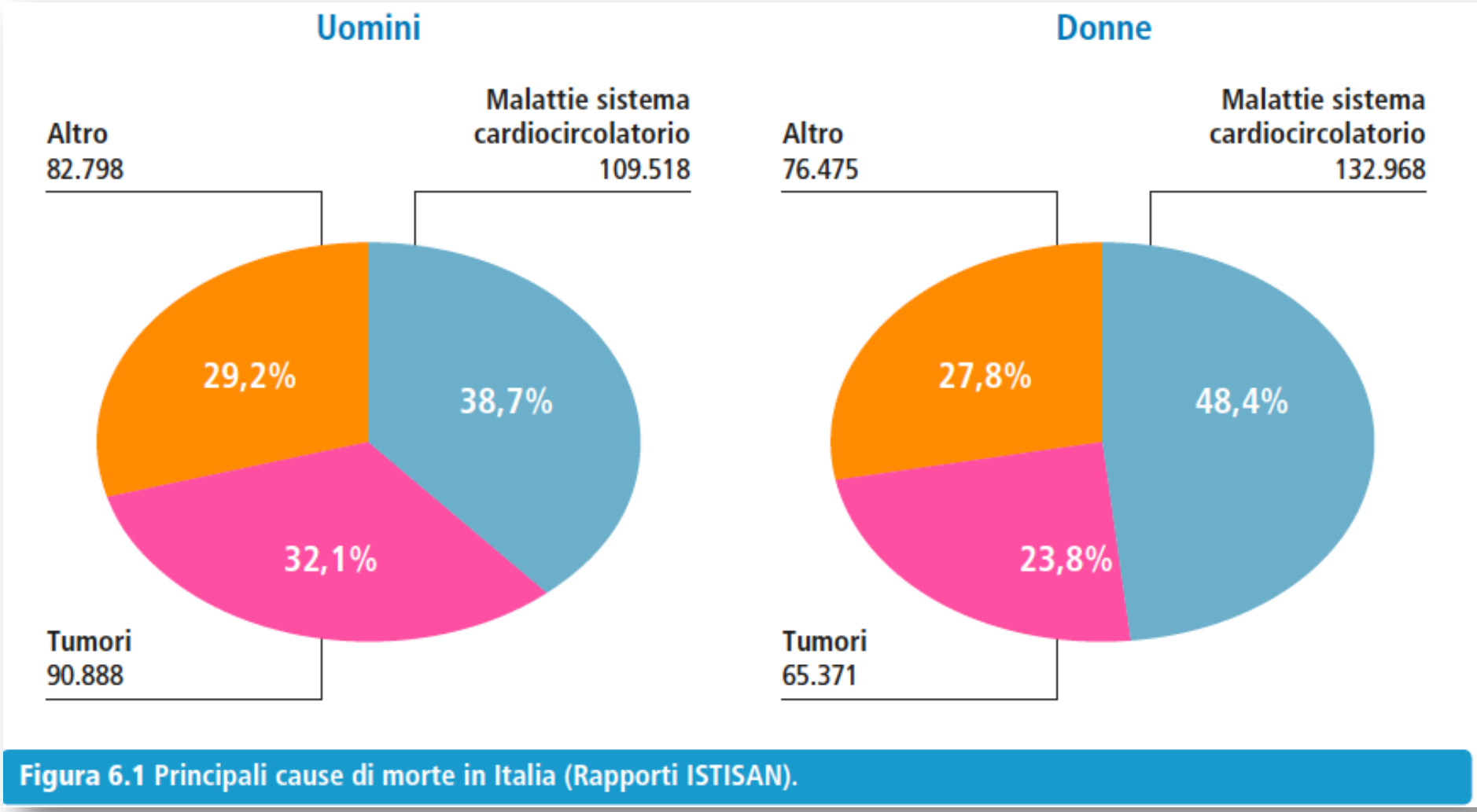


Figura 6.1 Principali cause di morte in Italia (Rapporti ISTISAN).

