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BPW Spain
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BPW International
Health and Wellbeing
Taskforce
Chair Luisa Monini

Healthy Ageing
Revolution (SDG
N. 3)



BPW INTERNATIONAL
INTERNATIONAL FEDERATION OF
BUSINESS AND PROFESSIONAL WOMAN



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FIGHT CARDIOVASCULAR DISEASE

Cardiovascular disease (CVD) is the leading cause of mortality in the world and the **leading cause of death for women in Europe** (except for Denmark and Israel). The prevention of cardiovascular diseases is of fundamental importance. Experts recognize that 90% of cardiovascular diseases are caused by 7 risk factors (which often reflect our habits): smoking, a sedentary lifestyle, high blood pressure, high glycemic index, high cholesterol levels, diet and overweight or obesity.

Cardiolanza and other European organizations on CVD have signed a declaration aimed at improving adherence to therapy in Europe and to propose recommendations that will help patients and families and stakeholders to control and improve the well-being of people with cardiovascular disease.

We therefore DECLARE that **all patients should:**

- **Control the main cardiovascular risk factors and follow a healthy lifestyle.**
- **Undertake the commitment to be jointly responsible for the disease**
- **Follow the pharmacological guidelines prescribed by their doctor.**
- **Ask for help if necessary.** Tackling the disease and its different facets is a complex process for patients and one which they do not have to face alone
- **Take a more active role in the consultation**
- **Never be carried away by the “white coat” syndrome.** Never leave the consultation without having previously made sure that you understand all the information provided by the health care professional.
- **Wherever possible always go to the consultation with someone else.**
- Taking someone to the consultation may make it easier and enable that someone to become more involved in managing the disease.



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WE ASK health care professionals:

- To explain the benefits and the importance of compliance with the full treatment to the patient,
- To personalise the treatment, depending on the personal, social and clinical context of patient
- To adapt the language used for medical explanations depending on the profile of the patient
- To involve patients in the management of their disease and in the controlling of risk factors.
- To try to shorten the intervals between visits
- To detect whether the patient needs psychological assistance/emotional help.
- To coordinate with the other specialities and with primary care, where poor adherence is detected.

WE DEMAND that the **Public authorities:**

- **Design and create specific programmes for early detection** in patients who do not comply correctly with the treatment
- **Promote campaigns on the importance of correctly controlling cardiovascular risk factors** (cholesterol, high blood pressure, diabetes, obesity, smoking, etc.), and the promotion of healthy life styles (exercise and a balanced diet).
- **Guarantee access to the best alternative therapies available for all patients**, without exception, regardless of their geographic area, their financial resources or their level of education.
- **Provide patients with tools and alternatives that enable them to manage their medication in a better way** (pill boxes, phone apps)
- **Encourage coordination among the different levels of health care** (primary and specialist).