



# CHRONIC DISEASES

FROM THE FRONTLINE

european public health alliance

# MAKE HEALTH YOUR BUSINESS

PEOPLE

POWER

MONEY

POLICIES

## EPHA 2017 Annual Conference

### How to break down barriers for action against chronic diseases?

Chronic diseases are Europe's biggest killers, sources of suffering and economic loss. EU member states spend around € 700 billion per year towards their treatment. Much of this is preventable. Chronic diseases are deeply interwoven with the major economic, social, environmental, political and security challenges facing the world today. Gain a deeper understanding of the effects and drivers behind the chronic diseases epidemic.

EPHA's 8th Annual Conference will address how new levers and different levels of power can unlock new pathways for change and deliver on the Sustainable Development Goals. Get fresh perspectives from conference keynote Dr. Sania Nishtar, leading health advocate and recent candidate for Director-General of the WHO, as well as local politicians, investors, civil society advocates, business representatives and global thought leaders. Look forward to extensive Q&A time during each session and networking opportunities.

**View the programme and register now!**

[www.epha.org/epha-2017](http://www.epha.org/epha-2017)

**Join inspiring political and societal leaders and spark change for health.**

### CONFERENCE TAKEAWAYS

- + **Enrich** your understanding of change to help evolve your organisation's health promotion strategies
- + **Get updated** on major societal developments and their relevance for preventing chronic diseases
- + **Debate** how to set the agenda rather than follow it
- + **Understand** what action you can most effectively take today
- + **Master** the business case for including health considerations into private business models
- + **Gain insight** into the Commission's and the EU Presidency's upcoming health agenda

Keynote Speaker: **Dr Sania Nishtar, WHO, Heartfile**

### CONFERENCE HIGHLIGHTS

- + **Discuss** the role of commercial determinants in driving the chronic diseases epidemic
- + **Discover** the role of investors and fund managers in encouraging positive long-term change
- + **See** what mayors and regional initiatives can achieve for better health
- + **Debate** with inspiring political and societal leaders on how to achieve policy change
- + **Reflect** on how European cooperation can be improved for chronic diseases prevention
- + **Network** with other change-makers for health

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Chronic,  
non-communicable  
diseases are  
Europe's biggest  
health challenge.

**They are the major killer in Europe**

Today, these diseases threaten  
the future of health systems and  
universal health coverage.

## BUT IT DOESN'T HAVE TO BE THIS WAY.

The good news is that many chronic diseases, and the cumulative cost to health services and society are not inevitable; many can be prevented or delayed, giving people many more years in good health.

For example, policies to support a shift to healthier diets and reduce alcohol consumption could reduce deaths from cardiovascular disease by 75% and avoid one in three cancers.

The main causes of preventable NCDs include unhealthy diets, alcohol consumption, tobacco, pollution, physical and mental stress - including at work.

Poorer people are often more exposed to the causes and therefore suffer a higher risk of chronic disease. As the causes have become globalised, chronic diseases have spread around the world, to become a challenge facing all countries. This is why the UN Sustainable Development Goals include the target to cut premature mortality from NCDs by one-third by 2030.

**The membership of the European Public Health Alliance brings together experts, patients and practitioners from across different diseases, specialisations and campaigns tackling the causes of disease, to try to reduce their impact on our health and economies. Here we bring together their experience from the frontline in Europe and share their expertise on how we can rise to the challenge.**

**Join the conversation at #EPHA2017**

PATIENT AND PRACTITIONER STORIES:

# What does the NCD epidemic mean to you/your work?

**Nick Sheron**

HEAD OF POPULATION HEPATOLOGY,  
UNIVERSITY OF SOUTHAMPTON

**RCP Representative on European  
Alcohol Policies, EPHA Scientific  
Advisor on Alcohol Policy**



“Over the last few decades mortality rates from most diseases in England and Wales have reduced, in contrast liver mortality has increased by four times since the 1970’s. Alcohol related liver disease kills young and middle aged people, whereas most smoking related deaths occur at a later age. In 1979 ischaemic heart disease resulted in 12.6 times as many potential years of working life lost (PYWLL) compared with liver disease, similarly lung cancer 3.2 times and breast cancer 2.4 times compared with liver disease.

