CVD예방관리를 위한 R&D

Prioritized research agenda for evidence-based CVD prevention and care





국립보건연구원 심혈관·희귀질환과 박현영

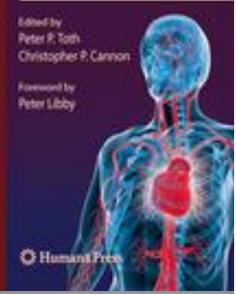
"당뇨병엔 아스피린 도움 안돼…뇌경색 위험 1.7배↑"

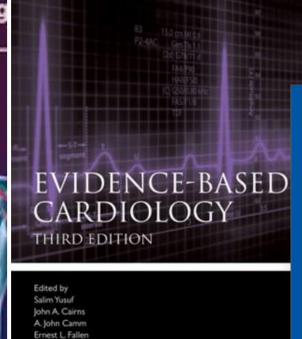
26만여명 4년 추적결과...보건의료연구원 "당뇨환자, 아스피린 복용 주의해야"

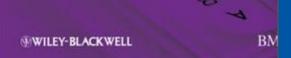
(서울=연합뉴스) 김길원 기자 = 당뇨병 환자가 심혈관질환 예방 목적으로 저용량 아스피린을 장기간 복용하면 오히려 뇌경색(허혈성 뇌졸중) 위험이 1.7배나 높아진다는 연구결과가 나왔다. (중략) 서울의대 예방의학교실 박병주 교수팀은 2006~2007년 당뇨병 진단을 받은 40~99세 환자 26만1천65명을 '저용량(75~162mg) 아스피린 복용군(1만5천849명)'과 나머지 '비(非) 복용군'으로 나눠 2009년까지 최대 4년을 추적 관찰해 이같은 결과를 얻었다고 1일 밝혔다.

최근 미국과 유럽에서도 저용량 아스피린이 당뇨병 환자의 심혈관질환 예방에 효과가 없다는 연구결과가 잇따랐고, 아스피린 복용 후 기대한 효과가 나타나지 않는 '아스피린 저항성'이 당뇨병 환자에서 더 높게 나타날 수 있다는 연구결과도 제시됐다. 이에 따라 미국당뇨병학회는 당뇨병 환자의 심혈관계질환 일차예방 목적으로 아스피린 사용을 더는 권고하지 않는다. 다만, 고혈압이나 고지혈증이 있거나 가족 중 심혈관 질환을 앓은 적이 있는 당뇨병 환자(50세 이상 남성, 60세 이상 여성)에게만 저용량 아스피린을 처방토록 지침을 개정했다.









Bernard J. Gersh



Clinical Excellence Series = Volume VIII







An Evidence-Based Approach To Cardiovascular Emergencies

Insid

Chest Pain: Diagnostic Strategies To Save Lives, Time,
And Money In The Emergency Department
Dying On Arrival: The First 15 Minutes Caring For The Moribund Patient
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Shock: Rapid Recognition And Appropriate Emergency Department Intervention

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The Evidence-Based Medicine triad

(see D.L. Sackett et al, BMJ 1996; 312: 71-72)



EBPH vs. Evidence-Based Medicine?

	EBPH	EBM
Primary Focus	Populations	Individuals
Emphasis	PreventionHealth PromotionWhole Community	DiagnosisTreatmentWhole Patient
Paradigm	Interventions aimed at Environment, Human Behavior and Lifestyle, and Medical Care	Medical Care
Organizational Lines of Specialization	Analytical (Epidemiology)Setting and Population (Occupational Health)	Organ (Cardiology)Patient Groups

Adapted from: Fineberg, Harvey, MD, PhD, Dean, Harvard University School of Public Health, 1990. Educating Public Health Professionals for the 21st Century. Institute of Medicine, 2003. / Phpartners.org

The EBPH Process

Identify the need

Formulate the question

Search the literature

Implement intervention

Evaluation

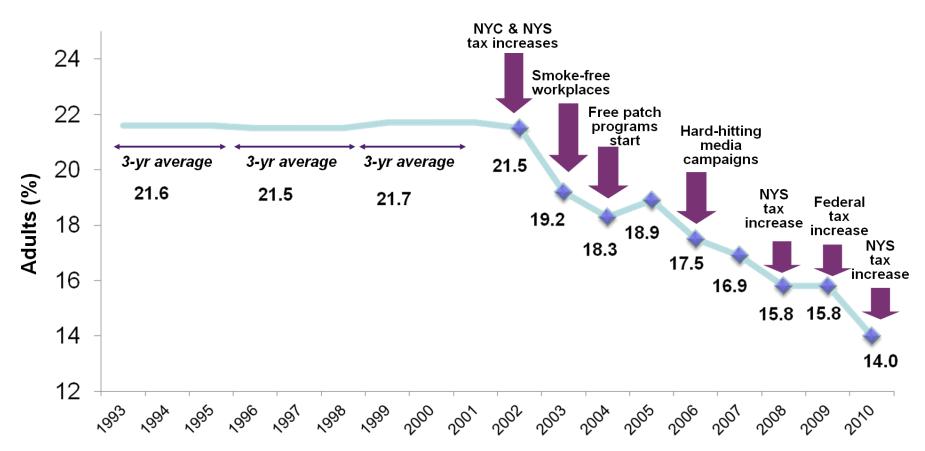
Adapted from: Brownson RC, Baker EA, Left TL, Gillespie KN, True WR. *Evidence-Based Public Health*. 2nd edition ed. Oxford University Press; 2010.

심혈관질환의 예방과 관리정책 수립에서 충분한 근거를 바탕으로 하고 있는가?

