

HEART VALVE DISEASE

Working together to create a better patient journey

Heart valve disease is a serious cardiovascular condition. If left untreated, it can be fatal.¹⁻³ If untreated, the most common form of heart valve disease has a 25% to 50% mortality³



Symptoms, if they occur, often mimic general signs of ageing and people may not think to consult a doctor for them

With populations in Europe growing older, heart valve disease is described as the next cardiac epidemic²

2.5%

of the population is living with heart valve disease.⁴ This is expected to double by 2040 and triple by 2060⁵



Effective treatments exist and can markedly prolong life^{1,4,6-8}

However, **cumulative delays in the care pathway** mean people are often treated too late:



- 1 late detection
- 2 late access to echocardiogram
- 3 late intervention



Not providing patients with timely treatment carries a huge cost to healthcare, leading to frequent stays in hospital, use of intensive care units and long-term rehabilitation^{5,9,10}



What needs to change?

All patients with heart valve disease should have rapid access to high-quality care, offered by a multidisciplinary team. Patients should actively participate in shared decision-making related to their care and patient education should be embedded across the care pathway.

TO ENABLE THIS TO HAPPEN, WE NEED:



DETECTION

- + **Training of primary care practitioners** to recognise red flag symptoms and refer quickly
- + **Regular check with stethoscope** of people over 65 in primary care
- + **Integration of digital tools** to aid detection in primary care



TREATMENT

- + **Root causes of inequalities in access** addressed for all components of care
- + Increased uptake of **innovative and evidence-based technologies** endorsed by clinical guidelines
- + **Individualised treatment choices**
- + **A clear point of care** to avoid missed opportunities for life-saving interventions



1 AWARENESS

- + **National awareness campaigns** to raise public awareness of heart valve symptoms
- + **Public funding for patient organisations** to provide ongoing support and information to patients



2 3 DIAGNOSIS

- + **Data-based workforce planning** to increase the number of trained professionals performing echocardiograms
- + **Referrals to echocardiography** within 2 weeks for symptomatic patients and 6 weeks for asymptomatic patients
- + **Community-based echocardiography models** within integrated care pathways
- + **Recognised accreditation** in heart valve disease for all imaging personnel and standardised reports to primary care physicians

4



5 FOLLOW-UP

- + Cardiac rehabilitation that includes **psychological support**
- + Investment in **specialist nurses and cardiac physiologists** to provide patients with ongoing support post-intervention
- + An **echocardiogram at least annually** as part of patients' long-term monitoring

Heart valve disease: working together to create a better patient journey is a report commissioned by the Global Heart Hub and written by The Health Policy Partnership.

To find out more about heart valve disease and why it's seen as the next cardiac epidemic, visit globalhearthub.org



References

1. Chambers JB, Ray S, Prendergast B, *et al.* 2013. *Heart* 99(23): 1714-16
2. d'Arcy J, Prendergast B, Chambers J, *et al.* 2011. *Heart* 10.1136/hrt.2010.205096
3. Lange R, Beckmann A, Neumann T, *et al.* 2016. *JACC Cardiovasc Interv* 9(24): 2541-54
4. Nkomo VT, Gardin JM, Skelton TN, *et al.* 2006. *The Lancet* 368(9540): 1005-11
5. Danielsen R, Aspelund T, Harris TB, *et al.* 2014. *Int J Cardiol* 176(3): 916-22
6. Mo Y, Van Camp G, Di Gioia G, *et al.* 2018. *Eur J Cardiothorac Surg* 53(3): 569-75
7. Vahanian A, Alfieri O, Andreotti F, *et al.* 2012. *Eur Heart J* 33(19): 2451-96
8. Trochu J-N, Le Tourneau T, Obadia J-F, *et al.* 2015. *Arch Cardiovasc Dis* 108(2): 88-96
9. Clark MA, Arnold SV, Duhay FG, *et al.* 2012. *Circ Cardiovasc Qual Outcomes* 5(5): 697-704
10. Coffey S, Cairns BJ, Iung B. 2016. *Heart* 102(1): 75-85