International Charter on Cardiovascular Prevention and Rehabilitation (ICCPR)  
A Call for Action

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Introduction

• Cardiovascular disease (CVD) remains the leading killer of adult women and men globally.  
• However, as substantial gains in reducing acute cardiovascular mortality have been realized, the prevalence of persons living with cardiovascular disease has increased significantly.  
• Without systematic access to formal and informal programs of chronic cardiovascular disease prevention such as cardiac rehabilitation, these individuals will suffer multiple recurrent acute care events and/or unnecessarily premature death.  
• The focus of this Charter is on secondary prevention, which has well-established models supported by a robust evidence base.

Methods

• Cardiovascular prevention and rehabilitation (CVPR) experts from around the world invited to a series of conference calls to develop a Charter  
• Scoping review of peer-reviewed and grey literature on CVPR in low and middle-income countries (LMIC) was undertaken  
• Solicited Charter endorsement from international CVPR associations

Results

• Twenty peer-reviewed articles were identified  
  • Limited existing data suggests that CR programs have successfully been implemented in 30/145 (21%) LMICs (Fig 1.)  
  • Patients participating in CR demonstrate improved cardiovascular health outcomes (Jiang et al., 2007, Avram et al., 2010)

Figure 1. Low and middle-income countries where CVPR is known to be offered

• The core components of contemporary CVPR include individualized programs of cardio-protective pharmacological therapies in conjunction with health behaviour and education interventions of physical activity and exercise, nutrition, psychological health, and smoking cessation.

• The Secondary Prevention of coronary heart disease for All in Need (SPAN) framework forwards a flexible model that can be adapted to diverse settings while ensuring a minimum care standard (Redfern et al., 2011)

Call for Action

• The Charter calls to action CVPR organizations and associations around the world to partner and collaborate with those responsible for administering patient care to:
  1. Establish CVPR as an essential, not optional service  
  2. Support countries to establish and augment programs of CVPR, adapted to local needs and conditions  
  3. Ensure broader access to these proven services

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