

25 by 25 is not 625

25 x 25 no es 625

We, doctors, nurses, cardiology technicians and other professions related with cardiology have hopes and projects for our personal, institutional and society lives. Yet, we sometimes feel confused when we think about the population. What can we do to improve public health? We can all contribute and work together with our Society. During the past year, we have launched the 25 by 25 Program.

The Argentine Society of Cardiology and the Argentine Foundation of Cardiology adhere to the 25 by 25 project to achieve a 25% reduction in cardiovascular premature deaths by 2025.

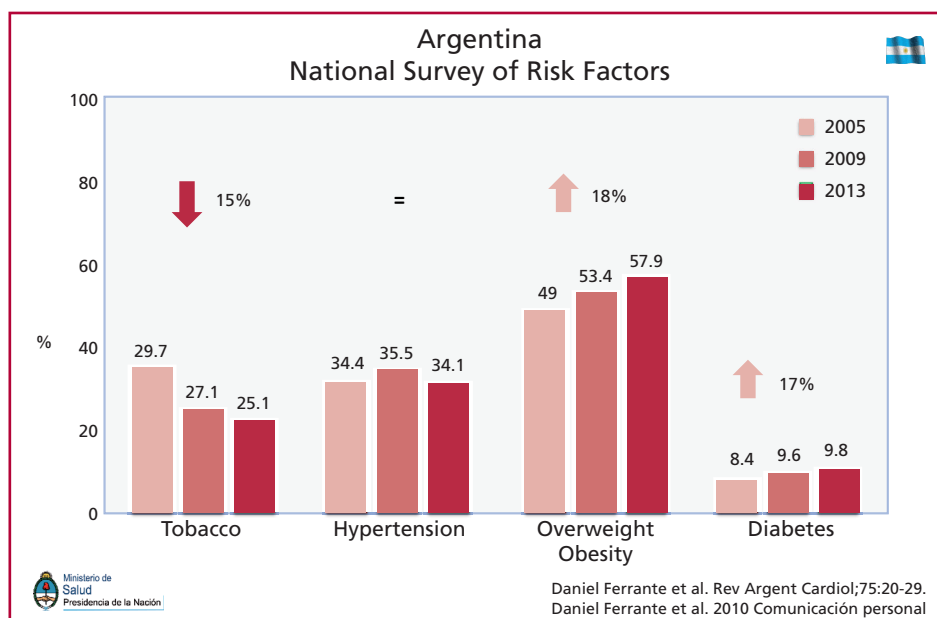
In September 2011, the World Health Organization (WHO) established a series of key targets to be achieved by all the regions by 2025; the main target is to reduce premature deaths (defined as the probability of dying between the ages of 30 years and 70 years) from non-communicable diseases (NCDs)—cardiovascular diseases, chronic respiratory diseases, cancers, and diabetes—by 25% by 2025.

Among NCDs, cardiovascular disease is the leading cause of death worldwide and in our country. As a consequence of this situation, and considering the direct association between cardiovascular risk factors and cardiovascular mortality, professional organizations, experts in public health, health care providers and the general community should seriously focus on the formulation of policies.

The Emerging Leaders Program has been created by the World Heart Federation (WHF) to encourage its members to achieve reduction in premature mortality from cardiovascular disease. Our Society endorses the program and adheres to this target for the next years. This is the opportunity for the members of the SAC to work together in an organized and coordinated way.

The prevalence of cardiovascular risk factors is high in our country. According to the 2013 National Survey of Risk Factors, 57.9% of the population has overweight and 20.8% is obese, 34.1% has hypertension, a condition that is estimated to produce 50,000 deaths each year, 25.1% of the population smokes and 36.3% is exposed to environmental tobacco smoke. Physical inactivity has increased over the past five years from 54.9% to 55.1%. The prevalence of hypercholesterolemia among those who had their cholesterol level measured at least once (population > 18 years) was 29.8%. The presence of diabetes in the general population (>18 years) was 9.8%.

Why did we reach this situation? It can be understood when we think of our dietary changes (richer in fat, carbohydrates and big portions), decreased physical activity (more use of car, less physical exercise), progressive urbanization (great cities), more or indigent population (health inequities, poor nutrition, low and middle-income countries are the most affected), absent or deficient government policies for risk fac-



tors control and societies with lack of coordinated or independent policies.

