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NOTE

Prevention-minded reflections on cardiovascular conferences in Lebanon

Samer Jabbour *

Faculty of Health Sciences, Van Dyck Hall, American University of Beirut, Beirut, Lebanon

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Introduction

The cardiovascular community in Lebanon, comprising cardiologists mostly in the Lebanese Society of Cardiology and Cardiac Surgery (LSC) [1], has historically been very active in organizing continuing education programs and conferences (I will refer to all these activities collectively as conferences) concerning different aspects of the practice of cardiology and cardiovascular health in general. It is of interest to reflect qualitatively on the contents of these conferences. This can provide insights into several important issues: the scope of cardiovascular issues addressed by cardiologists; the interest of the larger medical community in cardiovascular diseases (CVD); emphasis on prevention vs. control of CVD; and the coverage of the media and, indirectly, public exposure. Reflection on these conferences is carried out from a position of emphasis on cardiovascular health promotion and CVD prevention. Therefore, these conferences are evaluated based on whether they ultimately serve these goals.

The context

It is important first to understand the Lebanese context in terms of the health profile and the health system. CVD in Lebanon have been the main causes of morbidity and mortality for several decades and account for about 16% of prevalent health conditions [2]. Risk factors are abundant [2—4]. The health care system consumes a large portion of national resources (12.3% of GDP, the highest in the region and the second highest in the world) and is severely skewed towards curative/therapeutic services [5]. There is an oversupply of specialized hi-tech services when compared with other countries on a per capita basis [5]. Nowhere is this problem more acute than in cardiology. Lebanon has 35 cardiac catheterization centers, more than three times as many cardiac catheterization centers as France has. The rate of (over)use of cardiac catheterization per population (9.32 per 10^6 population) ranks Lebanon third worldwide, after the US and Germany [6].

These imbalances are mirrored by the supply of doctors. Specialists in Lebanon constitute 70% vs. 30% of generalist physicians. To put this in perspective, England has exactly the reverse distribution (70% generalists vs. 30% specialists). There are around 500 cardiologists and cardiac surgeons

* Tel.: +961 1 350 000x4640; fax: +961 1 744 470.
E-mail addresses: sj22@aub.edu.lb, shjabbour@gmail.com.

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in Lebanon [7] yielding a rate per 10^6 population (Lebanese population is estimated at 4 million) that matches or exceeds some of the highest European rates found in Italy or France (88 cardiologists per 10^6 population) [8]. Many people walk into a cardiologist's office, or occasionally that of a cardiac surgeon, with various symptoms, which they believe are heart-related without first seeking the input of a generalist, if they even have one. Obviously, the cost of care in Lebanon is high. This has drained the national health budget. The Ministry of Public Health pays for about 70% of bypass surgeries and other major cardiac procedures. However, many Lebanese shoulder an important percentage of the cost of care as out-of-pocket expenses.

CVD prevention and preventive cardiology

Cardiovascular preventive and rehabilitative services are not well developed and are not covered under most health insurance schemes in Lebanon. Adherence to evidence-based practice recommendations for CVD prevention has not been adequately studied. Many preventive cardiac medications, especially statins, are broadly used and there is common concern about whether these are over-utilized. The field of preventive cardiology, or more broadly vascular prevention, has not yet developed in Lebanon. Consequently, while well-established medical institutions, typically modeled by Lebanese specialists who have returned from biomedical institutions in North America and Europe, where they trained, provide world class and high quality cardiac care, prevention is not supported institutionally. Furthermore, a prevention culture, both among the public as well as health professionals, does not appear to have a stronghold yet.

Prevention-minded notes on cardiovascular conferences

The reflections provided herein concern cardiovascular conferences attended or conference programs reviewed by the author over the past 7 years (2000—2007). As emphasized earlier, these reflections provide only qualitative assessments. A quantitative assessment is also needed but is beyond the scope of this paper. The LSC organizes a yearly cardiology conference. In addition, many members of LSC also organize conferences that are co-sponsored by LSC or one of its working groups. Some of these conferences, such as Middle East Cardiostim, have a high international profile. While most of the conferences deal with various aspects of clinical cardiology, some have focused directly on CVD prevention. The latter have included Eastern Mediterranean Congresses on Heart Health, the Regional Meeting on Prevention of Coronary Heart Disease and Stroke, and Prevention at Low Cost. The following are some observations from the cardiovascular conferences:

