The Irish Heart Foundation: Responding to a changing society

In the first of a regular column in *Medicine Weekly*, Prof Eoin O’Brien, President of the Irish Heart Foundation, discusses how the Foundation is keeping abreast of societal changes with regard to cardiovascular disease.

The Irish Heart Foundation (IHF) was established in 1966 and celebrated its 40th anniversary in 2006. As Ireland’s only national charity for cardiovascular health, the aim of the Foundation is to reduce premature deaths from cardiovascular disease, most especially heart attack and stroke. The IHF central office has a staff of 33 in its central office at 4 Clyde Road, Ballsbridge, Dublin 4, with regional offices in Cork, Sligo, Monaghan and Wexford.

The IHF has an annual turnover of approximately €4.5m, with 90 per cent of its funding coming from public donations. Recently the Board of the Foundation met to reevaluate its strategy for reducing the cardiovascular burden of disease in a society that has seen many changes over the last two decades; these societal changes and the Foundation’s approach to them are summarised in this article.

**Positive achievements**

In 2006 there were 1,700 fewer deaths from heart attack than in 1984. Though the Foundation takes credit for the influence that a modified lifestyle has played in this beneficial outcome, the dramatic improvements in the pharmacological and interventional management of heart attack are also acknowledged. We encounter such figures again, the reality is that Ireland’s mortality rates are still among the highest in Europe at 176 per 100,000 of the population, compared with the average EU figure of 108 per 100,000.

Cardiovascular disease continues to be Ireland’s number one killer, with a total of 2,605 cardiovascular deaths recorded in the first three months of 2006 — 29 per cent more than cancer. Clearly, the management of risk factors that contribute to these daunting statistics is an essential facet of the IHF’s remit, and the introduction of the smoking ban in public places must be seen as one of the examples as to how public policy can respond to well-presented evidence on the need for governmental policy to effect societal change.

**Increased longevity of Irish society**

Another welcome change in Irish society is increased longevity of the population. In 1926, an Irish male infant was expected to live only 57.4 years. Since then, Irish male life expectancy has improved by 16 years, or 27 per cent, with females faring slightly better. By 2013, the number of people aged 65 or over will represent 14.1 per cent of the general population. This achievement presents a challenge for the Foundation to ensure that a longer life is also a happier one that will not be marred by the burden of disability from stroke and heart failure.

**Increased disability from stroke and heart failure**

Approximately 10,000 acute strokes are admitted to hospital in Ireland each year, and of these, 30 per cent die within one year. For those who survive, only half make a complete recovery, leaving the remainder with the problems of coping with serious disability and in need of support to cope with the activities of daily life. It is estimated that there are 30,000 people in the community living with residual disability from stroke.

Healthcare costs for stroke have been estimated to cost the EU €21 billion in 2003, with 82 per cent (€17 billion) of healthcare costs relating to in-patient care. The status awarded to stroke in terms of services has not been commensurate with other leading cardiovascular diseases, such as heart attack.

The lack of stroke units in the country is particularly deplorable in view of the proven success of such units in other countries, and the current audit of stroke care being carried out by the Foundation will highlight these deficiencies. However, the Foundation is also looking at initiatives for the prevention of stroke, mainly by tackling the problem of uncontrolled hypertension.

**Increased prevalence of high blood pressure**

High blood pressure affects more than a third of the adult population, and this figure doubles after the age of 60 years. Globally, 62 per cent of stroke, 47 per cent of coronary heart disease and 14 per cent of other cardiovascular disease has been attributed to inadequate control of blood pressure. One of the most worthwhile initiatives to reverse the growing epidemic of stroke and heart attack in an ageing society will be the control of high blood pressure, which has the potential to reduce stroke by more than 50 per cent.

Whereas lifestyle modification, especially in relation to smoking, diet, exercise and weight remain fundamental to the management of all forms of cardiovascular disease, increasing longevity is resulting in more people developing cardiovascular disease that will require drug treatment. It is important therefore, that the Foundation increases public awareness of the importance of cardiovascular status — height, weight, blood pressure and lipid and sugar levels — and especially knowing the importance of reaching the goals of drug treatment.

**Nutritional aspects of cardiovascular disease**

An alarming development in modern Irish society is the increase in the prevalence of obesity and the metabolic syndrome in young people, which inevitably leads to an increase in diabetes, heart attack and stroke. The Foundation must increase not only public awareness as to the importance of eating sensibly, but it must also influence Government to ensure that the food industry responds to pressure to modify the harmful content of foods so as to improve cardiovascular health. For example, in Ireland a reduction in salt consumption of 3 grams per day would reduce blood pressure by 2mmHg, leading to 25 per cent less stroke.

**Lifestyle modification and early treatment of cardiovascular disease**

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**The public role in management of cardiovascular disease**

Traditionally doctors have tended to treat and patients have preferred to simply be ‘treated’ but the internet has given the patient access to information that allows for participation in the management of the long-life illnesses that constitute cardiovascular disease.

To address this issue the Foundation proposes to reach out to the large sector of society with established cardiovascular disease to facilitate the dissemination of knowledge by establishing groups with common cardiovascular diseases, such as heart attack and stroke, so that the collegiality of sharing may bring a greater understanding of the means of improving the quality and enjoyment of life with a long-term illness. The Foundation proposes, also, to direct more resources and initiatives towards community-based research projects.

**The Irish Heart Foundation of the future**

The Board of the Foundation is actively and critically examining its present role and looking to its development in a changing society. This involves not only assessing strategy, as briefly outlined in this article, but will also call for an assessment of staffing requirements, promotional initiatives, communicating with the public to bring ‘science to society’, and assessing the accommodation requirements that will allow the Foundation to continue to reduce the burden of premature cardiovascular disease in Ireland in the future.