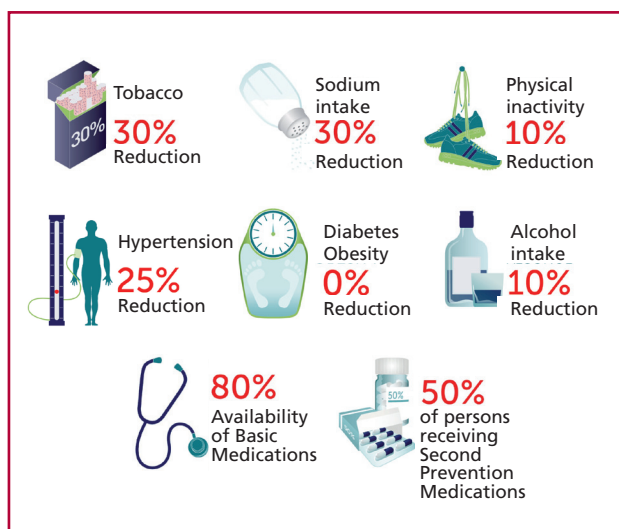
The Argentine Society of Cardiology recognizes this problem and endorses the 25 by 35 program, giving priority to this long-term policy and creating a work group so that this initiative reaches our 36 regional districts. In this way, our colleagues and the entire community will be able to program the future actions during 2017, put them in practice in 2018, monitor and measure the impact in 2019 and reconsider the actions to achieve the final target in 2025.

What is the SAC - FCA 25 by 25 target?

A world work group of cardiovascular diseases, made up of the World Heart Federation, American Heart Association, American College of Cardiology Foundation, European Heart Network, European Society of Cardiology and their member organizations in Asia, Africa and Latin America, world experts in cardiovascular diseases, focused on spreading the information to reach the goal proposed by 2025.

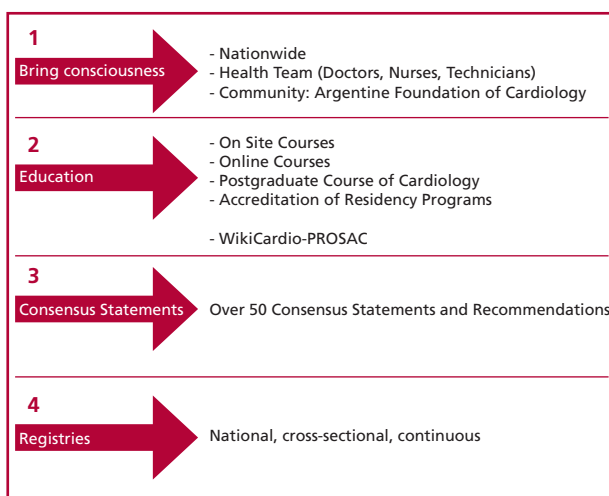
To achieve this goal, the WHO identified 8 targets for the prevention, control and treatment of 6 key risk factors, and 2 health system targets related with the use of medications and technologies to prevent NCDs, particularly cardiovascular diseases.

Of the 8 targets, 6 are directly lined with traditional risk factors for cardiovascular disease and stroke, 3 with modifiable risk factors: tobacco use, elevated sodium intake and physical inactivity; 2 non-modifiable risk factors: hypertension and obesity and 1 target for the management of subjects with high risk of CVD.



The Argentine Society of Cardiology and the Argentine Foundation of Cardiology endorse this project with the target of “reducing premature cardiovascular deaths by 25% by 2025” and has designed a plan which

starts, in the case of the SAC, with building of conscience so that the entire health care team (doctors, nurses, technicians and auxiliary professions) engages with this topic nationwide. The FCA is in charge of projecting it to the community. Once the topic has been installed in the medical community and in the population, we must use all our resources to educate by means of on site or online courses, and include this target in the postgraduate course of cardiology, in the refreshing courses as the PROSAC or in WikiCardio, our online site with information for the patient and his/her family. The development of Regulations, Consensus Statements and Recommendations should be established for the management of risk factors. The



information of the reality of the country must be presented as national cross-sectional and continuous registries,

This is only an introduction of the 25 by 25 Program, so that all the members of the SAC can understand and recognize the problem and the possible way to the solution. In this way, a progressive and expanding movement will start in every region of the country. Every Regional District should take the responsibility and the challenge of generating an effect for the benefit of the entire population.

Sometimes we know the cause of the case, and in other opportunities we recognize the cause of the incidence. We still have to organize, establish society policies, apply them systematically, adhere and be willing to participate.

The Argentine Society of Cardiology and its members have another opportunity.

Dr. Miguel A. González^{MTSAC}
 President of the Argentine Society of Cardiology