1. The presentations in the conferences have good quality content, especially when it comes to reviewing recent guidelines and presenting the latest developments and technologies.
2. The need for CVD prevention is not questioned in most conferences. On the contrary, many presenters acknowledge the under-utilization of preventive approaches. However, CVD prevention per se does not receive the same attention as current updates in clinical curative cardiology. Cardiovascular health promotion also receives little attention in comparison with CVD prevention.
3. There is little attention to socioeconomic, health system and other broad determinants of CVD. This is even the case for conferences devoted to CVD prevention where classic CVD factors dominate presentations and discussions.
4. Public health approaches to cardiovascular health and CVD prevention are also not adequately emphasized compared with clinical medication-based approaches. While there is a great need to educate practitioners about clinical preventive services, the central role of more comprehensive public health interventions cannot be ignored [9].
5. Of the classic CVD risk factors, smoking prevention and cessation continue to receive comparatively low levels of attention compared with other preventive services, e.g. use of statins or antihypertensive agents in primary and secondary prevention. This is in contrast to the high prevalence of smoking of both cigarettes and waterpipes [2]. Lebanon has a high rate of smoking among men (42—53%) and has the highest rate of smoking among women (31%) in the Eastern Mediterranean region. There are many obstacles to tackling smoking but cardiologists have an important role to play if this risk factor is to be adequately addressed [10]. It is observed

that many cardiologists commonly smoke during session breaks, limiting the credibility of the conferences in tackling smoking.

6. A few generalists or specialists of other fields of concern to CVD prevention, e.g. endocrinologists, nephrologists and neurologists attend these conferences, however most attendants of LSC and affiliated conferences are cardiologists who represent different specialties in the field. The upside of this is that general cardiologists are exposed to some prevention messages. The downside is that outreach to the larger medical community is limited, thus limiting impact on promotion of CVD prevention.
7. The relevance of cardiac prevention efforts to other non-communicable diseases, especially stroke and kidney disease, is not adequately emphasized, thus missing the opportunity to expand prevention efforts beyond the traditional focus of cardiology practice and to join hands with colleagues from other specialties as indicated above.
8. There is inadequate attention to economic considerations including cost and cost-effectiveness of both clinical and preventive cardiology services. The local relevance of these services is not adequately emphasized. North American or European guidelines for management of different conditions and CVD risk factors are commonly discussed without adequate consideration of their local relevance. This applies for example to the suspected widespread use of statins and newer anti-hypertensive agents in primary prevention without available evidence for their relevance and cost-effectiveness in the Lebanese context [7].
9. A small group of cardiologists has been very active in organizing CVD prevention conferences or contributing to CVD prevention sessions in general conferences. These are the unsung heroes of CVD prevention and include members of the LSC's CVD Prevention Working Group. Interestingly, some of these cardiologists, most notably Dr. Charles Jazra, are busy clinicians in private practice. This is a healthy sign of the engagement of non-academic cardiologists in the promotion of cardiovascular health and CVD prevention.
10. Prevention-focused conferences receive much less attention compared with clinical conferences where the media are focused on the ''latest developments'', which commonly relate to technology and treatment. This is also the case for media reporting on health services [11]. This gives direct insight to what the general public is commonly exposed, representing a missed opportunity for a higher public profile for CVD prevention.

Nest steps

Lebanese cardiology has accomplished much, a testimony to the caliber of its highly-trained membership, but the tasks ahead are tremendous. CVD prevention will receive due attention when it becomes the core component of the practice and the soul of all doctors, rather than just an activity of the organizations and institutions that are directly or indirectly involved in CVD such as LSC. While cardiovascular conferences are not the dominant component of CVD prevention efforts, they do play a direct role in shaping cardiologists' clinical practices and they influence their attitudes towards preventive efforts. These conferences also play an indirect role in the larger medical community due to the prestige of cardiologists and their influence as models for CVD care and prevention. What are the most important steps needed to bring more focus on CVD prevention and cardiovascular health promotion to cardiology conferences? The following suggestions are provided for the sake of stimulating debate and are not intended to be prescriptive:

- There should be CVD prevention advocates on the organizing committees of conferences to promote CVD prevention in a variety of ways.
- The scope of emphasis should expand from CVD prevention to include CVD determinants, cardiovascular health promotion, and public health efforts including medicine-public health partnerships to address the strategic goals of improving cardiovascular health in Lebanon.
- The smoking epidemic, especially with the rise of waterpipe smoking among youth, must be better acknowledged and addressed by the cardiovascular community including at cardiovascular conferences. After all, Lebanon is a signatory to the Framework Convention on Tobacco Control.
- In its endeavor to keep up with knowledge and practice guidelines that have been developed in completely different settings, a legacy of our indoctrination during training abroad, Lebanese cardiology can no longer afford to ignore issues of local relevance and cost. This is especially urgent considering the current crisis of the health care system in Lebanon.

- Outreach to the broader physician and public health community is paramount if the message of prevention is to be widely understood and adopted.

The challenge that Lebanese cardiology is facing today is similar to what all of Lebanon is grappling with: how to build according to the demands of modernity but maintain a sense of local purpose and relevance. Self-reflection on all our activities, including educational ones, is an important step in this direction.

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