




# Future of preventive cardiology: EAPC vision 2020–22

Martin Halle <sup>1,2\*</sup>, Constantin H. Davos<sup>3</sup>, Paul Dendale <sup>4</sup>, Michael Papadakis<sup>5</sup>, Camille Pfaff<sup>6</sup>, and Nicolle Kränkel <sup>7,8</sup>

<sup>1</sup>Department of Prevention and Sports Medicine, Center for Sports Cardiology/EAPC, School of Medicine, University Hospital 'Klinikum rechts der Isar', Technical University of Munich, Georg-Brauchle-Ring 56, D-80992 Munich, Germany; <sup>2</sup>DZHK (German Center for Cardiovascular Research), partner site Munich Heart Alliance, Munich, Germany; <sup>3</sup>Cardiovascular Research Laboratory, Biomedical Research Foundation, Academy of Athens, Athens, Greece; <sup>4</sup>Heart Centre Hasselt and Hasselt University, Hasselt, Belgium; <sup>5</sup>Cardiovascular clinical academic group, St George's, University of London, UK; <sup>6</sup>European Society of Cardiology, Sophia Antipolis, France; <sup>7</sup>Department of Cardiology, Charité – Universitätsmedizin Berlin, Campus Benjamin Franklin, Berlin, Germany; and <sup>8</sup>DZHK (German Center for Cardiovascular Research), partner site, Berlin, Germany

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At the annual congress of the European Society of Cardiology (ESC) a few weeks ago, the baton was passed on from Paul Dendale to Martin Halle to lead the European Association of Preventive Cardiology (EAPC) for the next 2 years term 2020–22. Under Paul and the former presidents, the EAPC has flourished to become one of the major Preventive Medicine societies in the world. European Association of Preventive Cardiology with its topics of cardiovascular prevention, rehabilitation and sports cardiology covers the entire age spectrum from conception to death,<sup>1</sup> and its topics are synergistic to the other ESC Associations' (Figure 1).

A lot has been accomplished during Paul's presidency. To name a few: the development of the concept of 'lifelong prevention, from

cradle to grave', the start of a new section on Primary Care and Risk Factor management, the Cardiovascular Risk Collaboration Unit, the successful start of the EAPC accreditation scheme for institutions for Prevention, rehabilitation or sports cardiology,<sup>2</sup> the start of the first Horizons 2020 research programme with direct involvement of EAPC. Under Paul's presidency, the annual congress changed from EUROPREVENT to become the ESC Preventive Cardiology Congress, which clearly outlines the close connection to the ESC Congress. This development was underscored by the thriving journal that had also changed its name and editor—from Rick Grobbee to Massimo Piepoli—to become the leading preventive cardiology journal with a current impact factor of 5.864.

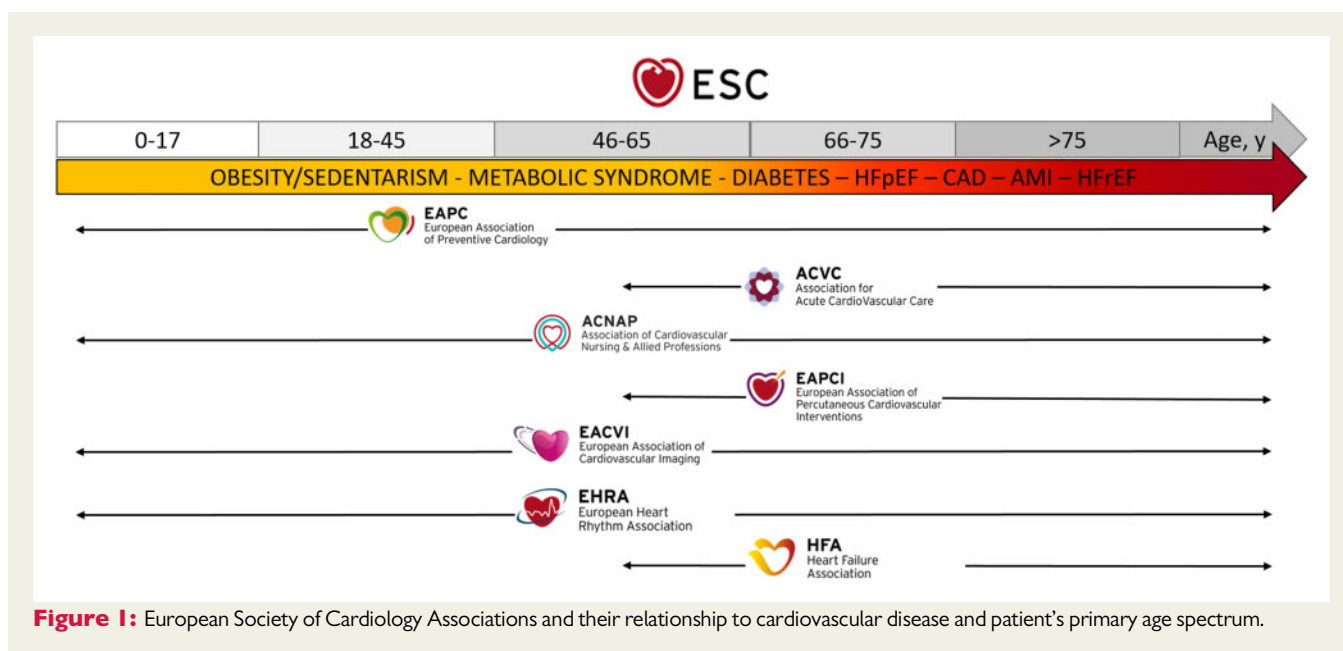


Figure 1: European Society of Cardiology Associations and their relationship to cardiovascular disease and patient's primary age spectrum.