Effective tobacco control policies have reduced deaths from lung cancer and heart disease so liver disease outstripped lung cancer and breast cancer in terms of PWYLL by 1999, and looks set to outstrip ischaemic heart disease in the next year or so. This increased mortality is the result of successive governments prioritising the health of the alcohol drinks

industry over the health of the electorate and allowing alcohol taxation to fall behind increases in income so that alcohol has become increasingly more affordable. Governments need to rethink the cosy relationships they have with the drinks industry and take a long hard look at the terrible human consequences of these policies.”

## THE ATTRACTIVENESS OF PREVENTION

### European Medical Students Association (EMSA)

“I’m a doctor at a clinic in Warsaw where we look after patients with kidney diseases, including transplant recipients. As Europe ages, there is a growing number of people with decreased kidney function or even in need of dialysis (artificial blood filtering which partially replaces this organ’s role). Good level of hydration (and access to clean water), reduction of alcohol intake as well as balanced diet can help protect those vital body structures. Proper management of diabetes and hypertension is also crucial as these two NCDs are predominant causes of the chronic kidney disease today. This problem does not spare people as young as 20-30 years of age.



Here the contribution of policy-makers has a great potential in making the image of prevention attractive as well as bringing down taboos surrounding organ donation.”

- *Olga Rostkowska, Doctor, Warsaw*

## LIFE WITH DIABETES

### International Diabetes Federation Europe (IDF Europe)

“Diabetes is a chronic condition with immense, but often underestimated, impact on patients, professionals and health economics alike. As a young person who has lived with type one diabetes for 21 years, I know first-hand the challenges it presents daily, but also the risks it presents for the future, ranging from diabetes complications to diabetes-related deaths, predominantly from cardiovascular disease.



We need patients, professionals and policy makers to unite to raise awareness, promote best practice in diabetes care and fight against discrimination, to ensure equal access to care for all persons with diabetes, across the European region.

A EU directive would be extremely helpful in this respect, in combination with national diabetes strategies implemented into practice to optimise diabetes care, which IDF Europe continues to expedite.”

- Lauren Quinn, Medical Student UK

# Solutions: what works in practice?

## THE KNOWLEDGE-PRACTICE GAP

### Associazione Italiana Chiropratici (AIC)

Musculoskeletal disorders (MSD) are the second most common cause of pain and disability worldwide and the most common reason for consulting a GP, physiotherapist, and in many countries, chiropractor.



Patient FT, successfully treated for oesophageal carcinoma with surgery, chemo/radiotherapy was operated for the complications of a collapsed vertebra and femoral head necrosis. Low back pain and sciatica necessitated a morphine patch for seven years before chiropractic care including spinal adjustments, life-style advice and exercise resulted in suspension of pain killers and a return to work.

Only 14% of research knowledge is translated into improved patient outcomes with an average delay of 17 years. This ‘knowledge-practice gap’ results in routine prescription of pharmaceuticals for MSD compared to evidence-based knowledge-intensive manual and life-style adjustment approaches, including delivery of healthcare and advice in the workplace.

The rising burden from MSD imposes new challenges on health care systems. Good musculoskeletal health feeds back into a healthy nervous system enabling us to stay physically and mentally fit and reduce the occurrence of other health problems.

# PHARMACEUTICAL PROBIOTICS: MAKING A DIFFERENCE?

## Association for Natural Medicine in Europe (ANME)

Many NCDs starts as a local or acute illness. In many cases infection or inflammation is a symptom of the body showing decreasing regulatory capacity. In this situation acute healing methods can control the situation, but contain the risk to trigger NCD. CAM (Complementary and Alternative Medicine) methods can prevent the ongoing process of silent inflammation.



Mostly this process starts at the mucosal barrier, where pharmaceutical probiotics have been safely used for decades. Diagnostic instruments to determine the gut bacteria incl. metabolic products open up new ways of treatment and prevention of NCD like obesity.

We need more practitioners with profound knowledge of scientifically based (e.g. Phytotherapy, Microbiological Therapy), and well documented traditional CAM.

In the fight against NCDs, there are many reasons to use well established and safe CAM methods in diagnosis and therapy as shown in the European CAMBRELLA-Project.