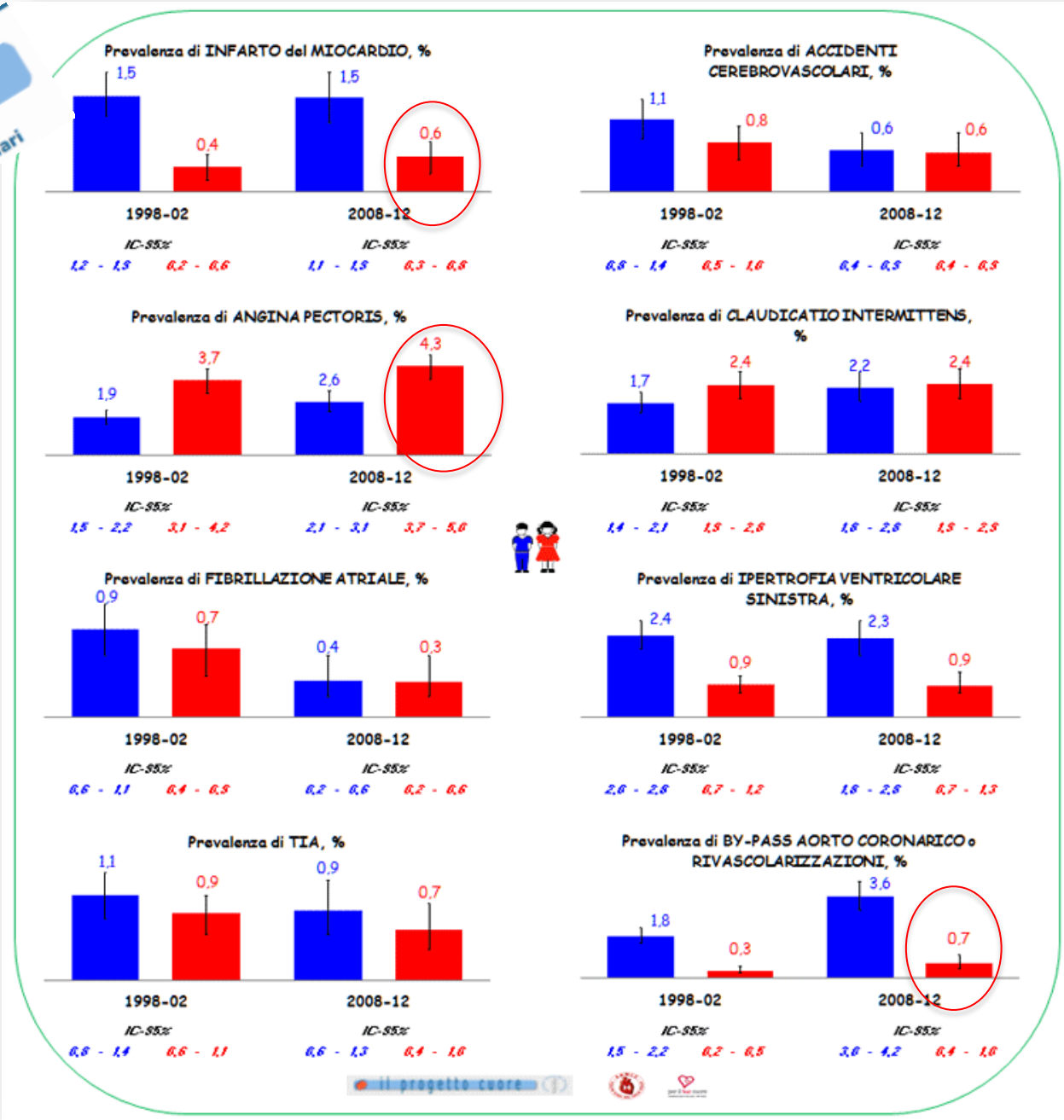
MASCHI				FEMMINE			
	Cause di morte	Numero decessi	% su totale		Cause di morte	Numero decessi	% su totale
1	Malattie ischemiche del cuore	37.958	12,8	1	Malattie cerebrovascolari	37.304	11,7
2	Tumori maligni della trachea, dei bronchi e dei polmoni	24.885	8,4	2	Malattie ischemiche del cuore	37.140	11,7
3	Malattie cerebrovascolari	23.951	8,1	3	Altre malattie del cuore	28.050	8,8
4	Altre malattie del cuore	20.334	6,9	4	Malattie ipertensive	20.367	6,4
5	Malattie croniche delle basse vie respiratorie	13.109	4,4	5	Demenza e Malattia di Alzheimer	18.226	5,7
6	Malattie ipertensive	10.880	3,7	6	Diabete mellito	12.264	3,9
7	Tumori maligni del colon-retto	10.406	3,5	7	Tumori maligni del seno	12.004	3,8
8	Diabete mellito	9.272	3,1	8	Tumori maligni del colon-retto	8.796	2,8
9	Demenza e Malattia di Alzheimer	8.333	2,8	9	Malattie croniche delle basse vie respiratorie	8.732	2,7
10	Tumori maligni della prostata	7.282	2,5	10	Tumori maligni della trachea, dei bronchi e dei polmoni	8.653	2,7
11	Tumori maligni del fegato e dei dotti biliari intraepatici	6.638	2,2	11	Tumori maligni del pancreas	5.568	1,8
12	Tumori maligni dello stomaco	5.811	2,0	12	Malattie del rene e dell'uretere	5.426	1,7
13	Tumori maligni del pancreas	5.154	1,7	13	Influenza e Polmonite	5.227	1,6
14	Malattie del rene e dell'uretere	4.686	1,6	14	Tumori maligni dello stomaco	4.189	1,3
15	Influenza e Polmonite	4.507	1,5	15	Tumori non maligni	3.843	1,2
	Totale 15 cause	193.206	65,3		*Totale 15 cause*	215.789	67,9
	Altre	102.625	34,7		*Altre*	101.900	32,1
	Tutte le cause	295.831	100,0		Tutte le cause	317.689	100,0

Istat 2012

Malattie CV Italia:- Età: 35-74 anni

Il progetto cuore

Epidemiologia e prevenzione delle malattie cerebro e cardiovascolari



Global Atlas on cardiovascular disease prevention and control

World Health Organization

WORLD HEART FEDERATION

World Stroke Organization

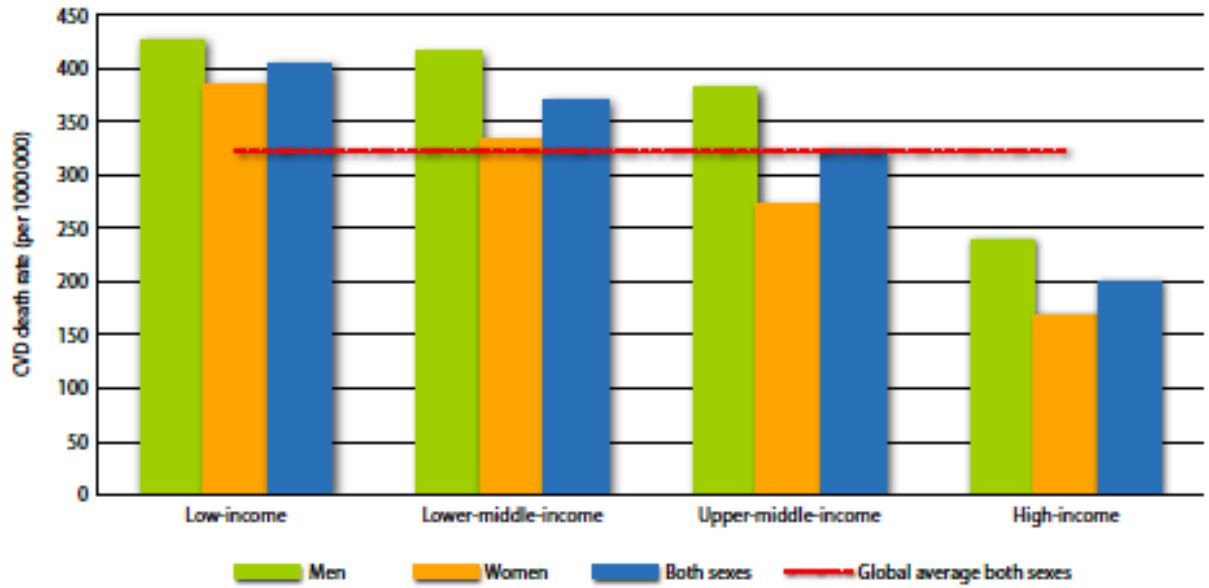
16

KEY MESSAGES

- Risk factors of CVDs are similar for men and women.
- Every year 8.6 million women die from CVDs.
- CVD affects as many women as men.

