

Kardiološka rehabilitacija u Republici Hrvatskoj: gdje smo i kuda idemo?

Cardiac rehabilitation in the Republic of Croatia: where are we and where are we going?

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Od kardiovaskularnih bolesti (KVB) u Europi svake godine umire više od 4 milijuna ljudi. U Republici Hrvatskoj (RH) u 2016. godini, KVB poprimile su udio od 44,99% (23.190 osoba) u ukupnoj smrtnosti; 50,14% žena i 39,67% muškaraca. U posljednjih trideset godina smrtnost KVB-a prepolovljena je. Navedeno se može pripisati promjenama faktora rizika stanovništva, prvenstveno smanjenju kolesterola, arterijskog tlaka i pušenja. Ovaj povoljan trend mogao je biti još bolji da ga djelomično nije nadoknadio rast drugih čimbenika rizika, uglavnom dijabetesa tipa 2 i pretilosti. Pristupanje ukupnim preventivnim i sveobuhvatnim rehabilitacijskim mjerama u bolesnika koji imaju razvijenu KVB, s ciljem postizanja maksimalnog zdravlja, osobne, obiteljske i socijalne dostatnosti, kao i sprječavanja novog kardiovaskularnog događaja, glavni su zadaci organizirane zdravstvene djelatnosti sekundarne prevencije. Uspješno provedeni, oni dovode do značajnog povećanja preživljenja, poboljšanja kvalitete života, smanjenja potrebe za intervencijskim, kirurškim ili perkutanim zahvatima, uz krajnje značajnu redukciju ukupnog društvenog i ekonomskog opterećenja.¹⁻³ Potrebni su dodatni naponi ne bi li se broj centara ambulantne i stacionarne kardiološke rehabilitacije doveo na razinu aktualnih potreba u RH. U prezentaciji predavanja bit će riječi o tome kako i gdje otvoriti nove centre kardiološke rehabilitacije u RH.

In Europe, more than 4 million people die each year due to cardiovascular diseases (CVD). In the Republic of Croatia in 2016, CVDs had taken the share of 44.99% (23,190 people) in overall mortality; 50.14% of them were women and 39.67% were men. In the last thirty years, mortality of CVD has been halved. This can be attributed to changes in population risk factors, primarily to reduction of cholesterol, blood pressure and smoking. This favourable trend could have been even better if not being partly compensated by the growth of the other risk factors, mostly diabetes type 2 and obesity. Approach to the total preventive and comprehensive rehabilitation measures in patients with developed CVD with the aim of achieving maximum health, personal, family and social sufficiency as well as preventing a new cardiovascular event, are the main tasks of organized secondary health prevention activities. If implemented successfully, they lead to a significant increase in survival, improvement of quality of life, reduction of the need for interventional, surgical or percutaneous interventions, with a significant reduction in overall social and economic burden.¹⁻³ Additional efforts are needed in order to bring the number of outpatient and stationary cardiac rehabilitation centers to the level of the current needs in the Republic of Croatia. During the lecture presentation, it will be discussed how and where to open new cardiac rehabilitation centers in the Republic of Croatia.

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LITERATURE

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