# GROWING UP WITH NCDs

## European Academy of Paediatrics (EAP)



Non-communicable diseases (NCDs) are crucial determinants of human health. Many risk factors and patterns of consumption that contribute to NCDs begin in childhood or adolescence. In addition, NCDs are increasingly common causes of childhood illness and death. Due to advances in paediatric care, the life expectancy of patients with childhood-onset conditions, like diabetes, sickle-cell disease, cystic fibrosis, childhood cancer, extreme prematurity and congenital heart disease, has increased dramatically.

As a result, an increasing number of adolescents and young adults with childhood-onset chronic illnesses changeover from paediatric to adult-oriented health care.

Unfortunately, across Europe wide inequities in childhood health outcomes remain and healthcare systems are often not structured to address the transition of adolescent patients.

Multisectoral preventive and chronic care models for children and adolescents are needed in order to better meet their needs and lay the necessary foundation for sustainable development.

The European Academy of Paediatrics is dedicated to advancing the health of children across Europe, together with its subspecialty societies and partners.

**Respiratory diseases kill** more than 670.000 people per year in the EU

In the World Health Organisation European Region, more than **2,370,000 years of life** are lost from liver disease before the age of 50

**Chronic diseases** are on the rise in Europe due to several reasons, including an ageing population and lifestyle-related risk factors

**More than 1.2 million deaths** per year could be avoided through better public health and prevention policies or more effective and timely health care

**Unhealthy diet** is the single largest risk factor for all the healthy life years lost in the EU

**Cardiovascular diseases** are estimated to cost the EU economy **€210 billion** a year

By 2040 it is predicted that **over 10 million** more people will be living with diabetes in the Europe region

**Tobacco consumption** is the largest avoidable health risk in the European Union and it is the most significant cause of premature death, with nearly 700.000 per year

**Just over 1/4 of the total number of deaths** in the European Union are cancer-related

Chronic diseases are responsible for up to **80%** of all healthcare costs, corresponding to **700 billion euros annually** in the EU and are estimated to account for 42% of premature deaths

**Alcohol is the largest risk factor** for burden of disease for people in productive age, 15-49, in Europe and globally

**80%** of premature heart disease, stroke, respiratory, musculoskeletal disease and type 2 diabetes **can be prevented**

In 2012, nearly 500.000 European deaths were linked to outdoor **air pollution exposure**

**27%** of the adult population has experienced at least one of a series of mental disorder in the past year

## European Association for the Study of the Liver (EASL)

Non-alcoholic fatty liver disease (NAFLD), characterized by the accumulation of fat in the liver, is an increasingly common cause of chronic liver disease. The obesity epidemic, combined with the strong link between NAFLD and the metabolic syndrome, means this disease is a significant public health threat.



# Action, both at national and EU level is urgently needed

First, it is important to raise awareness of this disease as well as its socio-economic impact. Second, in the absence of a cure for NAFLD, it is key to invest in R&I. Finally, preventative measures must be put in place to address the commercial determinants of unhealthy diets.

Concrete options in this respect include, but are not limited to, the mandatory reformulation of food products and the implementation of restrictions on the marketing of unhealthy foods and drinks (especially to children).

## EVIDENCE BASED-MEDICINE AND COMPASSION FOR REAL CHANGE

### European Specialist Nurses Organisation (ESNO)

As our society ages, patients' needs are becoming more and more complex with additional comorbidities and complications to treatment. Consequently our health systems need to adapt to this changing environment with the changing role of nurses being paramount, with more nurses undertaking specialist nursing roles while working in clinical and community care.



One could also interpret the 'c' in NCD as chronic, whereby patients have to manage their disease over a lifetime and as a result are frequently involved with healthcare professionals.

## This contact time means a better understanding of patients' unique circumstances from the nursing point of view, combined with a more in-depth understanding of treatments from the patient's perspective.

Thus, mutual trust and rapport develops, leading to more patient-centred care, better treatment outcomes as well as potential to tailor structural change of services.

As Rose Marie Parr, Chief Pharmaceutical Officer for Scotland quotes tweets:

“Everyone in healthcare really has two jobs when they come to work every day: to do their work and to improve it.”

The epidemic of NCDs has meant a revolution in the role of nurses, one whereby evidence-based medicine can now be integrated with compassion and real change.

