



Letter from the presidency of ANCAM The role of ANCAM in the prevention of cardiovascular diseases in Mexico. 2020-2022 biennium

*Carta de la presidencia de ANCAM
El papel de la ANCAM en la prevención de las enfermedades
cardiovasculares en México. Bienio 2020-2022*

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For more than 20 years, cardiovascular diseases (CVD) have been the leading cause of death in the world, and Mexico has not been the exception. Worldwide, only in 2019 more than 18.6 million deceases were documented from this cause, representing an increase of 53.7% from 1990, attributed in turn to the increase in the global burden of modifiable risk factors.¹ Still, the leading cause of death is ischemic heart disease with 8.9 million deaths, being also the second leading cause of disability-adjusted life years (DALYS). On the other hand, income influences life expectancy. For example, in 2016, this demographic parameter was 18.1 years lower in low-income countries (~ 62.7 years) than in high-income countries (~ 80.8 years).² The three main causes associated with premature death are ischemic heart disease, lung cancer, and suicide.³

The World Health Organization (WHO) informed that non-communicable diseases account for 70% of the causes of mortality, while CVD currently represent 16% of all deaths. These data point to the urgent need to drastically improve primary health care, in an equitable and comprehensive manner to carry out the fight against non-communicable diseases and manage its global epidemic.⁴ Global investment is necessary for health systems, services, and workforce to develop sustainable objectives to prevent non-communicable diseases.⁵

Global health systems seek universal coverage rate of at least 95%, while the proportion of catastrophic health expenditures per capita should be less than 3%. Only between 33-49% of all countries have such health service covering. The proportion of the population that spends more than 25% of its personal budget on health care was 3% in 2015, while in 2000 it was 1.7%. By the end of 2020, about 1 billion (12.9%) people will use at least 10% of their budgets on health care.⁶ In Mexico, the proportion of population spending out-of-the-pocket on health care expenditure is more than 40%. Furthermore, in the country there is a delay in dealing with many health problems with opportunity due to the lack of economic possibilities and the poor supply and a low coverage from government health services (< 60%). As well, Mexico per capita expenditure in health is lower than the Organization for Economic Co-operation and Development (OECD) average (4,000 USD in OECD average against 1,150 USD in Mexico).⁷

Although Mexico continues to have a high mortality rate from acute myocardial infarction in those patients over 45 years of age (27.5 versus 6.9% in the OECD)⁷ we have at least a history of success with the implementation of the so-called «Infarct Code», a protocol performed in emergency services and referral hospitals of the Mexican Institute Social Se-

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curity (IMSS), taking into consideration both the direct economic losses and the fact that CVD are the main cause of years of healthy life lost due to premature death and disability. With this protocol, it was possible to improve myocardial reperfusion from 34.9 to 71.4% ($p < 0.0001$), by increasing fibrinolytic therapy from 25.5 to 40.1% and incrementing primary percutaneous coronary intervention from 9.4 to 31.3% ($p < 0.0001$), reducing the time of care significantly and lessening mortality from 21.1 to 9.4% ($p < 0.0001$).⁸ However, the great challenge still is to universalize this strategy in all segments of the national health system of our country, to reduce acute myocardial infarction mortality to levels closer to those of the OECD average.

The role of cardiological societies in the implementation of public health policies is of certain importance, especially when underline the need of a wider approach allowing the guarantee in the equitable provision of health care services, for example, in the elderly, which is a problem that continues to be neglected worldwide.⁹

The European Society of Cardiology (ESC) through a comprehensive model of care adapted to address multiple barriers in specific communities, attained substantial control rates of blood pressure, drug ministrations, and adherence. During the 2019 ESC Congress, the results of several studies were shown revealing that the reinforcement of preventive interventions reduced cardiovascular risk indeed. In addition to hypertension and dyslipidemias, there are other factors such as low education, pollution, and poor nourishment that impact on cardiovascular risk, especially in low- and middle-income countries,¹⁰ which highlights the importance of education and promotion of health in all populations.

However, in our country, this influence is rather limited, and it hardly impacts on the promulgation or modification of laws, regulations and norms related to health and prevention. Despite this, we must continue to insist on being a national benchmark to guide and support governmental and legislative decision-making, contributing with our knowledge and presenting the best scientific evidence in prevention strategies for non-communicable

diseases, aimed to a high-risk population like ours. Of similar importance is to establish the appropriate guidelines for the diagnosis in the initial stages of the disease and the estimation of therapeutic goals, to reduce the probability of major cardiovascular events, such as acute myocardial infarction, cerebral vascular event, arrhythmias, and heart and kidney failure, to lessen the risk of premature death.

