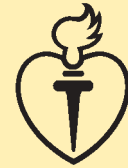


Getting to grips with vascular care



For years, the NHF has been calling attention to peripheral arterial disease. The care for this group of patients still needs to be significantly improved, both with regards to its organisation and the care itself. Peripheral arterial disease is an important indicator for generalised atherosclerotic arterial disease and for a greatly increased risk of premature death due to myocardial infarction or stroke. For these reasons, the Heart Foundation is looking more closely at the problems for this patient group.

The average age of patients with these conditions who are treated clinically is 58 to 68 years.¹

Data from population and patient-oriented studies show that in the general population 1 to 2% of over 55 year olds have peripheral arterial disease, while 19% of the over 55 year olds without (recognised/diagnosed) symptoms prove to, in fact, have peripheral arterial disease.² The incidence and prevalence of peripheral arterial disease increase with age, thus forming a growing problem for health care in the Netherlands.

Peripheral arterial disease: a wolf in sheep's clothes

The misconception still exists that peripheral vascular disorders are benign diseases, because the vascular abnormalities are in the abdomen and/or legs. In actual fact, half of this group of patients will die within ten years if they are not treated adequately.³ Therefore, there is a great need for awareness of this condition and its risk factors, as exists for myocardial infarction and stroke. Besides treatment the local vascular problems, an integrated treatment approach to the vascular risk factors and lifestyle advice can contribute significantly to the prevention of new (fatal) vascular events.

Streamlining vascular care

Cooperation and consensus is needed between the many disciplines involved in the care of these patients: vascular surgeons, cardiologists, vascular spe-

cialists/internists, intervention radiologists, neurologists and various other specialisations. Studies by the NHF show that specialists each determine their own diagnosis and course of treatment from their own organ-oriented perspectives, often without there care geared to their colleague-specialists. Sometimes the treatments overlap each other or are even incompatible, often resulting in duplication or gaps. Care programmes of individual patients vary from 10 to 26 months. Vascular patients find themselves in a maze of referral, appointments and investigations. The different views and opinions on the care to be provided and the lack of multidisciplinary consensus make it impossible to provide a well-organised programme of care for vascular patients.⁴

The above-mentioned problems and sticking points provide enough reasons to tackle the care of vascular patients. A small number of hospitals have accepted the challenge and are already making improvements in vascular care. Besides taking stock of the nature of the problems and how pioneers in vascular care have achieved a better streamlining of care, the Heart Foundation also organised an expert meeting on this subject ('Vat op vaatzorg') on 8 April 2004. During this meeting, the pioneers in vascular care discussed ways to improve patient care and exchanged their knowledge and experience. The main recommendations were as follows.

- Organisation: the care programmes should be streamlined, for example with the help of a Breakthrough Project, as implemented by the CBO [Dutch Institute for Healthcare Improvement].
- Content: support for vascular risk management is needed so that this forms a fixed part of the treatment of patients with cardiovascular diseases. There is a great need for transmural integral multidisciplinary guidelines, protocols and national transmural agreements [landelijke transmurale

afspraken, LTA] so that the vascular care will become seamless.

- Expanding knowledge: the Heart Foundation stimulates the exchange and transfer of knowledge among professionals regarding the streamlining of care by means of e-newsletters, the Heart Foundation's databank and by forming networks. The Heart Foundation issues reports on the results of their studies and the expert meeting.

Vascular risk management programme

Many of the activities to be carried out in the field of vascular care will be included in the Heart Foundation's new programme on vascular risk management. An aim of this programme is to stimulate the start of a national lifestyle programme on vascular risk management with an accompanying course for professionals.

Vascular care needs to be equipped to deal with the growing group of patients with peripheral arterial vascular disease. The Heart Foundation will also focus on increasing the general public's awareness and the patient's knowledge on prevention and combating risk factors.

Working on early recognition and diagnosis of symptoms and risks, and early management of atherosclerosis is a real investment in the future. ■

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