## CONTROL: TACKLING RISK FACTORS

### **France Assos Santé (FAS)**

Together with genetic and physiological factors, the environment and the population's behaviors contribute significantly to the development of NCDs. For instance, the risk factors for cardiovascular diseases (smoking, type 2 diabetes, hypertension, hypercholesterolemia, physical inactivity, social isolation) concern more than 10 million people treated with medicines in France.



These risk factors could be better controlled with healthy eating, regular physical activity, reducing alcohol, sugar and tobacco consumption, and improving living conditions.

France Assos Santé encourages national and European decision makers to realign the public policy priorities on health promotion and prevention, with the aim of limiting the systematic use of costly medicines prescribed at an early stage at the expense of more effective public health measures.

## MINIMUM UNIT PRICING, REDUCED AVAILABILITY AND REDUCED MARKETING: THE 'BEST BUYS'

### **Scottish Health Action on Alcohol Problems (SHAAP)**

In Scotland and abroad, SHAAP (Scottish Health Action on Alcohol Problems) has advocated for more than a decade for actions to raise the price of cheap alcohol through tax and Minimum Unit Pricing (MUP), and to reduce the availability and marketing of alcohol.



These approaches have been recognised by the World Health Organization as 'best buys', which will reduce unnecessary suffering and deaths.

Policy makers and NGOs have a duty to work together to prioritise evidence-based policies to protect vulnerable populations across our continent, victims of an alcohol market that has, for too long, been balanced in favour of companies' profits, rather than the health of Europeans.

# Breaking down barriers to action: a message to European and national policy-makers

## CANCER: THE STRENGTHS OF PRIMARY CARE

### European CanCer Organisation (ECCO)

The incidence of many cancers is increasing as a result of lifestyle and environmental factors. Internationally ageing populations, increasingly living with multiple long-term conditions, have led to a growing demand for complex medical care. Implementation of effective strategies is essential to counteract these trends. Measures must include improved adoption and accessibility of effective treatments to all patients within an integrated care system.



The strengths of primary care are particularly evident in prevention and diagnosis but also in shared follow-up, survivorship care and end of life care.

There is evidence in all the key areas of cancer control that primary care has a major role. The Lancet Oncology has published a landmark summary of the evidence for primary care roles in cancer care. The benefits of advances

in cancer care are being slowed down by problems persisting between the primary care and cancer sectors: fragmentation, poor communication, poor coordination and lack of clear role definition. Integration of care is key to optimising inter-sectorial/inter-disciplinary care. When acting as case managers, specialized cancer nurses play a central role in communication and coordination between primary and secondary care professionals.

*Source: The Lancet Oncology. The expanding role of primary care in cancer control Volume 16, No.12, p1231-1272, September 2015*

## EYE CARE PROFESSIONALS: SUPPORTING CHRONIC DISEASES SUFFERERS

### European Council of Optometry and Optics (ECOO)

As the European population grows older and the prevalence of chronic diseases rises, the pressures on health and social care budgets will increase. We need to find ways to identify and treat these diseases, or support people who have them, to enable them to continue to live full and productive lives as they age.



Vision loss in particular is set to have a significant impact on individuals, society and healthcare systems.

The close involvement of eye care professionals in awareness raising campaigns, screenings or research programmes is extremely valuable as they are often the first point of contact for patients who encounter visual impairment or eye diseases as a consequence of chronic diseases (such as diabetes).

## CARDIOVASCULAR DISEASES: EUROPE'S HEARTLESS KILLERS

### European Heart Network (EHN)



Cardiovascular diseases are the primary cause of death in the EU; they make up a substantial part of the chronic disease burden accounting for 19% of all Disability-Adjusted Life-Years (DALYs). Death rates from heart disease and stroke over recent decades have decreased, but the number of new cases has increased.

The most recent figures show that almost 49 million people live with these diseases. They cost the EU economy 210 billion Euros a year.

To the EU policy makers we say: we need you to join us in the battle to make cardiovascular diseases a thing of the past.

## CHRONIC RESPIRATORY DISEASE - THE SILENT KILLER? European Respiratory Society (ERS) and European COPD Coalition (ECC)

Chronic respiratory diseases are long lasting diseases, generally of slow progression that affect the airways and other parts of the lung.



Among them, COPD is a very serious chronic lung disease. It causes the airways to become permanently blocked or narrowed. It develops slowly and symptoms often worsen over time.