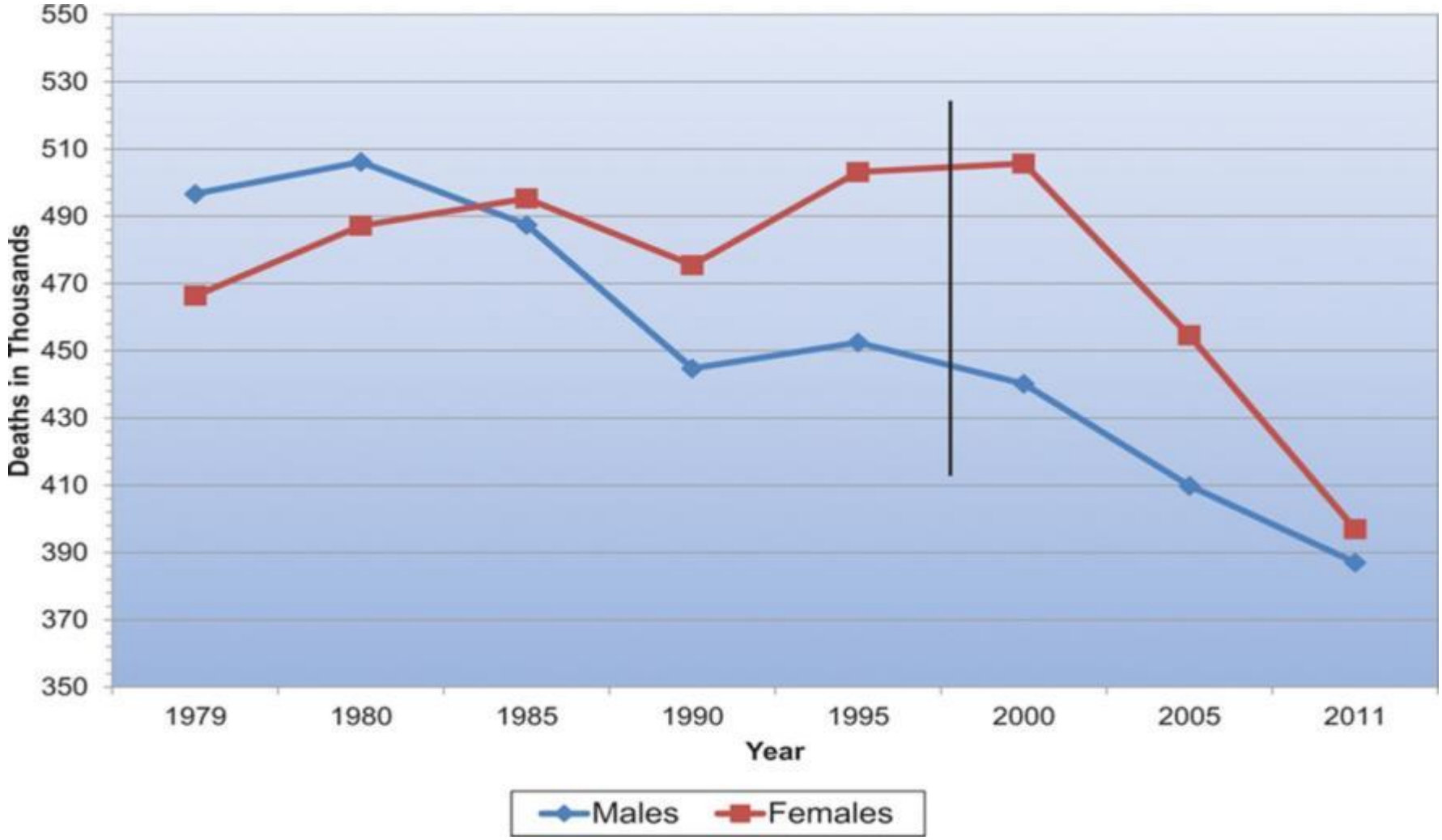
Heart attacks and strokes in women

Figure 53 Cardiovascular disease mortality by World Bank income groups in males and females (per 100 000) (*1*, *6*).



2011

Cardiovascular disease (CVD) mortality trends for men and women in the United States from 1979 to 2011.



Laxmi S. Mehta et al. Circulation. 2016;133:916-947

American Heart Association.

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Coronary Heart Disease

Coronary Heart Disease Mortality Declines in the United States From 1979 Through 2011

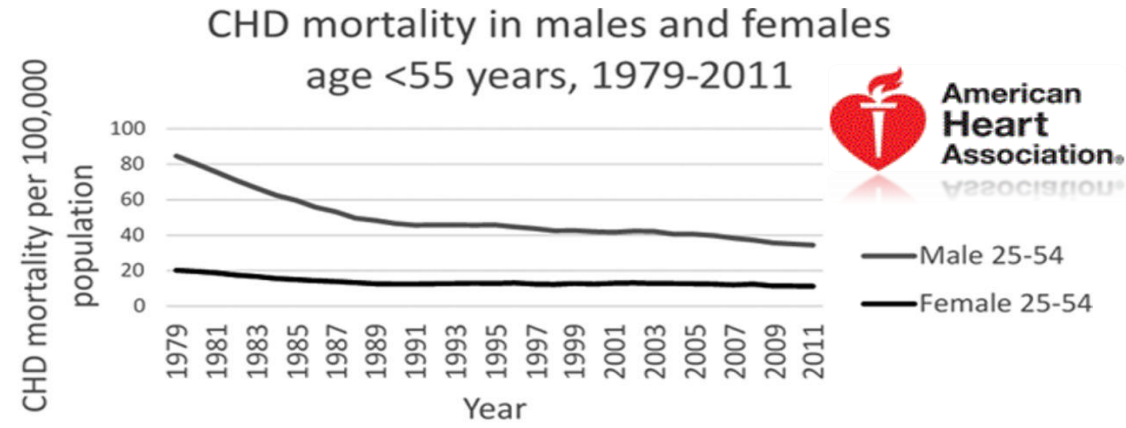
Evidence for Stagnation in Young Adults, Especially Women

