

EU Council Recommendation on cardiovascular health checks

An urgent appeal to ensure impact, sustainability and equity: the opportunity in heart failure

Dear Commissioner Várhelyi, Ministers, Colleagues,

We commend the European Commission's proposal for a Council Recommendation on cardiovascular health checks.

This sets out a modern, dynamic vision for cardiometabolic screening in Europe. Its call for a **seamless pathway** from detection and risk modelling to care, **system innovation** involving community settings, digital tools and our healthcare workforce, and recognition of **diversity in people's risk and needs** gives clear political direction for health system improvement for years to come.

We particularly welcome the recognition of evidence for **targeted, risk-based detection** efforts. By recommending natriuretic peptide (NT-proBNP) testing for people aged 65 years and over, the proposal's Annex begins to address one of the most significant and costly gaps in cardiovascular health today: **the underdiagnosis of heart failure**.

Yet there are still important considerations missing from the proposal.

We therefore ask you to strengthen the final Recommendation through the targeted modifications presented below (page 3). These additions would help to ensure that the Recommendation delivers a comprehensive, future-ready vision of cardiovascular screening for Member States.

Why is early heart failure detection essential?

Heart failure – a condition where the heart cannot pump enough blood around the body – affects millions of people in Europe and is a leading cause of avoidable hospitalisations.¹⁻³ Heart failure **typically develops after years of exposure to chronic cardio-renal-metabolic risk factors.**⁴ Yet it is still commonly diagnosed only in emergency settings, after significant and often preventable deterioration has already occurred.^{5,6} If left unchecked, the toll of heart failure will only continue to grow.



up to 50%

According to the European Society of Cardiology, **hospital admissions for heart failure** could increase by as much as 50% over the next 25 years.³



1 in 6

One in six people aged 50 and over may be living with heart failure – according to a recent large-scale screening study in Portugal, where 90% of cases were previously undetected.⁷

Early detection and prompt guideline-based treatment for heart failure are critical. Many people in Europe are already living with heart failure risk factors and related chronic conditions, such as diabetes and kidney disease.⁸ While better management of early cardiovascular risk is essential, this alone offers no guarantee that overall heart failure prevalence will fall, as demographic ageing and a growing burden of comorbidities continue to increase the number of people affected by heart failure.³

For this reason, it is vital that the next generation of cardiometabolic health strategies across Europe provide a comprehensive approach, spanning early risk factors, secondary prevention and, crucially, mitigation of later-stage conditions such as heart failure.

A true litmus test of the resilience of our health systems lies in heart failure: a health system that can prevent it, detect it early and slow its progression is a health system that is succeeding in protecting cardiovascular health across the life course. The European Commission's Safe Hearts Plan has set a strong foundation. Now, the final Council Recommendation on health checks is a powerful opportunity to communicate the importance of detecting and preventing heart failure, alongside other critical cardiovascular outcomes such as heart attack and stroke, and linking detection seamlessly into onward diagnostics and care.

**We urge the inclusion of the following considerations
in the final Council Recommendation:**

Proposed modifications to the proposal text are shown in red.

IN THE RECOMMENDATION:

a) Recital (5)

*‘Cardiovascular health checks support the early detection of cardiovascular risk factors, such as high blood pressure, cholesterol, diabetes and obesity, which together with appropriate patient-centred follow-up care, including diagnosis and treatment, can reduce cardiovascular events, such as heart attacks, stroke and **acute heart failure**.’*

Rationale: Heart failure is one of the leading acute events driving avoidable hospital admissions and poor cardiovascular health in Europe.² Naming it here, alongside heart attacks and stroke, more comprehensively reflects the major cardiovascular outcomes that timely detection and intervention can help to prevent.

b) Recital (19) and point (10)

We welcome the existing recognition that health checks must be linked effectively to onward care in these sections of the proposal, and strongly recommend that this wording is retained in the final text. For suspected heart failure, it is essential for people to receive rapid onward referral and timely access to enhanced diagnostics, such as NT-proBNP testing and echocardiography, to confirm diagnosis and receive evidence-based quality care (informed by clear care pathways).⁸

IN THE ANNEX:

a) Recommended components of cardiovascular health checks: Individuals aged 35 to 64 years

*‘The cardiovascular health check includes the following elements: ... **Assessment for ankle swelling, breathlessness and extreme fatigue (heart failure red flags), and electrocardiogram (ECG), as needed;...**’*

Rationale: Ankle swelling, breathlessness and extreme fatigue are typical symptoms of heart failure, which can be assessed through basic visual examination and questioning.⁸ Including them in routine checks could help to

prompt heart failure diagnosis well before a first emergency hospital admission.

We also urge the addition of the following paragraph:

'People at elevated cardiovascular risk, such as those living with diabetes or kidney disease, should be assessed regularly for heart failure symptoms (ankle swelling, breathlessness, extreme fatigue). If heart failure is suspected, they should receive timely access to the additional screening elements recommended for people aged 65 years and over (e.g. NT-proBNP testing), to support early diagnosis.'

Rationale: Screening for heart failure among people living with chronic conditions that increase their risk of developing the condition is widely recommended by the cardio-renal-metabolic community, including the European Society of Cardiology, European Renal Association and European Association for the Study of Diabetes.⁹⁻¹¹ More frequent symptom checks, with a clear route to enhanced diagnostics, can focus early detection on at-risk groups most likely to benefit.

b) Recommended components of cardiovascular health checks: Individuals 65 and older

'A cardiovascular health check as outlined above should be performed every 3-5 years, including an ECG, natriuretic peptide tests (NT-proBNP) to expedite heart failure diagnosis, pulse assessment to detect or exclude atrial fibrillation (heart rate and rhythm), cardio-pulmonary auscultation and evaluation of peripheral artery disease, as needed.'

Rationale: We welcome the existing inclusion of NT-proBNP testing in this section of the Annex, and strongly recommend that this is retained in the final text. This minor modification makes the purpose of NT-proBNP testing clear, and is consistent with how the Annex already presents pulse assessment (to detect or exclude atrial fibrillation).

Our full manifesto, [Cardiovascular health checks: the opportunity in heart failure](#), provides further detail on the toll of heart failure and examples of existing best practice in screening across Europe. It is supported by **over 30 signatories from the cardio-renal-metabolic communities**, including the European Kidney Health Alliance and the International Diabetes Federation Europe.

We remain at your service, and thank you on behalf of the heart failure community and our colleagues in diabetes and kidney health.



The Heart Failure Policy Network

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