The European Respiratory Society and the European COPD Coalition believe that there is an urgent need for:

- **More research:** COPD has no cure yet and it has not been discovered yet how to reverse the damage it does to the airways and lungs. Like many other lung diseases, The European Union needs to encourage more research on the topic.
- **Early diagnosis:** An earlier diagnosis would reduce the scale and costs of medication and improve survival chances for patients. The European Union must do more to promote early diagnosis via lung health checks.
- **More prevention:** The European Union should support Member States and dedicate a lot more resources to prevention of respiratory diseases via better funded action but also by showing more political leadership on tobacco control and air quality measures.

## TACKLING NCDs TO DELIVER ON THE SUSTAINABLE DEVELOPMENT GOALS

### International Federation of Medical Students' Associations

We, the members of the International Federation of Medical Students' Associations (IFMSA) join together to highlight the importance of addressing the growing burden of NCDs in order to achieve the Sustainable Development Goals (SDGs) and



...ensure healthy lives and promote wellbeing for all people, at all ages.

In particular, we look towards SDG target 3.4 which calls for a reduction by one third of premature mortality from NCDs through prevention and treatment by 2030, and the promotion of mental health and well-being.

## FREEDOM TO LIVE FULLY?

### Independent Order of Good Templars (IOGT)



Self-proclaimed 'freedom-loving' organisations funded by the alcohol and tobacco industry have recently become even more vocal in denouncing price increases as well as availability and marketing restrictions for alcoholic beverages. This is happening despite researchers, NGOs and international organisations presenting evidence that these are the most effective policies in reducing alcohol harm.

Alcohol causes several types of cancers, liver and heart disease, violence, accidents and dependency, to mention a few effects. Preventing even a fraction of these would mean giving people freer and more fulfilling lives, unlike what these organisations claim. A prerequisite for change, however, is having courageous clear-sighted policy-makers that see through the smoke-screens of profit-maximising industry actors seeking to delay meaningful regulation in the alcohol field.

## INVEST ON MENTAL HEALTH TO ACHIEVE AN INCLUSIVE SOCIETY

### Life Quality Improvement Organisation (Flight/LET)

Mental health disorders are among leading non-communicable diseases in Croatia, affecting population in their most productive ages. People with mental health problems are too often marginalised. The FLIGHT's work emphasises the individual approach to every person with mental health problems, focusing on their abilities and interventions which may increase their social participation and productivity. To achieve inclusive society, decision makers must invest into developing structures that reduce social inequalities of people with mental health problems.



Good mental wellbeing for all should be one of the primary goals for every successful society.

**Contributors** – EPHA would like to thank its members for contributing to the realisation of this booklet, and in particular:

**Association for Natural Medicine in Europe - [www.anme-ngo.eu](http://www.anme-ngo.eu)**

Associazione Italiana Chiropratici - [www.chiropratica.it](http://www.chiropratica.it)

**European Academy of Paediatrics - [www.eapaediatrics.eu](http://www.eapaediatrics.eu)**

European Association for the Study of the Liver - [www.easl.eu](http://www.easl.eu)

**European CanCer Organisation - [www.ecco-org.eu](http://www.ecco-org.eu)**

European COPD Coalition - [www.copdcoalition.eu](http://www.copdcoalition.eu)

**European Council of Optometry and Optics - [www.ecoo.info](http://www.ecoo.info)**

European Heart Network - [www.ehnheart.org](http://www.ehnheart.org)

**European Medical Students Association - [www.emsa-europe.eu](http://www.emsa-europe.eu)**

European Respiratory Society - [www.ersnet.org](http://www.ersnet.org)

**European Specialist Nurses' Organisation - [www.esno.org](http://www.esno.org)**

France Assos Santé - [www.leciss.org](http://www.leciss.org)

**Independent Order of Good Templars - [www.iogt.se](http://www.iogt.se)**

International Diabetes Federation – European Region - [www.idf-europe.org](http://www.idf-europe.org)

**International Federation of Medical Students' Associations - [www.ifmsa.org](http://www.ifmsa.org)**

Life Quality Improvement Organisation - [www.udruga-let.hr](http://www.udruga-let.hr)

**Scottish Health Action on Alcohol Problems - [www.shaap.org.uk](http://www.shaap.org.uk)**

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