

Completing the cardiovascular revolution: smoking, alcohol, diet, and air pollution

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Cardiovascular diseases (CVD) present the greatest threat to human life in Poland, being responsible for 43.3% of all deaths in 2016. The mortality due to CVD has been gradually decreasing since 1991. In the 1990s, during Poland's socioeconomic transformation, this decline was mostly due to the introduction of new anti-smoking laws, which had the spectacular effect of halving smoking rates, and due to the withdrawal of subsidies to unhealthy food, which resulted in positive dietary changes and a substantial decrease of cholesterol intake in the population. At the beginning of the 21st century rapid developments in interventional cardiology resulted in a decline of amenable mortality due to heart disease. However, the mortality from CVD in Poland is still much higher than in most EU countries. It is the main cause of Poland's shorter life expectancy for women and men. The shorter life of Polish men is mainly caused by higher mortality at working age, chiefly in the age group 45-64 years.

The most serious health challenge in Poland continues to be adult premature mortality. Poland is experiencing excess mortality in comparison with Western European countries, with risk of death before 65 years old being several times higher for males than in Western European countries. The high morbidity and the large number of deaths due to CVD in the population at productive age also have important negative economic consequences. In 2017, the average life expectancy in Poland for men was 74.0 years, and 81.8 years for women. It is alarming that between 2014 and 2017 life expectancy for both men and women increased only by 0.2 years. This is the least favourable three-year period for life expectancy observed since 1991. The differences in life expectancy of Polish men (6.4 years shorter than

the EU average) and women (1.9 years shorter) show that the health gap between Poland and Western Europe remains an unresolved challenge. Complex, intensive, and well-targeted action should be taken to reduce the burden of behavioural risk factors such as cigarette smoking, poor diet, alcohol and substance use, and physical inactivity, as well as biological risk factors like high BMI, high blood pressure, and high LDL cholesterol. Air pollution is also a serious risk factor for non-communicable diseases (NCDs).

In 2015, Poland allocated only 2.7% of its total health care spending to preventative efforts. In addition, expenditure on health care in Poland in relation to gross domestic product (GDP) was 6.3%, compared with the EU average of about 9%. Thus, investment in prevention should be constantly increased and health policy should be more directed towards public health.

Our plenary session aimed to discuss the most important problems currently faced by public health in Poland. First, a particularly serious (and still growing) health challenge in recent decades in Poland has been alcohol-related disease. Second, harmful health effects of air pollution seem to be underestimated, especially long-term exposure to even low concentrations of PM2.5 particulate matter. Finally, tobacco use is still the leading cause of premature morbidity and mortality. Eight million Poles are still smokers, and smoking causes 40,000 premature deaths every year.

Key words: cardiovascular diseases, cigarette smoking, drinking alcohol, air pollution, mortality.

DISCLOSURE

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