THE NATIONAL ASSOCIATION OF CARDIOLOGISTS OF MEXICO (ANCAM) CONSTITUTED ON JULY

21, 1984, in the City of Ensenada, Baja California, was initially called the National Association of Cardiologists graduated from the Mexican Institute of Social Security. On October 13, 1990, its denomination was changed to The National Association of Cardiologists of the Mexican Institute of Social Security, and finally, on November 8, 1994, its current name was approved. It is the cardiological association with the largest membership in our country, assembling more than 2,140 members due to its open and inclusive orientation. Its motto is «Prevent is our goal», which commits the entire membership to take actions towards cardiovascular prevention and to reduce the global burden of cardiovascular diseases in our country.¹¹

ANCAM's strength comes from its statutes that facilitate the execution of its tasks and from its organic executive structure composed by a biannual board of directors and an advisory council that includes the last four former presidents, which allows to take the best decisions together, in addition to being self-sustained.

ANCAM's objectives are focused on promoting the development, research, diffusion, and continuing professional education of cardiology, promoting the study, research, teaching, exercise, and application of cardiology in its basic, clinical, and surgical areas, as well as in related sciences. Our association also provides scholarships to low-income students and associates, promoting the prevention, detection, diagnosis, treatment, rehabilitation and research of cardiovascular diseases, and their complications in our country. Also serves as a national consultant body in research and teaching related to cardiology, and at the same

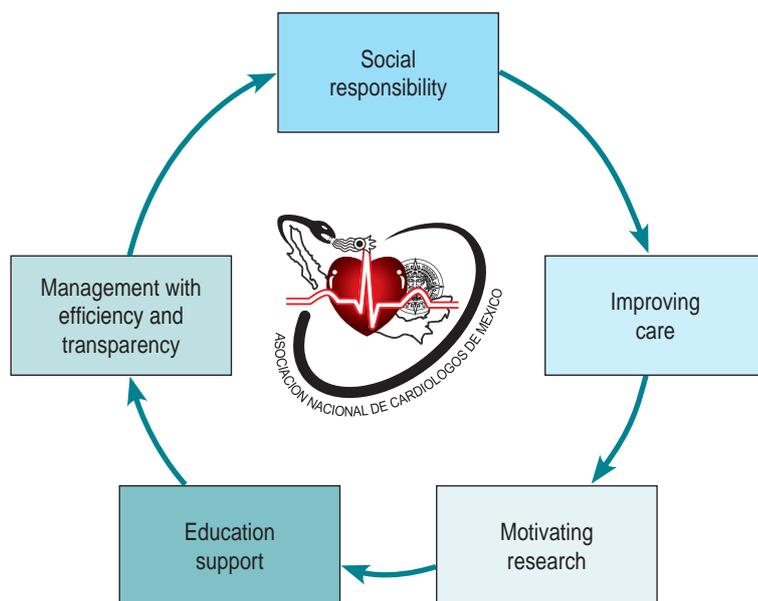


Figure 1: Axes of action of ANCAM to achieve cardiovascular prevention in Mexico.

time execute national health programs related to our discipline. Besides, the Association establishes necessary relationships with other national and international medical societies, which allows and stimulates scientific, cultural, and social exchange and development.

THE NEW PROPOSAL OF ANCAM FOR THE PREVENTION AND DETECTION OF CARDIOVASCULAR RISK FACTORS

The renewal of ANCAM began with the election, for the first time in our country, of a woman as vice president of a cardiologic association, where in general those positions are reserved for men. In addition, our association includes different age generations, institutions and geographical regions, for all united try to improve integrally Mexican cardiology through five axes focused on social responsibility, improving care, stimulation to research, supporting medical education, while having efficient and transparent management (Figure 1).

1. Social responsibility

It is one of the most important and difficult to achieve axis which includes educating the population about the importance of cardiovascular

diseases. A YouTube channel was created aimed at patients and the public to increase awareness and knowledge about cardiovascular diseases, how can they be detected early and treated; as well as how to participate with preventive and detection actions, in collaboration with state governments, especially in those populations affected by a limitation of health resources.

The recently created Initiative for the Women's Heart carries out actions to detect cardiovascular risk in women without access to institutional medical services, to identify those who have risk factors, and guide them to start appropriate treatment.

