

Beyond Early Detection: Addressing Gaps in Cardiovascular Disease Management

Medicines for Europe, the European Association representing generic, biosimilar, and value added medicines, is engaged in improving patients' equitable and timely access to affordable medicines for patients across Europe. In key therapeutic areas such as cardiovascular, crucial generic medicines like antihypertensive and antidiabetic treatments respectively represent 76% and 70% of the volume¹.

While the off-patent industry has doubled access in chronic disease areas, including cardiovascular, cardiovascular diseases (CVDs) remain the leading cause of death in the EU, claiming 1.7 million lives each year. These pathologies lower the quality of life, reduce life expectancy, and are estimated to cost the EU over EUR 282 billion annually due to decreased productivity and economic output².

Medicines for Europe welcomes the publication of the [European Commission's proposal for a Council recommendation](#) on cardiovascular health checks in response to the rising burden of cardiovascular diseases. Similarly to the related initiatives – the Safe Hearts Plan and the Own-initiative Report on Cardiovascular Diseases Strategy – the proposal calls for appropriate and personalised diagnostic testing and follow-up care, through an integrated, patient-centred care pathway.

To ensure a global strategy for CVDs, Medicines for Europe calls for a **comprehensive approach that complements early detection objectives of the cardiovascular health checks with effective secondary prevention and long-term disease management**, ensuring that cardiovascular patients have timely and sustained access to appropriate care and affordable treatments in Europe.

Secondary prevention is a key component in reducing the impact of the disease prior to any critical and permanent damage. It is essential for diminishing the burden of cardiovascular diseases, helping to prevent complications and supporting the effective management of associated health conditions. Secondary prevention comprises affordable medical interventions – such as screenings, blood tests, and prescriptions for cholesterol-lowering medications – creating cost efficiencies in the healthcare system compared with the financial impact of treating severe conditions.

Enhancing **secondary prevention could ensure better outcomes for cardiovascular patients and help prevent numerous lethal CVD events** like heart attacks and strokes. For example, studies have shown that consistent use of statins, medicines that lower the level of low-density lipoprotein (LDL) cholesterol in the blood, lessens the mortality rate by 15-20% and significantly reduces nonfatal CVD events³. Prevention, including light medical interventions, **should be seen as an investment in population health and well-being** coming at minimal cost.

Cardiovascular patients require long-term care. In this regard, **Member States should place greater emphasis on effective disease management, including measures to improve treatment adherence**, with which about 50% of patients struggle⁴.

¹ iqvia-true-value-of-generic-medicines-04-24-forweb.pdf, p.2

² European Commission – Cardiovascular health

³ Karunathilake SP, Ganegoda GU. Secondary Prevention of Cardiovascular Diseases and Application of Technology for Early Diagnosis. Biomed Res Int. 2018 May 8;2018:5767864.

⁴ Failure to take prescribed medicine for chronic diseases is a massive, world-wide problem, WHO

In the case of management of cardiovascular diseases, absolute and relative risk assessments have demonstrated that **9% of all CVD events in Europe could be attributed to poor adherence to vascular medications alone**⁵. For instance, within one year of an acute myocardial infarction (MI), only 46% of patients follow consistent use of β -blockers and only 50% of them adhere to statin treatment⁶. Considering that many patients suffer from multiple comorbidities, simplifying patients' medication regimens can significantly improve treatment compliance and translate into better clinical outcomes. One is fixed-dose combinations – that is, pharmaceutical products designed to deliver two or more active ingredients in a single dosage form – which help to reduce the number of tablets that need to be taken, improve treatment adherence and lead to better health outcomes.

Most studies of adherence to therapy in hypertension⁷ have shown that **single-pill combinations significantly improve persistence and achieve better blood pressure control than individual-medicine combinations**. These improvements translate the directive into **not only better clinical outcomes for patients but also savings for healthcare budgets**. For example, a study in Italy showed that a single pill combination aimed at hypertension **reduced death and cardiovascular events by 30% while also reducing healthcare expenditure by 18%**⁸. It is therefore essential to optimise the impact of existing therapies and to support the development, uptake, and scaling of effective solutions to this challenge. Value added medicines, obtained through innovation on existing molecules, offer affordable solutions for patients and health systems for the efficient management of cardiovascular diseases.

Finally, another identified cause of low adherence is associated with **patient cost sharing for these essential medications**. Easing this financial burden, together with expanding access to affordable medicines, is a **proven and effective means of improving adherence** in an era of rising healthcare costs⁹.

Medicines for Europe advocates for an **integrated, multi-stakeholder strategy** to enhance access to treatment for cardiovascular disease patients throughout Europe, ensuring timely and sustainable access to essential medicines. By strengthening secondary prevention, improving treatment adherence, and expanding access to off-patent innovations, many cardiovascular events could be avoided, **resulting in better patient outcomes, healthier populations, and more effective use of healthcare funding**.

Medicines for Europe recommendations

1. **Ensure sustainable access to cardiovascular medicines:** The recommendation should explicitly recognise the importance of ensuring a secure and sustainable supply of essential cardiovascular medicines across all Member States.
2. **Strengthen the focus on secondary prevention:** The recommendation should recognise secondary prevention as a cornerstone of effective cardiovascular disease management.
3. **Promote treatment optimisation and adherence:** Given the long-term nature of cardiovascular disease management, Member State programmes should place greater emphasis on optimising treatment and improving medication adherence. Approximately 50% of patients do not take their medicines as prescribed, and evidence suggests that poor adherence to vascular medicines alone accounts for around 9% of cardiovascular events in Europe. Value added medicines, particularly fixed-dose combinations, can help address this challenge by simplifying treatment regimens and improving adherence.

⁵ Chowdhury R, Khan H, Heydon E, Shroufi A, Fahimi S, Moore C, Stricker B, Mendis S, Hofman A, Mant J, Franco OH. Adherence to cardiovascular therapy: a meta-analysis of prevalence and clinical consequences. *Eur Heart J*. 2013 Oct;34(38):2940-8.

⁶ Choudhry NK, et al. Cost-effectiveness of providing full drug coverage to increase medication adherence in post-myocardial infarction Medicare beneficiaries. *Circulation*. 2008;117(10):1261-1268

⁷ Parati G, Kjeldsen S, Coca A, Cushman WC, Wang J. [Adherence to Single-Pill Versus Free-Equivalent Combination Therapy in Hypertension: A Systematic Review and Meta-Analysis. Hypertension. 2021 Feb;77\(2\):692-705.](#)

⁸ ISPOR EU 2022, J of Hypertension V41 No 1 2023

⁹ <https://pmc.ncbi.nlm.nih.gov/articles/PMC2722033/>