SWEDEHEART, Sweden

Bertil Lindahl, professor, University of Uppsala

The vision for the Swedish Quality Registries is that “the National Quality Registries are used in an integrated and active way for continuous learning, improvement, research and management to create the best possible health and care together with the individual”. The SWEDEHEART registry (Swedish Web-system for Enhancement and Development of Evidence-based care in heart disease Evaluated According to Recommended Therapy) is a national quality registry for cardiovascular care (RIKS-HIA), coronary angiography and percutaneous coronary intervention (SCAAR), cardiac surgery, and secondary prevention (SEPHIA) and cardio-genetic diseases, which was formed in 2009 by the merging of 4 different existing registries. After that, the cardiogenic and percutaneous valve implantation sub-registries have been added.

The goal for the SWEDEHEART registry is to respond to all aspects of the vision for the National quality registers. During my presentation, I will give examples how the register has been used successfully for continuous learning, improvement, research and management and the impact this has had on cardiac care in Sweden. Furthermore, I will discuss the possibilities and challenges ahead for the registry.
SEPHIA Register, Sweden
Margrét Leosdottir, MD, PhD, Chair of the SEPHIA Registry

The Secondary Prevention after Heart Intensive Care Admission (SEPHIA) registry provides detailed information on the quality of cardiac rehabilitation care in Sweden. Since the start of the registry in 2005 approximately 77,000 patients have been registered in SEPHIA with high national coverage at a hospital level (>95%). As such, the registry represents an internationally unique cardiac rehabilitation cohort of patients who have suffered a myocardial infarction (MI), both in terms of size and national representability.

According to the registry 26% of patients with MI in 2017 had a diagnosis of diabetes at one-year post-MI, which is somewhat lower than reported in the latest EUROASPIRE survey. The range between hospitals, however, is wide (17–50%), indicating lack of adequate diagnostics at sites with low numbers. There is also a wide variation in prescribed treatment and routines for care of patients with diabetes between hospitals, with considerable room for improvement. More detailed variables on prescribed diabetes treatment, which are being introduced in the registry in 2018, will provide more details on the quality of care for MI patients with diabetes.

Key learning points
• Diabetes among MI patients is underdiagnosed at many Swedish hospitals
• There is a large variation in how MI patients with diabetes are treated within cardiac rehabilitation
• Care for MI patients with diabetes also varies largely, with considerable room for improvement

References
www.swedeheart.se
EUROASPIRE

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The European Society of Cardiology has published guidelines six times since 1994 describing state-of-the art in preventing cardiovascular disease. The implementation of these guidelines has been evaluated by the cross-sectional survey EUROASPIRE since the mid 1990’s. The results show that the risk factor management is suboptimal and that many patients do not reach the treatment targets for blood pressure, blood lipids and blood glucose. Over time the EUROASPIRE-studies reveal a negative trend regarding lifestyle oriented care with an increase in obesity, central obesity and diabetes but an improvement regarding the control of blood pressure and blood lipids. It is likely that the negative life style trend counteracts the positive trend regarding improved pharmaceutical treatment. This knowledge underlines the importance of further efforts to implement multifactorial preventive programs to reach the most effective cardiovascular disease prevention.