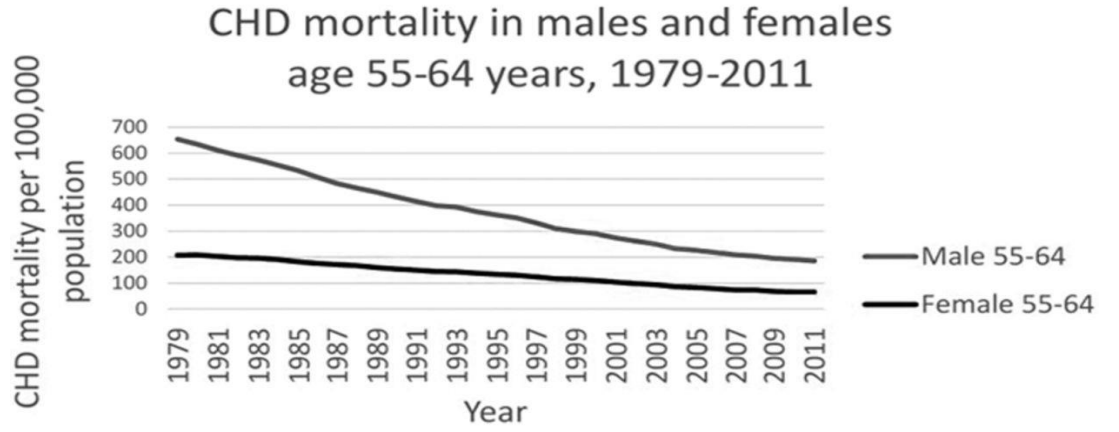
Kobina A. Wilmot, MD; Martin O'Flaherty, MD, PhD, MSc; Simon Capewell, MD, DSc; Earl S. Ford, MD, MPH; Viola Vaccarino, MD PhD

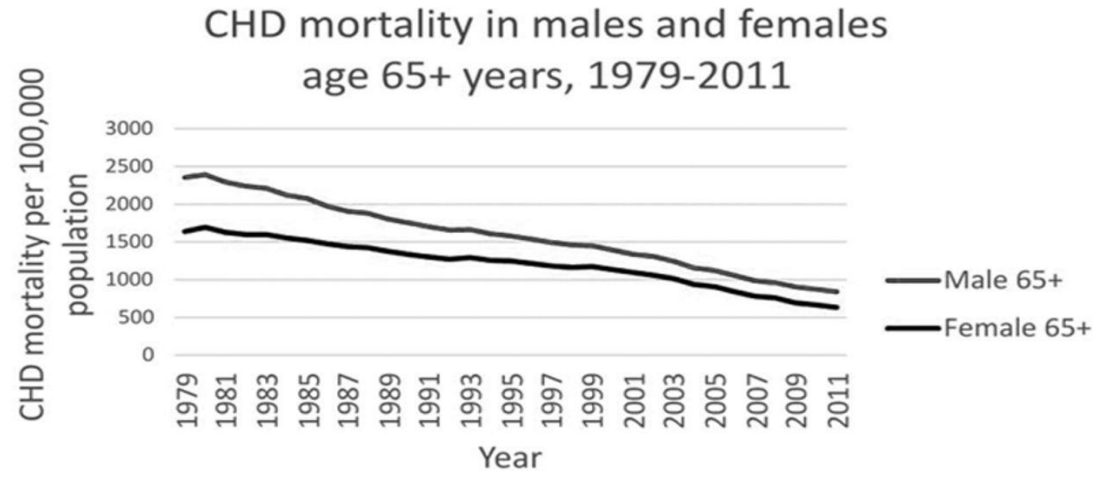
CLINICAL PERSPECTIVE

This article reports for the first time national trends in coronary heart disease (CHD) mortality by sex and age for the past 30 years, from 1979 to 2011. The analysis reveals significant heterogeneity in CHD mortality rates over time by sex and age. Older adults, especially men ≥55 years of age and women ≥65 years of age, have shown robust CHD mortality reductions over the past 2 decades with an acceleration over the past decade. In contrast, young adults <55 years old have shown sluggish improvements in the same time period; the gains in CHD mortality reduction have been especially weak for young women. These data suggest that attention should be given to the young population, especially women, whose cardiovascular risk profile may have worsened disproportionally in recent decades, which may potentially explain their less favorable trends in CHD mortality reduction.

. Circulation. 2015;132:997-1002







INSUFFICIENZA CARDIACA
Epidemiologia

- Le donne rappresentano il **50%** delle ospedalizzazioni per SCC
- La prevalenza dello SCC **aumenta con l'età** e le donne sono in maggioranza **dopo i 79 anni**
- Maggiori **comorbidità** (malattie infiammatorie e reumatiche, distiroidismo)
- Peggiore **classe NYHA** alla presentazione (3T, edema polmonare,tensione giugulare)
- Terapia medica e stumentale (ICD, CRT) sottoutilizzate

Braunstein JB. *J Am Coll Cardiol. 2003;42:1226–1233.*
Koelling TM. *Am Heart J. 2004;147:74–78.*
Deswal A. *Am J Cardiol. 2006;97:1228–1231*

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doi:10.1016/j.jacc.2009.02.066

