EDITORIAL

Principles for the development of clinical guidelines for Prevention & control of Cardiovascular diseases

According to WHO Cardiovascular disease (CVD) is the world’s biggest killer taking away lives of 17.5 Million people annually, As 80% of CVD-related mortality now occurs in countries with developing economies, it is imperative that governments in such countries work in partnership with Cardiac Societies and Heart Foundations to develop guidelines that reflect national priorities and resources.

Although the causes of the global epidemic of CVD involve almost the same risk factors, one size does not fit all when it comes to developing guidelines for a specific country.

The principles for the development of clinical guidelines were developed by the World Heart Federation’s World Heart and Stroke Forum in 2004. The 10 principles are as follows.

1. Governments, national societies and foundations should collaborate to develop clinical and public health guidelines for CVD prevention that target risk factors.

2. Evidence-based guidelines should incorporate professional judgment on the translation of such evidence into effective and efficient care, addressing all areas of CVD risk.

3. The assessment of total CVD risk should be based on epidemiological risk factor data appropriate to the population to which it is applied;

4. Policy recommendations and guidelines should emphasize the importance of a total risk reduction for CVD prevention.

5. The intensity of interventions should be a function of the total CVD risk, with lower treatment thresholds for higher-risk patients than for low-risk patients.

7. National professional societies should inform policy makers of risk factor targets and drug therapies for CVD prevention that are culturally and financially appropriate to their nation, and ask their governments to incorporate CVD prevention into legislation whenever relevant;

8. National professional societies and foundations should facilitate CVD prevention through education and training programs for health-care professionals;

9. National professional societies should assess the achievement of lifestyle, risk factor and therapeutic targets defined in the national guidelines.

10. Health-care professionals should include CVD prevention as an integral part of their daily clinical practice.

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