

Chronic diseases

The health challenge of our times

Chronic diseases are on the rise in Europe due to several reasons, including an ageing population and lifestyle-related risk factors. Through the second EU Health Programme 2008-2013, Europe is promoting best practice in prevention and care, along with strategies that support healthy and active ageing.

Action required

Chronic diseases represent the major share of the burden of disease in Europe and are responsible for 86% of all deaths.

In 2010 health ministers invited EU countries and the European Commission to begin a reflection process on how to respond to these challenges. In 2012/13 the Commission consulted EU countries and major stakeholders. A summary report on these consultations was endorsed by the Council in October 2013.

The first Chronic Diseases Summit was then held in 2014. It called for stronger political leadership to address chronic diseases; enhanced efforts to target key societal challenges including ageing; more efficient use of available resources; greater involvement of citizens, patients and the health and social sectors in policy development and implementation; and stronger evidence and information on prevention, treatments, cost-effectiveness and demographic change.



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

Europe responds

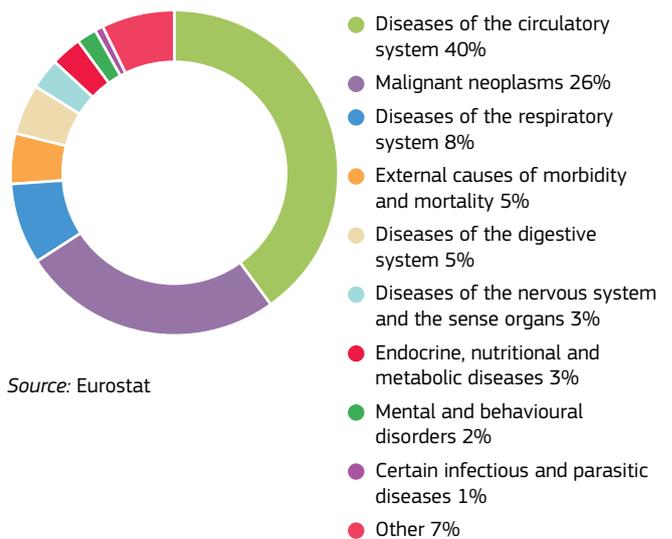
The second EU Health Programme 2008-2013, implemented by the Consumer Health and Food Executive Agency (Chafea), supported targeted health promotion, prevention and early detection of chronic diseases, as well as addressing health inequalities. By establishing and strengthening networks of experts, EU projects have helped to build capacity, share good practice, establish common standards and foster evidence-based interventions.

Chronic diseases such as diabetes, if left untreated, can cause a broad range of problems, from heart disease and stroke, nerve damage, kidney disease, foot problems, sexual dysfunction and problems with the eyes. This growing complexity requires integrated care delivered by multidisciplinary teams. As integrated service delivery can improve how chronic conditions are managed, the Health Programme can help to identify and share optimum ways of caring for patients.

Helping people with chronic diseases to live active and productive lives is of significant social and economic value. EU projects are examining ways of keeping people in the workforce for longer and making it easier for those who wish to return to work after diagnosis.

Europe's response to the complex challenges of chronic diseases needs to be integrated across several sectors and policy fields. EU Health Programmes will reflect the needs identified in the chronic diseases reflection process with a priority on prevention and health promotion, and diseases management with a focus on patient empowerment.

Main causes of death as a percentage of total deaths in the EU in 2009



Source: Eurostat

Health, ageing and economic activity

Project name: 'Europeans of retirement age: chronic diseases and economic activity'

Number of partners: 1 EU funding: €158 853

The Dutch National Institute for Public Health and the Environment produced a comprehensive report on the impact of chronic diseases on the European population before and after retirement age. It finds that the burden of disease is substantial and rising due to population ageing and prevailing lifestyle risks.

The report explores the impact of chronic diseases on exit from the labour market and ways to increase social participation of people with chronic conditions. It provides an overview of gaps in current policies at European and national level and offers a series of policy recommendations.

Visit: www.ec.europa.eu/health/major_chronic_diseases/docs/rivm_report_retirement_en.pdf



Job retention and returning to work

Project name: Promoting Healthy Work for Employees with Chronic Illness - Public Health and Work (PHWork)

Number of partners: 18 from 18 countries: BE, BG, DK, DE, IE, EL, FR, CY, HU, NL, NO, AT, PL, RO, SI, SK, FI, UK. **EC funding:** €587 575 **Duration:** 24 months

Chronic diseases can have a major impact on working life. This project aimed to support the implementation of workplace practices designed to retain employees with chronic diseases. It also sought to help people with chronic conditions return to work.