STATE-OF-THE-ART PAPER

Heart Failure in Women

A Need for Prospective Data

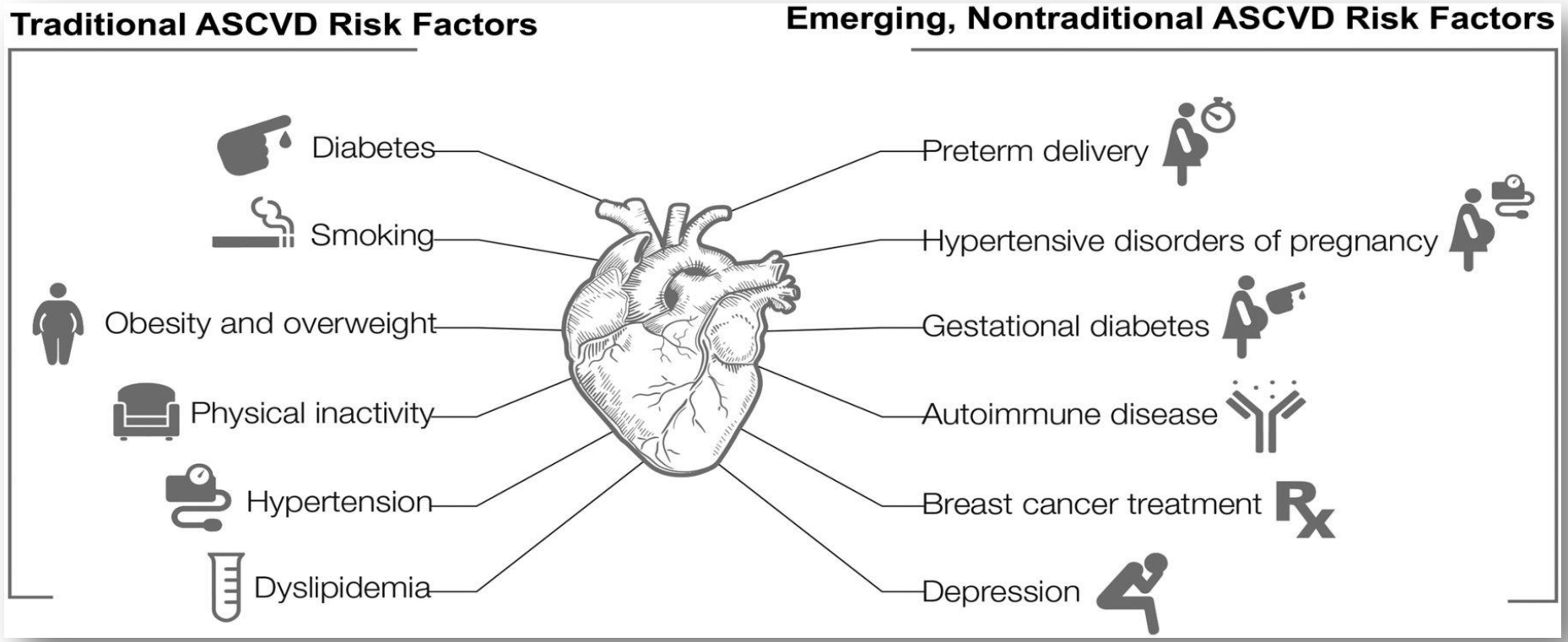
Eileen M. Hsich, MD,*† Ileana L. Piña, MD†
Cleveland, Ohio

Table 1 Female Participants in Chronic Heart Failure Trials

Study (Ref #)	% Women	Number of Women	LVEF
A-HeFT (47)	40	420	≤35%
BEST (12)	22	593	≤35%
CARE-HF (55)	26	215	≤35%
CHARM-low LVEF (37)	26	1,188	≤40%
CIBIS II (41)	19	515	≤35%
COMPANION (52)	32	493	≤35%
CONSENSUS (63)	30	75	Any
COPERNICUS (40)	20	469	<25%
DIG (48)	22	1,520	≤45%
ELITE-II (61)	31	966	≤40%
EPHESUS (45)	29	1,918	≤40%
MADIT II (55)	16	192	≤30%
MERIT-HF (42)	23	898	≤40%
RALES (43)	27	446	≤35%
SCD HeFT (54)	23	588	≤35%
SOLVD prevention (29)	13	548	≤35%
SOLVD treatment (29)	20	514	≤35%
U.S. Carvedilol (40)	23	256	≤35%
Val-HeFT (38)	20	1,003	<40%
V-HeFT I (45)	0	0	<45%
V-HeFT II (46)	0	0	<45%


Sottostima del problema da parte dei mondo medico e delle donne
Differenze nella gestione diagnostica e nel trattamento
Precedenti trials clinici condotti prevalentemente sulla popolazione maschile
Fattori di rischio
Fisiopatologia
Presentazione clinica
Terapia

Traditional and nontraditional atherosclerotic cardiovascular disease (ASCVD) risk factors in women.



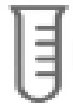
Mariana Garcia et al. Circ Res. 2016;118:1273-1293

American Heart Association.

Circulation Research
JOURNAL OF THE AMERICAN HEART ASSOCIATION

American Heart Association.

Cardiovasc
Mariana Garcia, Sharon L.

Risk Factor	Sex-Based Differences
Physical inactivity 	The prevalence of inactivity and sedentary behaviors is higher among women than men.
Smoking 	In a recent meta-analysis by Huxley et al, it was reported that in all age groups with the exception of the youngest (30–44 y), women had a significant 25% increased risk for CAD conferred by cigarette smoking compared with men
	Less well controlled in women than men.
Dyslipidemia 	Among women, dyslipidemia has the highest PAR at 47.1%, compared with all other known risk factors for CVD.
	Atheroma regression and LDL lowering may be even greater among women on statins than in men.
Obesity 	The impact of obesity on the development of CAD appears to be greater in women than in men. In the Framingham Heart Study, obesity increased the risk of CAD by 64% in women compared with 46% in men.

