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(Dec. 45.342 de 27/jan/1959)

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"Brazilian Society of Cardiology" "Letter from Rio de Janeiro" III Brazil Prevent / I Latin American

Rio de Janeiro, November 30th, 2012.

Purpose:

The final document will be published as a special article in the Arquivos Brasileiros de Cardiologia and as an editorial note in scientific journals of societies and their affiliates supporting this document

The document aims to provide an overview of cardiovascular diseases and outline strategic actions to reduce the prevalence of risk factors that contribute to high morbidity and mortality.

Acknowledging the Political Declaration of the United Nations High-Level Meeting on the Prevention and Control of Non-communicable Diseases (NCD's)¹.

Reaffirming the World Health Assembly Decision WHA 65.8 on follow-up to the United Nations High-Level Meeting on the Prevention and Control of NCD's and the adoption of the global target of a 25% reduction in premature mortality from non-communicable diseases by 2025.¹

Recognizing that in 2008, 36 million (63%) global deaths were caused by NCDs, 9 million of which occurred under the age of 60 years. Furthermore, almost 80% of the leading chronic diseases (29 million) occurred in low and middle income countries. Cardiovascular diseases will remain the number one global cause of death, accounting for 17.3 million deaths per year, a number that is expected to grow to > 23.6 million by 2030². In Latin America, 40% of cardiovascular deaths occur during an individual's most productive years³.

In Brazil, NCDs are a health problem of major magnitude, accounting for 72% of death causes, especially cardiovascular diseases (31.3%), cancer (16.3%), diabetes (5.2%) and chronic respiratory diseases (5.8%), affecting individuals of all socioeconomic levels and, more specifically, those belonging to vulnerable groups, such as the elderly and those with low educational level and income.³

It is worth noting that three hundred thousand Brazilians die annually due to cardiovascular diseases, such as infarction, stroke, heart and kidney failure,



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and sudden death, which means 820 deaths a day, 30 deaths per hour or one death every two minutes.³

It is estimated that beyond the lives saved and the life-years extended, reducing the mortality rate for ischemic heart disease and stroke by 10% would also reduce economic losses in low- and middle-income countries by an estimated US\$ 25 billion per year.^{4,5}

The role of leading medical associations and professional societies as critical agents of change in addressing the global burden of cardiovascular diseases and stroke is widely recognized.

Resolutions:

(1) To work collectively in advocating all global targets* for the prevention and control of NCDs to cover all major risk factors, such as physical inactivity, hypertension, sodium reduction, tobacco use, saturated fat intake, obesity, alcohol consumption, cholesterol, and drug therapy to prevent heart attacks and strokes.⁶

*Global Targets for the prevention and control of NCDs⁶

- Relative reduction of 25% in overall mortality from NCDs;
- Physical inactivity: 10% relative reduction in the prevalence of insufficient physical activity in adults aged ≥ 18 years;
- 25% relative reduction in the prevalence of high blood pressure (defined as systolic blood pressure ≥ 140 mm Hg and/or diastolic blood pressure ≥ 90 mm Hg);
- Mean adult population intake of salt ≤ 5 g/day (2000 mg of sodium);
- Tobacco: 30% relative reduction in the prevalence of current tobacco smoking;
- Saturated fat intake: 15% relative reduction in the mean proportion of total energy intake from saturated fatty acids, aiming to achieve a recommended level of $< 10\%$ of total energy intake;
- Obesity: stop the rise in obesity levels;
- Alcohol: 10% relative reduction in overall alcohol consumption (especially hazardous, excessive and harmful drinking);
- High cholesterol levels: 20% relative reduction in high total cholesterol levels;
- Drug therapy to prevent heart attacks and strokes: 50% of eligible people to receive drug therapy to prevent heart attacks and strokes and counseling;
- 80% availability of affordable basic technologies and essential medicine, including generics, required to treat major NCDs in both public and private facilities;

(2) To strengthen the development and implementation of public policies for the prevention and control of NCDs in the general population and

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specific population groups in Brazil and in the Americas to reach the global target of a 25% reduction in premature mortality from NCDs by 2025;

(3) To collectively defend the control of NCDs, placing emphasis on these diseases, which should be included in discussions in reputable national and international forums;

(4) To work together to reduce morbidity, disability and mortality caused by NCDs, through a set of preventive and health promotion actions, associated with early detection and treatment;

(5) To provide the highest level of continuing medical education and scientific knowledge to primary care physicians, cardiologists, critical care nurses and other health professionals;

(6) To act on the social determinants that influence risk factors for NCDs, through governmental policies to promote physical and social environments suitable to reduced risk exposure, facilitating the adoption of healthy behaviors by the population, in school environments, work and leisure, urban spaces and others;

(7) Act with the governments seeking for the development and application of a Cardiovascular Prevention Program in the countries and establish ways to gauge the results of this movement along with the population;

(8) Implement coaching and qualification of the health professionals in the treatment of the cardiac emergency and encourage lay people to obtain techniques/ competences in resuscitation using the established protocols by the Scientifics societies;

(9) To develop collaborative projects that support a "life course" approach that emphasizes health promotion and disease prevention strategies to minimize the risk of NCDs, at every stage of life;

(10) Encourage media to continuously inform the public about the importance of cardiovascular diseases, the main factors, prevention forms, enhance public education and communication to have more divulgation with the population about the best way to avoid its occurrence and the importance of early diagnosis to reduce mortality;

(11) Implement actions for the acquisition of epidemiological information, including cardiovascular morbidity and mortality and the execution/maintenance records, existing in some of the signatories, aiming at developing strategies and promoting planning of the health actions;

(12) To create a permanent international forum for discussion, monitoring and implementation of actions aimed for the prevention, diagnosis and treatment of cardiovascular risk factors in Latin America;

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(13) Establish cardiovascular prevention campaigns in order to promote consistent efforts to obtain a target reduction of 25% for the mortality rate until 2025. The campaigns should involve 7 cardiovascular risk factors: smoking, poor diet e.g. high salt intake, physical inactivity, obesity, hypertension, high cholesterol and diabetes, as specified by guidelines and WHO.

This document was prepared with the participation of:

Carlos Alberto Machado, Daniel Piñeiro, Donna K. Arnett, Fausto Pinto, Gláucia Maria M. Oliveira, Hans F. Dohmann, Jadelson P. Andrade, Luiz Alberto P. Mattos, Sidney C. Smith Jr. and Stephan Gielen.

The entities listed below support and recommend all terms contained in this document.

Brazilian Society of Cardiology (BSC), Interamerican Society of Cardiology (SIAC), American Heart Association (AHA), European Society of Cardiology (ESC), and World Heart Federation (WHF).

Signed by the Presidents of the Cardiology Societies:

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BSC - President

Daniel Piñeiro
SIAC - President

Donna K. Arnett
AHA - President

Fausto Pinto
ESC - President-Elect

Sidney C. Smith, Jr
WHF - President



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