\* Corresponding author. Tel: +49 (0)89-289 24431, Email: martin.halle@mri.tum.de

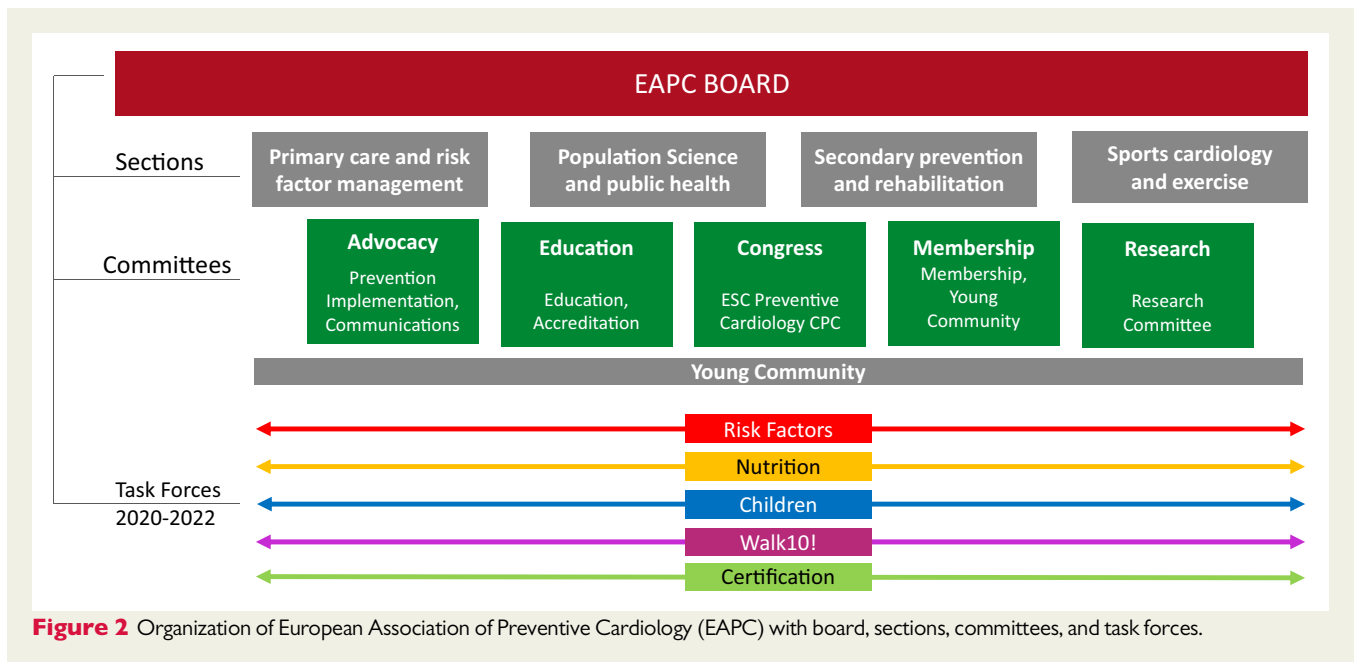
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These achievements are a responsibility and a challenge at the same time. The burden is alleviated by an exceptionally competent and young board team and excellent professional support by the ESC Heart House team, foremost Camille Pfaff, Britta Ettelt, and Maxime Cacciuto Heide. The elected president for the term 2022–24 will be Michael Papadakis from London, an expert in sports cardiology and familiar with EAPC as former chair of our Sports Cardiology and Exercise Section. Paul Dendale from Hasselt will assist with his experience as past-president, Nicolle Kränkel from Berlin as experienced secretary in her second term and re-elected Constantinos H. Davos, alias Costas, as treasurer. This executive board will be assisted by sections and committees.

In order to further develop EAPC, topics relevant for our association, but not yet covered sufficiently at congresses, within the journal

or within the community, have been identified. These topics cover the whole spectrum of our Association,<sup>3–6</sup> so that all members are invited to get involved. In addition, topics are transversal in order to stimulate interaction between sections, with our Young Community and with experts in the respective field from outside our Association. Where appropriate, we will seek advice from the ESC Patients Forum. This approach will foster a comprehensive approach on specific topics (e.g. risk factors, nutrition, child health), covered from the public health perspective as well as the primary and secondary prevention and the sports cardiology aspects (Figure 2). Those task forces are led by a task force chair with expertise in the given field and supported by one executive officer to facilitate support by the Board.