Heart

Sex differences in cardiovascular ageing

Allison A Merz and Susan Cheng

Heart published online February 25, 2016

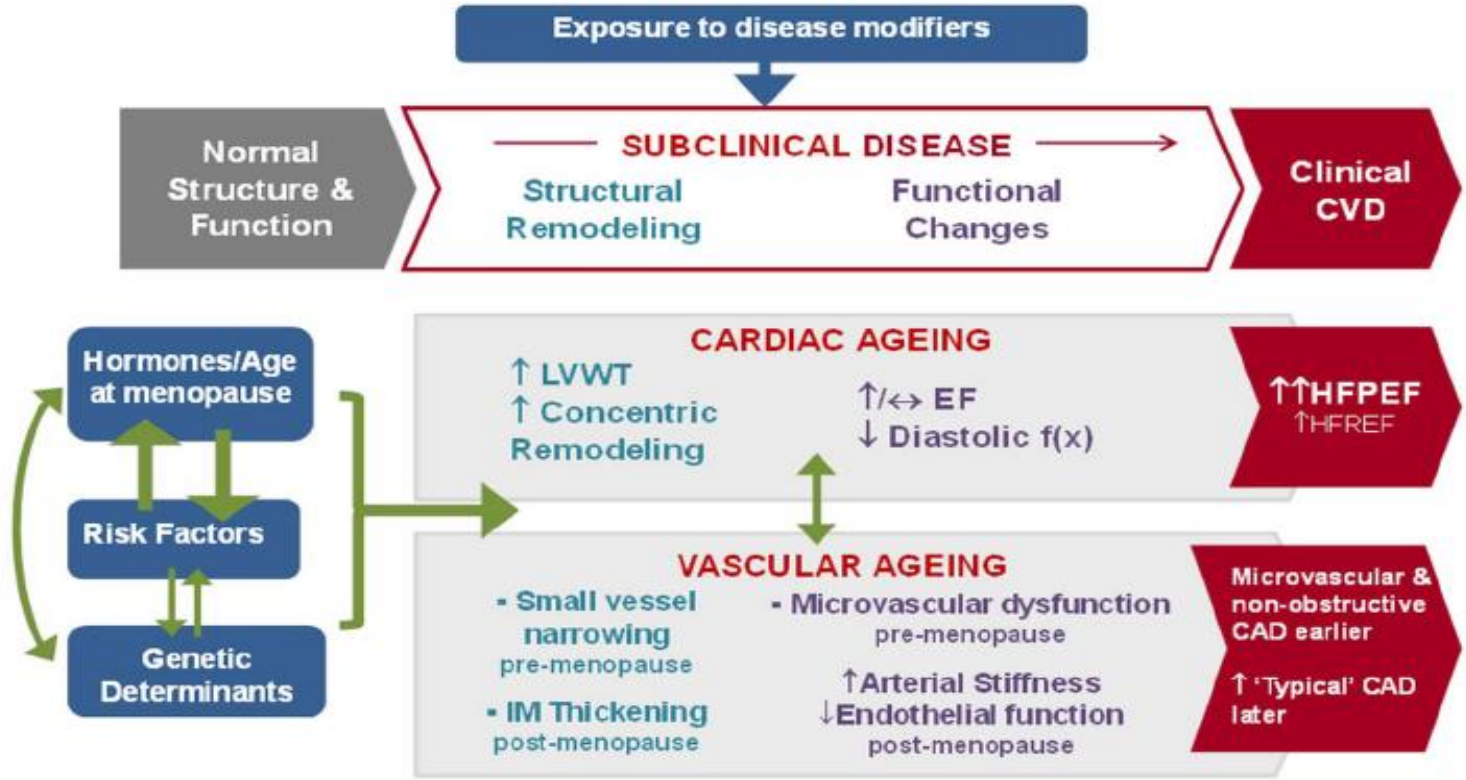


Figure 2 Cardiac and vascular structural and functional ageing processes and the progression to disease in women. Throughout the life course, subclinical changes in cardiac and vascular structure and function interact with traditional pathophysiological disease mechanisms to impact an individual's increasing likelihood of developing disease across the life course. Female-specific disease modifiers and structural and functional changes predispose to different presentations and outcomes compared with men. CAD, coronary artery disease; EF, ejection fraction; HFPEF, heart failure with preserved EF; HFREF, heart failure with reduced EF.

Heart

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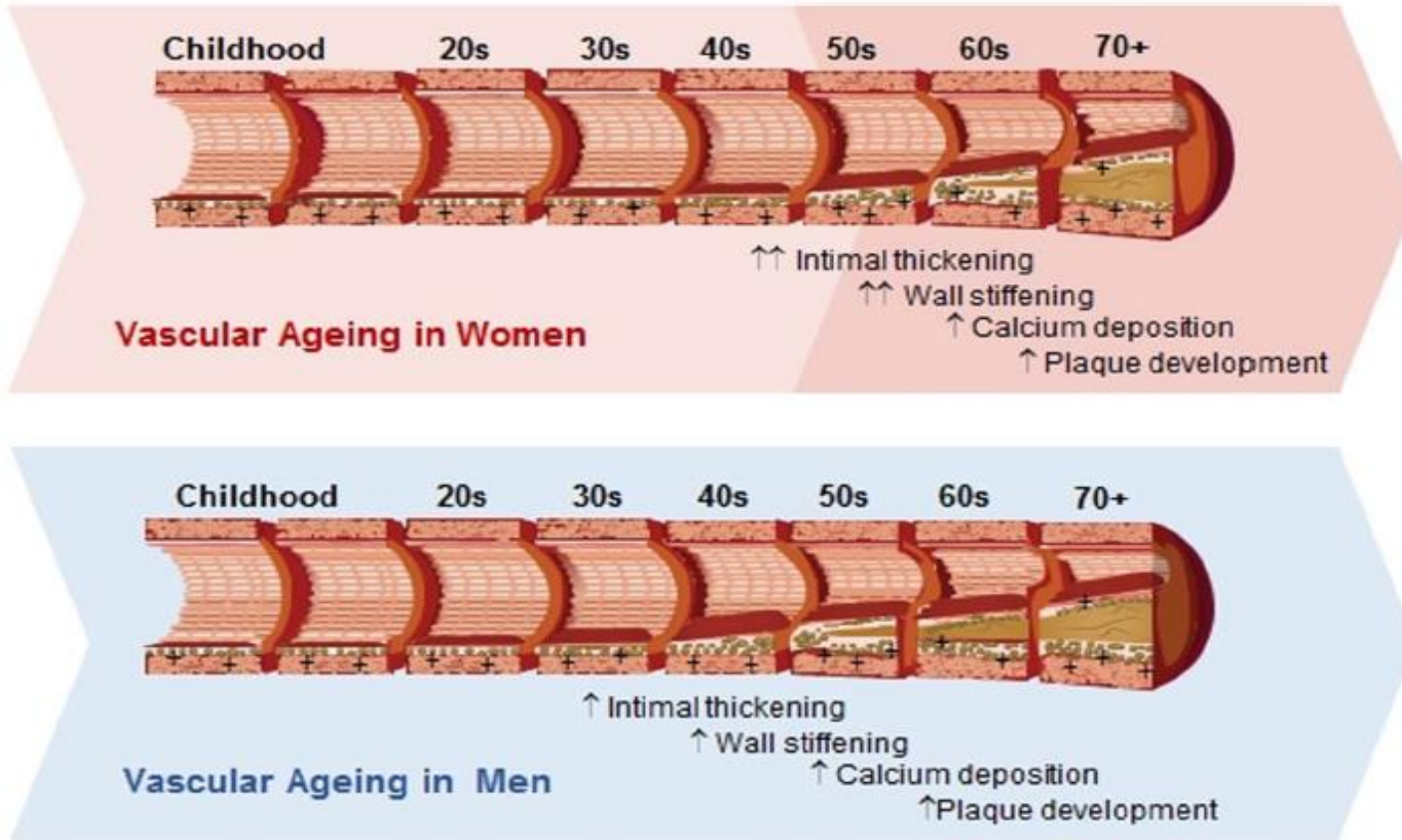


Figure 3 Patterns of vascular ageing in men and women. '+' symbols represent the presence of oestrogen receptors in the arterial vasculature (including endothelium, smooth muscle cells and extracellular matrix).

