

ACHIEVING EARLY DETECTION AND DIAGNOSIS OF CARDIOVASCULAR DISEASE: A MANIFESTO FOR CHANGE

A global, patient-led manifesto, developed collaboratively by 125 international patient advocates, including 40 cardiovascular patient organisations and multidisciplinary expert opinion leaders.

For too long, patients and their families have faced the substantial impact of missed and late detection and diagnosis of cardiovascular disease (CVD), which delays treatment initiation, often resulting in worsened health and economic outcomes.



CVD accounts for more than 30% of global deaths annually,¹ with deaths expected to rise by >60% between 2020 and 2050.²



>50% of the life years lost from CVD occur in working-age adults in the EU, who account for >65% of the death rate from avoidable CVD.³



Delayed or missed detection and diagnosis of cardiovascular disease significantly increases mortality and healthcare costs.^{4,5}



Early detection and diagnosis of CVD can dramatically reduce the burden of illness, improve quality-of-life for patients and their families, reduce the overall societal cost of chronic disease and substantially enhance population health.

We have developed eight concrete actions which, when implemented, will shape improved health outcomes for people living with CVD, and also foster economic resilience and public health globally.

Join us in our ambition to achieve the implementation of these eight manifesto actions to make early detection and diagnosis of CVD a reality for all.

1. Public Health England. 2019. Health matters: preventing cardiovascular disease. Available from: <https://www.gov.uk/government/publications/health-matters-preventing-cardiovascular-disease/health-matters-preventing-cardiovascular-disease> [Accessed 28/11/2023]
2. World Heart Federation. 2022. *World Heart Vision 2030: Driving policy change*. Geneva: World Heart Federation
3. LSE Consulting. 2023. *Trends in avoidable mortality from cardiovascular disease in the European Union*. London: LSE Consulting
4. British Heart Foundation. nd. Familial hypercholesterolaemia. Available from: <https://www.bhf.org.uk/informationsupport/conditions/familial-hypercholesterolaemia> [Accessed 18/12/2023]
5. National Health System (NHS). nd. Overview: heart failure Available from: <https://www.nhs.uk/conditions/heart-failure/> [Accessed 06/12/2023]

DOWNLOAD NOW:

globalhearthub.org/manifesto

This manifesto outlines **eight tangible actions** that need to be taken by a united CVD community to achieve early detection and diagnosis. We call on policymakers to take a lead on these actions, championing change that integrates best practices into national healthcare strategies.



ACTION 1: INFORM – Run public campaigns on the risk factors and symptoms of CVD.

Launch long-term campaigns to improve understanding of CVD among the general public. These should be tailored to different cultural groups and use diverse media for widespread reach, focusing on empowering individuals to monitor their cardiovascular health and seek timely medical advice.



ACTION 2: DETECT – Implement targeted early detection programmes for CVD, at different stages of life.

Develop programmes to identify individuals and groups at high risk of CVD, using biomarker testing, clinical support tools and considering risk factors including those related to genetics, metabolism and lifestyle. Collaboration with patient organisations, medical societies and health authorities will help to ensure effective local adaptation of such programmes.



ACTION 3: TEST – Adapt clinical processes to enhance early detection and diagnosis of CVD.

Increase access to rapid, on-site point-of-care testing in primary care and community settings. Redesign patient care pathways to ensure potential cardiac symptoms, underlying causes and early indications of CVD are thoroughly and swiftly investigated.



ACTION 4: GO DIGITAL – Leverage digital technologies to increase access to early detection and diagnosis of CVD.

Encourage the use of mobile health interventions, wearable sensors and other tools to monitor risk and support early detection of CVD. Integrate these technologies into clinical practice and train patients and healthcare professionals in their effective use to support early detection and diagnosis.



ACTION 5: TRAIN – Optimise workforce training and capacity for early detection and diagnosis of CVD.

Implement comprehensive multidisciplinary training programmes for primary care physicians and other healthcare professionals to recognise people at high risk of CVD, interpret cardiac symptoms confidently and activate rapid referral pathways. Diversify the skillset of the healthcare workforce to facilitate nurse- or pharmacist-led care, and redesign roles, including the creation of data management and analysis positions.



ACTION 6: RESEARCH – Increase investment in research into early detection and diagnosis of CVD.

Boost funding for CVD research and innovation, focusing on developing better personalised risk assessment tools that leverage advanced technologies like artificial intelligence and take into account both magnitude and duration of exposure to CVD risk factors. Involve people living with CVD in the design and conduct of such research, ensuring equitable access among demographic groups.



ACTION 7: GUIDE – Advance policy development and international partnerships for early detection and diagnosis of CVD.

Develop national cardiovascular health plans that include robust, goal-driven strategies for the early detection and diagnosis of CVD to reduce preventable mortality and morbidity, and improve the efficiency of healthcare delivery. These should help reorientate the design of the health system towards early detection and diagnosis of CVD, including multisectoral collaboration and engagement with patient organisations and people living with cardiac conditions.



ACTION 8: ACCESS – Promote equitable access to early detection and diagnosis of CVD.

Implement targeted policies and programmes to improve equitable access to the early detection and diagnosis of CVD. These should aim to reduce inequalities in CVD mortality by addressing social determinants of health as well as gender, socioeconomic, racial and ethnic disparities in early detection and diagnosis of CVD.