Project partners collected examples of good practice in this field from across Europe, bringing together public health agencies and employers. It ran national campaigns in 19 countries to disseminate good practice.

Networking at regional, national and European level helped to establish communities of businesses and employers interested in enhancing job retention and return-to-work initiatives targeting people with chronic diseases.

Visit: www.prevent.be/en/knowledge/promoting-healthy-work-for-employees-with-chronic-illness-public-health-and-work

Living longer, ageing well

Project name: Joint Action addressing chronic diseases and promoting healthy ageing across the life cycle (CHRODIS-JA)

Number of partners: 37 from 15 countries. BE, BG, DE, EE, IE, EL, ES, IS, IT, LT, LU, NO, PT, SI, FI. **EC funding:** €4 606 576 **Duration:** 39 months

Living longer increases the risk of developing chronic diseases. CHRODIS-JA aims to promote and facilitate the exchange of good practices for citizens to better manage their chronic disease.

The Joint Action focuses on chronic diseases with particular attention to health promotion, disease prevention, and multi-morbidity. As part of this work, it is developing a Platform for Knowledge Exchange which will include a help desk and clearing house; training health professionals to address patients living with several chronic diseases; and reviewing national programmes on diabetes.

Visit: www.chrodis.eu



Together against heart disease

Project name: European Heart Health Strategy II (EuroHeart II)

Number of partners: 30 from 16 countries: BE, CZ, DE, IE, ES, FR, IT, IS, HU, NL, PT, SI, SK, FI, SE, UK. **EC funding:** €1 149 364 **Duration:** 36 months

Cardiovascular disease (CVD) is the main cause of death in Europe and a major cause of disability. Around 80% of cases can be prevented.

Addressing the burden of CVD requires policies based on up-to-date information. EuroHeart II brought together

academics, health professionals and NGOs to provide data on CVD in Europe and cost-effective prevention strategies.

Building on the work of EuroHeart I, the project shared knowledge on nutrition, physical activity and CVD; developed models for predicting future trends in heart disease; and built capacity in the cardiovascular patient community.

Visit: www.ehnheart.org/euroheart-ii/publication/448-description-of-the-euroheart-ii-project.html



Managing multi-morbidity

Project name: Innovating care for people with multiple chronic conditions in Europe (ICARE4EU)

Number of partners: 5 from 5 countries: DE, IT, NL, SI, UK. **EC funding:** €1 214 321 **Duration:** 38 months

People with multiple chronic conditions require integrated health and social care provided by multidisciplinary teams. The ICARE4EU project aims to foster innovation in this field by describing the state of the art care in 30 European countries.

Current integrated care programmes are being evaluated according to their management practices and professional competencies, their use of e-health technology for older people, financing models, and the extent to which they are patient-centred.

Building on this, it will identify best practices, design a template for future monitoring of this field, and share its findings throughout Europe.

Visit: www.icare4eu.org/

Counting the cost of coronary diseases

Project name: EUROpean Treatment & Reduction of Acute Coronary Syndromes cost analysis (EUROTRACS)

Number of partners: 10 from 6 countries: BE, DE, EL, ES, IT, PT. **EC funding:** €1 198 693 **Duration:** 24 months

Cost-effectiveness data are an important tool for reaching informed decisions. The EUROTRACS project calculated the cost per Quality-Adjusted Life Year (QALY) saved in two main

areas: population interventions designed to prevent coronary artery disease incidence by reducing the prevalence of smoking, dyslipidaemia and hypertension; and optimal use of coronary angiography and percutaneous intervention procedures in the management of acute coronary syndrome (ACS).

This is done through a predictive Internet-based model which analyses the 10-year CAD event incidence obtained by modifying targeted risk factors. The results will inform health policy and help to reduce socioeconomic inequalities in this field.

Visit: www.eurotracs-project.eu



Find out more

Directorate-General for Health and Consumers of the European Commission (DG SANCO)

ec.europa.eu/health/major_chronic_diseases/policy/index_en.htm

Consumers, Health and Food Executive Agency (Chafea)

ec.europa.eu/chafea/index.html

Database of actions co-funded under the EU Health Programmes

ec.europa.eu/chafea/projects/database.html