2. Improving care

The development of health care protocols yields to improve the nature of care through six dimensions of quality.¹² Quality care, for example, is included in the guidelines for the diagnosis and treatment of acute myocardial infarction as an indicator of the responsibility that health systems must assume.¹³ Other transcendent action is the elaboration of statement positions, which can influence the improvement in detection and control of the main cardiovascular diseases. Therefore, ANCAM can be part of focus groups for cardiovascular diseases and participate with the Ministry of Health in better decision-making and public health policies.

3. Motivating research

It is important to stimulate and support high-quality research, allowing that basic and experimental knowledge migrate to clinical and healthcare practice. For this purpose, a new chapter on cardiovascular research was created. Furthermore, it is intended to organize a research committee, composed of highly recognized scientists to facilitate the members of ANCAM their participation in research programs and involve them in collaborative clinical studies. It is a priority that our associates involved in research produce their own results through clinical studies, mainly real-world studies that provide relevant information. We must participate in national and international multicenter studies on pertinent epidemiologi-

cal, clinical, and technological evaluations. In addition, courses of methodological support to clinical research will be developed.

Scientific production will be promoted by the ANCAM chapters, and the produced papers can be exposed in the pages of our Journal «Cardiovascular and Metabolic Science», which, in this way, will increase its scientific quality and will generate the possibilities of increasing the editorial impact, and national and international recognition.

4. Support in continuing medical education

The association will carry on with the promotion of continuous medical updating of specialists, cardiology residents and related subspecialties, professionals from areas related to cardiology, as well as undergraduate and general practitioners, through new communication technologies. The continuing medical education chapter was created, which, in collaboration with the coordinators of other chapters, the ARCADE (Association of Cardiology Residents of Mexico), institutions training professionals in cardiology and subspecialties, universities and medical societies will carry out specific programs for continuous medical updating

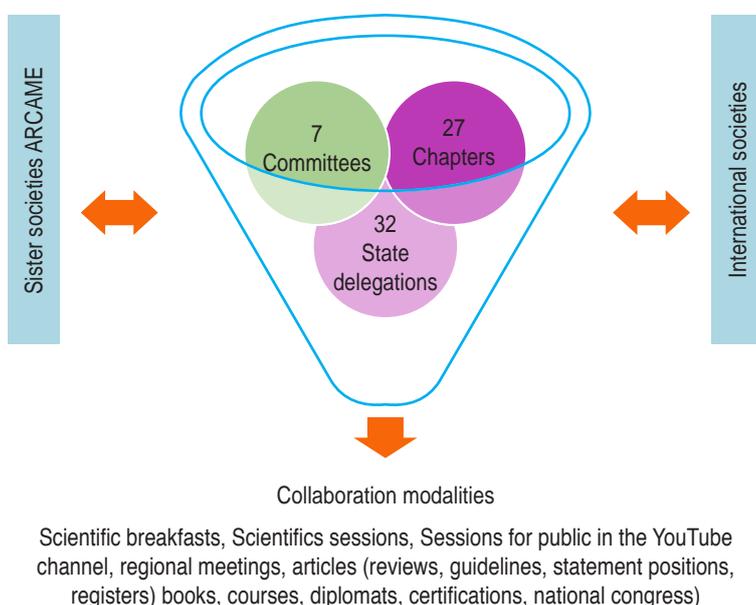


Figure 2: Collaboration between chapters, committees, delegations, and related societies for the 2020-2022 biennium.

(Figure 2). Accreditation will be sought in those areas that require it, due to their assistance or technological complexity, to promote the high-quality clinical practice, based on standards and professional competencies sponsored by ANCAM, including bioethical aspects.

Clinical cardiology will be strengthened by the continuous presentation of clinical cases online, from national or international authors, which will allow us to challenge our knowledge and keep up to date on cardiovascular diseases and other specialties.

5. Management with efficiency and transparency

Undoubtedly an important pillar for ANCAM is to be an efficient and transparent organization. To improve the organizational management, a structure that seeks the good of the association will always be promoted, streamlining the resources, taking care of existing assets, and generating more wealth, through effective actions. The diverse functions of ANCAM leadership will be delimited, and resources will be used responsibly, attending the real needs of our members collectively. With all these actions ANCAM will continue being a self-sustaining organization. The spaces in our Heart's House «La casa del corazón», one of the most important assets of ANCAM, will be optimized, to remain the place of science and technology of national cardiology.

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