Five tasks have been identified to be the *key strategic ‘flag ships’* during the next 2 years (Table 1):



**Figure 2** Organization of European Association of Preventive Cardiology (EAPC) with board, sections, committees, and task forces.

**Table 1** The major strategic task forces 2020–22

1. EAPC, ‘The Risk Factor Association’
  - Focus on risk factors e.g. diabetes and lipid disorders
  - Add pharmacological intervention to lifestyle intervention
2. Nutrition, the ‘ignored topic’
  - Add nutrition at ESC preventive cardiology congress
  - Initiate nutrition guidelines (prevention, rehabilitation, sports cardiology)
3. Child health, ‘empower them!’
  - Emphasize childhood obesity and long-term CV risk
  - Include ‘congenital heart disease’ into EAPC
4. Implementation Strategy, ‘The key to deliver!’
  - Develop an outreach project (Walk 10! for Europe)
  - Extend digital education
5. Qualification in Preventive Cardiology/Sports Cardiology—‘Certify knowledge and skills’
  - Initiate a certification process

- (1) Create awareness that EAPC is 'The Risk Factor Association'. In none of the other, ESC associations risk factors are represented in a similar depth and spanning the whole-age range from primary to secondary prevention (Figure 1). Comprehensive treatment, integrating pharmacological and lifestyle approaches, is a key EAPC strategy and remains our ultimate goal.<sup>5–8</sup> The interaction and additional effects of both strategies will be followed together with other Associations or Councils (i.e. hypertension). In line with our commitment to cardiovascular disease (CVD) risk reduction, the previous development of the ESC CVD Risk App under the leadership of EAPC and the founding of the ESC Cardiovascular Risk Collaboration Unit will bring topics like hypertension, diabetes, and dyslipidaemia to the forefront of overall attention (Board representative Paul Dendale).
- (2) *Nutrition* has not received the same attention within the EAPC as physical activity and exercise. The preventive cardiology scope should clearly be broadened and nutrition be incorporated. This initiative will focus on position statements on healthy cardiovascular nutrition in preventive cardiology, which will be integrated e.g. into the Walk 10! Initiative (see below). Also, nutritional aspects in the field of sports cardiology and exercise will be covered by scientific review and recommendations e.g. nutrition of increasing exercise performance in athletes. Moreover, the topic will be integrated into the ESC preventive cardiology congress and is aimed to expand the scope of members of EAPC (Board representative Constantinos H. Davos).
- (3) *Childhood cardiovascular prevention* should be integrated in more depth into EAPC strategies.<sup>9</sup> Cardiovascular prevention will have to start as early as possible, in some cases even before pregnancy (congenital heart disease, epigenetic signatures of maternal metabolic state). As childhood is also the time to develop lifestyle habits and health living, there is a clear need to provide reliable scientific information, practical guidance and role models to both, children and families. Moreover, support strategies need to be adjusted to critical time points in early life e.g. puberty and early adulthood to provide targeted and sustainable aid. This also includes young competitive athletes, who clearly need practical guidance as well as coaches and sports physicians overseeing the young athlete's development. The same applies to young patients with congenital heart disease, who need advice regarding general physical activity and who may be 'lost' to follow-up during times of transition in life (Board representative Nicolle Kränkel).
- (4) Develop an outreach programme for the public, which is mandatory for ESC and EAPC, but has not been achieved so far. A huge endeavour, but at some point you have to start. *Walk 10!* is the preliminary name for the heart health programme, which will address and support sedentary and overweight individuals to accomplish walking for 10 km after 10 weeks of training. Training schedules as well as nutritional advice will be provided via internet and apps in different languages across Europe with national prevention ambassadors leading this initiative (Board representative Martin Halle co-chaired by Trine Moholdt from the EAPC Prevention Implementation Committee).
- (5) Over the past decade, concerted efforts of the EAPC leadership have strengthened the position of our association and established preventive cardiology as one of the cornerstones of the ESC. In recognition of the skillsets required,<sup>6,8</sup> it is our aim to formalise *Preventive Cardiology as a subspecialty in cardiology* in order to set standards for practice and improve quality of care and cardiovascular health for our patients.<sup>7,10</sup> To that end, EAPC has recently developed an accreditation programme to assess the quality of care at centres providing cardiovascular prevention across Europe and beyond. Moreover, under the leadership of Matthias Wilhelm, the association is working towards a dedicated preventive cardiology curriculum

which will be completed in 2021. A dedicated preventive cardiology curriculum will allow us to establish a certification process which will guarantee a minimum knowledge base and standards for individuals who practice in the field of preventive cardiology, being in primary or secondary care and across our diverse interests (Board representative Michael Papadakis).

The EAPC board is looking forward to these future developments even in times of the COVID-19 pandemic.<sup>11</sup> The congress next spring will be held remotely and meetings will be limited to videoconferences for the time being. However, closer interaction of board, sections, and committees is already in place with online meetings saving time and costs otherwise spent on travel. Nonetheless, we all expect normal times back and look positive into the future of EAPC and ESC. We have a busy schedule ahead and will 'keep running' to place primary and secondary prevention at the heart of cardiology—where it belongs! Come and join us!

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