Progetto di: Onda
Osservatorio nazionale sulla salute della donna

29 novembre 2016

RS L'AGENZIA di REDATTORE SOCIALE

Donne, malattie cardiovascolari prima causa di morte

Malattie cardiovascolari, poca sicurezza durante il parto, solitudine e fragilità nella vecchiaia: il Libro Bianco sulla salute della donna, realizzato dall'Osservatorio Onda fa il punto sulle difficoltà cliniche affrontate nell'arco della vita

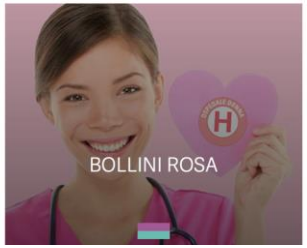
Strutture ospedaliere valutate in base all'appropriatezza dei servizi dedicati alle donne

Malattie Cardiometaboliche

- Attinenza agli obiettivi del concorso
- Rilevanza del servizio
- Multidisciplinarietà del servizio
- Efficacia del servizio
- Efficienza del servizio
- Replicabilità del servizio
- Presentazione del servizio

n. 66 servizi in concorso

n.12 servizi selezionati per categoria "Cardiovascolare al Femminile"



INFORMAZIONE - SISTEMA SANITARIO

BOLLINI ROSA: GLI OSPEDALI CHE SI PRENDONO CURA DELLE DONNE SI VEDONO DA LONTANO

I Bollini Rosa sono il riconoscimento che Onda attribuisce dal 2007 agli ospedali italiani 'vicini alle donne'

Malattie Cardiometaboliche

	Criteri di valutazione	Punti
1	**Attinenza agli obiettivi del concorso:** o Contribuire a diffondere una cultura della prevenzione per ridurre i fattori di rischio e a sviluppare attività mirate rivolte alla popolazione femminile. o Contribuire al miglioramento dei percorsi diagnostico-terapeutici orientati al genere per l'individuazione precoce e il trattamento delle malattie cardiometaboliche. o Contribuire al miglioramento della qualità e dell'accessibilità dei servizi per la presa in carico della paziente con malattie cardiometaboliche dall'ospedale al territorio. o Promuovere un'assistenza multidisciplinare e qualificata da parte del personale sanitario.	15
2	**Rilevanza del servizio**	15
3	**Multidisciplinarietà del servizio**	20
4	**Efficacia del servizio**	15
5	**Efficienza del servizio**	20
6	**Replicabilità del servizio**	10
7	**Presentazione del servizio:** - Capacità di sintesi - Chiarezza dell'esposizione - Rispetto delle norme redazionali	5
	Totale	**100**

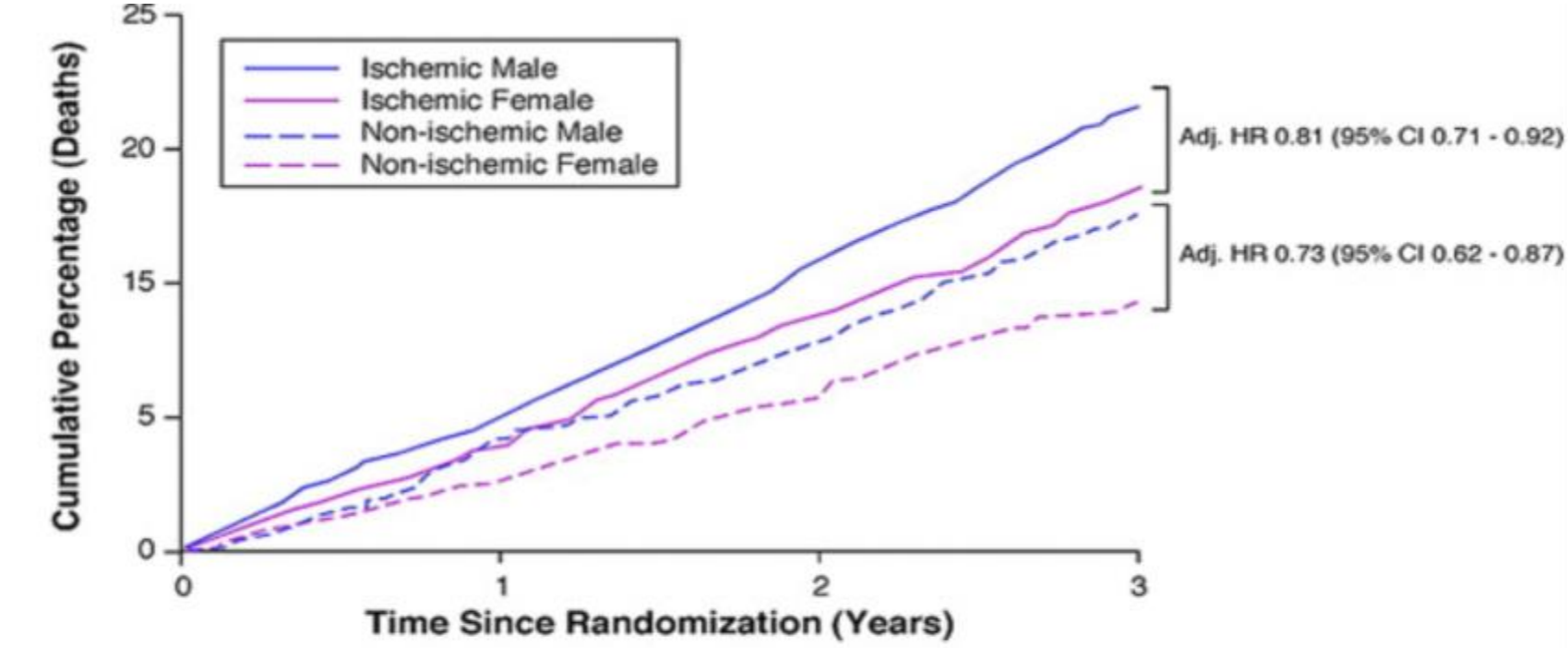
n. 66 servizi in concorso

n.12 servizi selezionati per categoria "Cardiovascolare al Femminile"

