

Što smo naučili od "North Karelia" projekta What have we learned from the "North Karelia" project?

Ivona Brajković^{1,2*},
Viktor Peršić^{1,2,3},
Irena Kužet
Mioković^{1,2},
Marica Komosar
Cvetković^{1,2},
Paolo Šorić¹

¹Klinika za liječenje, prevenciju i rehabilitaciju bolesti srca i krvnih žila Thalassotherapy Opatija, Opatija, Hrvatska

²Sveučilište u Rijeci, Fakultet zdravstvenih studija, Rijeka, Hrvatska

³Sveučilište u Rijeci, Medicinski fakultet, Rijeka, Hrvatska

¹Clinic for treatment, prevention and rehabilitation of cardiovascular diseases "Thalassotherapy Opatija", Opatija, Croatia

²University of Rijeka, Faculty of Health Studies, Rijeka, Croatia

³University of Rijeka, Faculty of Medicine, Rijeka, Croatia

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***ADDRESS FOR CORRESPONDENCE:** Ivona Brajković, Klinika za liječenje, rehabilitaciju i prevenciju bolesti srca i krvnih žila "Thalassotherapy Opatija", M. Tita 188/1, HR-51410 Opatija, Croatia. / Phone: +385-51-202-600 / E-mail: brajkovic.ivona1@gmail.com

ORCID: Ivona Brajković, <https://orcid.org/0000-0002-1420-5918> • Viktor Peršić, <https://orcid.org/0000-0003-4473-5431>
Irena Kužet Mioković, <https://orcid.org/0000-0003-4990-6201> • Marica Komosar-Cvetković, <https://orcid.org/0000-0002-9539-9733>
Paolo Šorić, <https://orcid.org/0000-0001-5344-5052>

U ranim 1970-im stopa smrtnosti, kardiovaskularnih bolesti (KVB) u Finskoj, bila je najviša u svijetu, pritom je posebno pogođena Finska pokrajina North Karelia.¹ Uz podršku i suradnju Svjetske zdravstvene organizacije, 1972. započinje North Karelia projekt s postavljenim glavnim ciljevima: redukcija mortaliteta od KVB i ostalih kroničnih nezaraznih bolesti, uz promociju zdravog načina života.² Pilot projekt trajao je 5 godina, s postignutim impresivnim rezultatima nastavlja se na nacionalnoj razini i postaje demonstracijski model promotivnog zdravog načina života. Primarni cilj uspješno je postignut što dokazuju i podaci istraživanja koji prikazuje smanjenu stopu smrtnosti od KVB u pokrajini North Karelia za 85% u 35 godina. Glavni čimbenici rizika koji su stvarali problem lošeg životnog stila u North Kareliji jesu tjelesna neaktivnost stanovništva, pušenje i nezdrava prehrana prepuna zasićenih masnoća. Integrirani pristup prevenciji bio je središnji uspjeh projekta, a dovodi do generalnog ostvarenja cilja i poboljšanja zdravlja. Uspjeh projekta čine odgovarajući epidemiološki i ponašajni okvir, ograničeni i dobro definirani ciljevi, fleksibilna intervencija, usko surađivanje sa zajednicom uz pozitivne povratne informacije, rad s medijima, međunarodna suradnja, podrška WHO-a te dugoročno, posvećeno vodstvo. Sveobuhvatan, odlučan i program temeljen na teoriji može imati značajan pozitivan efekt čimbenika rizika i životnih stilova. Takve promjene povezane su s odgovarajućim povoljnim promjenama u kroničnim stanjima bolesti i zdravlju stanovništva. Veliki nacionalni demonstracijski program može biti snažan alat za povoljan nacionalni razvoj u prevenciji kroničnih bolesti i promicanju zdravlja. Ugledajući se na takav projekt stvaraju se nove perspektive za strukturirani, stratificirani i relevantni pristup brizi o zdravlju koji se oslanja na personaliziranu medicinu, a uključuje prediktivni, preventivni, personalizirani i participativni pristup svakom pojedincu.

In early 1970s mortality rate from cardiovascular diseases (CVD) was highest in Finland, especially in Finnish province North Karelia.¹ With cooperation and support from World Health Organization (WHO) in 1972. began a North Karelia project with main goals as follows: mortality reductions from CVD and other chronic, non-infectious disease, and promotions of healthy lifestyles.² Pilot project lasted for 5 years and it had achieved impressive results and became a demonstration model for promotion of a healthy way of living. Primary end-point was achieved with reductions of mortality rate from CVD in North Karelia province by 85% in 35 years. Main risk factors associated with unhealthy living style in North Karelia were physical inactivity, smoking and unhealthy diet which was rich in saturated fats. Integrated approach to prevention was the main core of the project and it led to achievement of general goal and health improvement. Project success was achieved with appropriate epidemiological and behavioral framework with limited and well-defined goals, flexible interventions, close collaboration with community associated with positive feedback, collaboration with media, international collaboration, WHO support and long-term and dedicated leadership. Universal, determined program that is theory-based can have positive impact on risk factors and life-style changes. These life-style modifications are associated with positive changes in chronic diseases and overall health of population. Big national program can be a strong tool for favorable national development in prevention of chronic diseases and health promotion. If we look at this project, we can produce new perspectives for structural, stratified and relevant approach to health care which relies on personalized medicine, and which incorporate predictive, preventive, personalized and participatory access to each individual.

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