

2018

Slovenia: Cardiovascular Disease

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Pinto, Natalia. "Slovenia: Cardiovascular Disease" (2018). *Global Public Health*.

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CARDIOVASCULAR DISEASE SLOVENIA



Core indicators for monitoring Health 2020 policy targets, Slovenia, most recent years available

Target	Indicator	Value			Year
		Male	Female	Total	
1. Reduce premature mortality ^a	Premature mortality rate from cardiovascular disease, cancer, diabetes mellitus and chronic respiratory diseases among people aged 30 to under 70 years	392.2	189.5	289	2010
	Prevalence of tobacco use among adults aged 18 years and over ^b	22.2	15.9	19.2	2012
	Pure alcohol consumption per capita among people aged 15 years and over	--	--	10.3	2010
	Prevalence of overweight and obese (body mass index ≥ 25) adults aged 18 years and over (age-standardized estimate)	66.1	55.1	60.6	2014
	Mortality rate from external causes of injury and poisoning, all ages	87	28.7	56.3	2010
2. Increase life expectancy	Life expectancy at birth, in years	78.6	83.2	80	2010
3. Reduce inequities ^c	Infant mortality rate per 1000 live births	2.1	3	2.5	2010
	Proportion of children of official primary school age not enrolled	3.2	2.2	2.7	2013
	Unemployment rate (1)	8.9	10.5	9.7	2014
	National policy addressing reduction of health inequities established and documented	NA	NA	Yes	2014
	Gini coefficient	--	--	25	2014
4. Enhance well-being ^d	Life satisfaction among people aged 15 years and older (2)	--	--	6.1	2007-2012
	Availability of social support among adults aged 50 years and older (3)	--	--	88	2014
	Percentage of population with improved sanitation facilities	--	--	99.1	2015

Population = 2,075,592 (WHO, 2014)

Nationalities = Slovenian 83%; Italian 0,1%; Hungarian 0,3%; Croat 1,8%; Serbian 2,0%; Muslim (including Bosniacs) 1,6%; others 2,2%; unknown: 8,9% (Republic of Slovenia, 2017)

POLITICAL STATUS:

- Democratic parliamentary republic since 1991, member of the European Union since 2004 (Republic of Slovenia, 2017)
- Under the control of both a president and prime minister who are elected by majority of the National Assembly (Republic of Slovenia, 2017)

MAJOR CHALLENGES:

INTERNAL:

- Unemployment rate in Slovenia dropped lower than that of many other European countries starting in 2009, causing for lower incomes and a lack of healthcare access as well as knowledge about facilities that will test and treat this disease. (WHO, 2016)
- Higher mortality rates for cardiovascular diseases than almost all European countries (WHO, 2016)
- Slovenia's life expectancy rate 79-80 years, is below the average of EU15 countries (WHO, 2016)

EXTERNAL:

- Cardiovascular disease is the leading cause of death in Europe (European Heart Journal, 2104)

CARDIOVASCULAR DISEASE IN SLOVENIA:

- Non-communicable diseases are the number one cause of death in Slovenia. In 2013, Ischemic heart disease was the deadliest source of harm in Slovenia (Health Grove, 2018).
- The main causes of death in the region are cardiovascular diseases and cancer due mostly to behavioral choice (WHO, 2016)
- The largest gaps between the sexes were recorded in the Baltic Member States and Slovenia; women who were dying from diseases of the circulatory system were between 15 and 18 percentage points higher than those for men (Eurostat, 2017)

EPIDEMIOLOGY:

FREQUENCY:

- Current rate of ischemic heart disease: 150.7/ 100,000 people (Health Grove, 2017)

MOST AFFECTED GROUPS:

- In 2010, the rate of ischemic heart disease in men in Slovenia was ¼ higher than the European

average, and men are more likely to develop the disease than women (WHO, 2016)

- Those with high blood pressure, the deadliest risk factor, are most affected (Health Grove, 2017)

RISK FACTORS:

- Those who have a poor diet, stress, smoke, high blood pressure, and diabetes are at the highest risk of cardiovascular disease (Rumboldt, Kuzmanic, Petric, 2010).
- Socioeconomic risk factors in regards to living and job status along with social status (Nordhorn, Binting, Roll, & Willich, 2008)

IDENTIFICATION:

- The blood pressure levels along with cholesterol and listening to the heart are ways in which many kinds of cardiovascular disease can be identified (WebMD).
- It is important to detect this early in those at high risk by using screenings and other tests on the heart (Rumboldt, Kuzmanic, & Petric, 2010).

INTERVENTION:

- Development of Health 2020; policy across the region that aims to support and improve health, public health and healthcare of a nation. Health 2020's goal on the top of the list for Slovenia is to reduce premature death that comes from cardiovascular disease, cancer and respiratory diseases (WHO, 2016).
- Slovenia has made progress in the decrease of the premature deaths from noncommunicable diseases, specifically cardiovascular disease and will continue to lower these rates (WHO, 2016)

CHALLENGES:

- The role of poor diet in Slovenia and surrounding countries plays a role in the lack of progress of reduction of cardiovascular disease mortality (WHO, 2016).
- The huge problem with the obese environment in Slovenia is another role in the lack of progress in cardiovascular and other non communicable diseases and their death rates (WHO, 2016).

SUGGESTIONS:

- Educate entire population about how deadly this disease is in Europe, and Slovenia specifically.
- Educate those at risk early and require specific precautions in hopes of treatment and perhaps lowering the risk.
- Encourage all doctors to test or check for symptoms of any cardiovascular diseases at regular appointments.

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