JACC Journals

From: **Heart Failure in Women: A Need for Prospective Data**

J Am Coll Cardiol. 2009;54(6):491-498. doi:10.1016/j.jacc.2009.02.066



Number at risk (ischemic)				
Males	3465	3170	2855	1934
Females	1216	1120	1017	677
Number at risk (non-ischemic)				
Males	1734	1614	1514	1076
Females	1184	1123	1055	695

Date of download: 12/5/2016

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Global Atlas on cardiovascular disease prevention and control

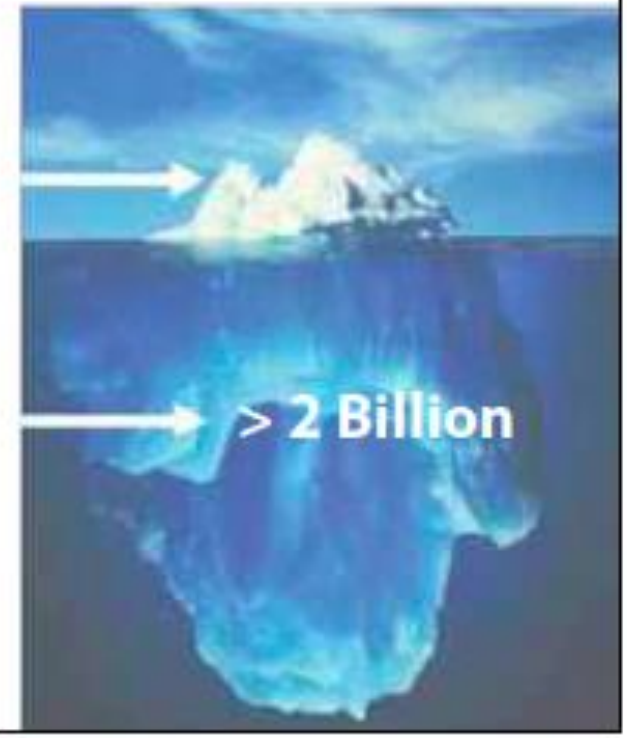
World Health Organization

WORLD HEART FEDERATION

World Stroke Organization

Public health burden hidden and underestimated

Heart attacks and strokes are only the tip of the iceberg



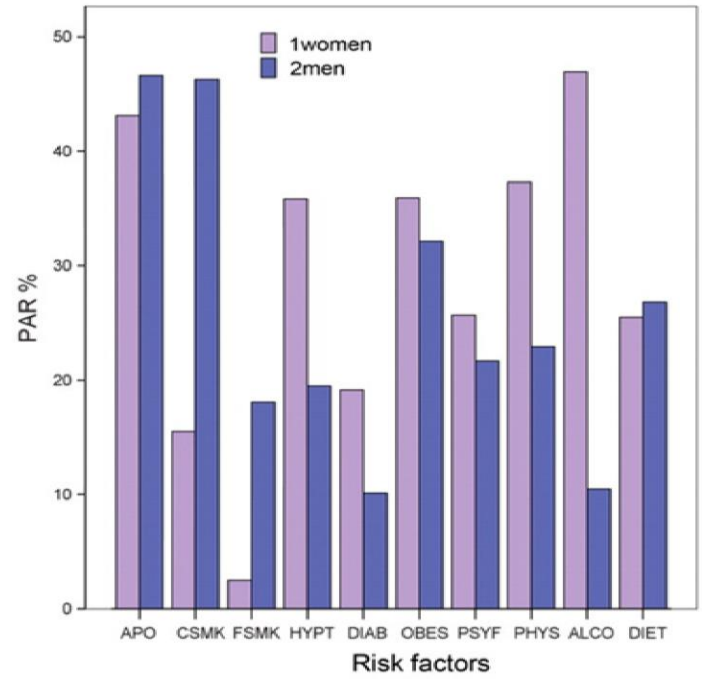
Risk factor burden; unrecognised

- Obesity
- Physical activity
- Unhealthy diet
- Tobacco use
- Raised blood pressure
- Raised blood sugar
- Raised blood lipids
- Air pollution
- Poverty

2011

INTERHEART

Risk factor		Odds ratio (95% CI)	PAR (95% CI)	*P* interaction
ApoB/ApoA1 ratio	♀	3.30 (2.85,3.82)	43.1 (38.2,48.1)	0.20
	♂	2.87 (2.63,3.13)	46.6 (43.3,50.0)	
Current smoking	♀	2.86 (2.47,3.32)	15.5 (13.5,17.5)	0.06
	♂	3.04 (2.84,3.26)	46.3 (44.1,48.4)	
Former smoking	♀	1.04 (0.88,1.22)	2.5 (0.6,4.5)	<0.0001
	♂	1.61 (1.49,1.74)	18.1 (15.2,21.1)	
Hypertension	♀	2.95 (2.66,3.28)	35.8 (33.0,38.6)	0.0001
	♂	2.32 (2.16,2.48)	19.5 (18.1,21.0)	
Diabetes	♀	4.26 (3.68,4.94)	19.1 (17.2,21.0)	<0.0001
	♂	2.67 (2.43,2.94)	10.1 (9.2,11.0)	
Abdominal obesity	♀	2.26 (1.98,2.57)	35.9 (30.3,41.5)	0.03
	♂	2.24 (2.08,2.42)	32.1 (28.8,35.4)	
Psychosocial	♀	3.49 (2.40,5.09)	25.7 (18.4,33.1)	0.02
	♂	2.58 (2.11,3.15)	21.7 (17.0,26.4)	
Physical inactivity	♀	2.07 (1.77,2.43)	37.3 (28.0,46.6)	<0.0001
	♂	1.30 (1.20,1.41)	22.9 (17.8,27.9)	
Lack of Alcohol intake	♀	2.42 (2.00,2.93)	46.9 (36.9,56.9)	<0.0001
	♂	1.13 (1.06,121)	10.5 (6.3,14.8)	
High risk diet	♀	1.78 (1.54,2.04)	25.5 (18.4,32.6)	0.20
	♂	1.68 (1.56,1.82)	26.8 (22.6,31.1)	



Anand S S et al. Eur Heart J 2008;29:932-940