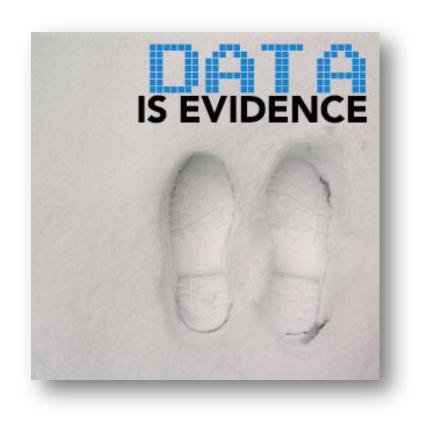


금연정책

Decline in Smoking in New York City, 2002–2010 450,000 Fewer Smokers

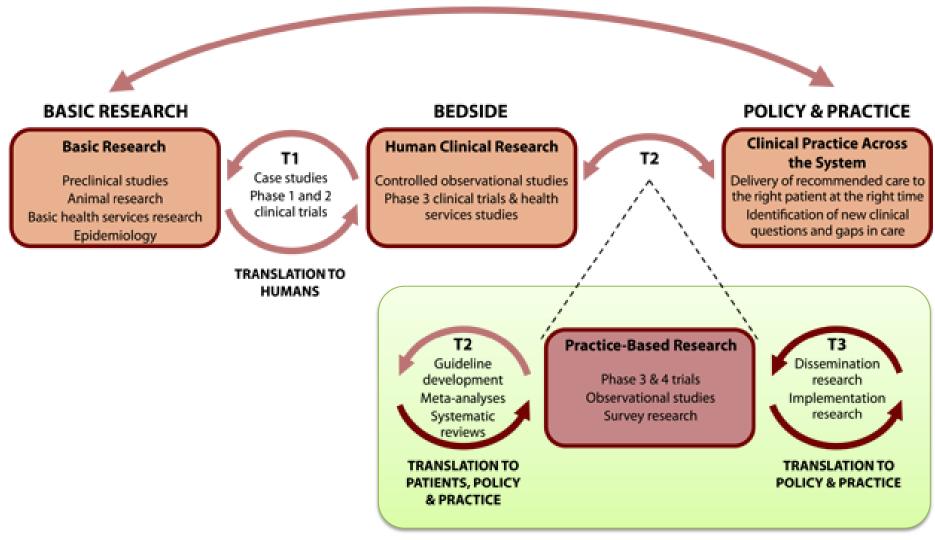






충분한 데이터가 없다...

Translational Research





근거 기반의 심혈관질환의 예방과 관리정책을 지원하기 위한 Research Agenda를 가지고 있는가?



The EBPH/EBM Process

Identify the need

Formulate the question

Search the literature

Implement intervention

Evaluation

Adapted from: Brownson RC, Baker EA, Left TL, Gillespie KN, True WR. *Evidence-Based Public Health*. 2nd edition ed. Oxford University Press; 2010.

Identify the need

- Expert Opinion
- Get input from your community!
 - √ Surveys
 - √ Focus groups
 - Quantitative vs.Qualitative

Top 15 UK research priorities for preterm birth

a priority setting partnership was established with families with experience of preterm birth, charities and other organisations representing them, obstetricians, neonatologists, midwives, neonatal nurses, and relevant health-care professionals. Research uncertainties were then gathered from surveys of service users and health-care practitioners, and from analyses of systematic reviews and clinical guidance. Priority setting followed two steps: first an online voting and surveys, and second a facilitated workshop of service users and clinicians (held in London in January, 2014, with 46

www.thelancet.com Vol 383 June 14, 2014

participants).

Panel: Top 15 UK research priorities for preterm birth

- Which interventions are most effective to predict or prevent preterm birth?
- How can infection in preterm babies be better prevented?
- Which interventions are most effective to prevent necrotising enterocolitis in premature babies?
- What is the best treatment for lung damage in premature babies?
- What should be included in packages of care to support parents and families or carers when a premature baby is discharged from hospital?
- What is the optimum milk feeding strategy and guidance (including quantity and speed of feeding and use of donor and formula milk) for the best long-term outcomes of premature babies?
- What is the best way to judge whether a premature baby is feeling pain (for example, by their face, behaviours, or brain activities)?
- Which treatments are most effective to prevent early onset pre-eclampsia?
- What emotional and practical support improves attachment and bonding, and does the provision of such support improve outcomes for premature babies and their families?
- Which treatments are most effective for preterm premature rupture of membranes?
- When is the best time to clamp the umbilical cord in preterm birth?
- What type of support is most effective at improving breastfeeding for premature babies?
- Which interventions are most effective to treat necrotising entercolitis in premature babies?
- Does specialist antenatal care for women at risk of preterm birth improve outcomes for mother and baby?
- What are the best ways to optimise the environment (such as light and noise) in order to improve outcomes for premature babies?

Patient-Centered Outcomes Research Institute



The Patient-Centered Outcomes Research Institute (PCORI) is a nonprofit, nongovernmental organization located in Washington, DC. Congress authorized the establishment of PCORI in the Patient Protection and Affordable Care Act of 2010. (US)

PICORI helps people make **informed health care decisions** – and improves **health care delivery and outcomes** – by producing and promoting high integrity, **evidence-based** information – that comes from research guided by **patients**, **caregivers and the broader health care**

Taking Patient-Centeredness Seriously

Patient Engagement •

Patient-Driven Research



Dissemination



Understanding the choices patients face



Aligning research questions and methods with patient needs



Providing patients <u>and</u> <u>providers</u> with information for better decisions



이슈발굴도 명확한 근거를 가지고...

- Epidemiology/Survey
- Qualitative research



Copyright: radiantskies

질병 및 위험요인의 모니터링을 위한 조사연구



http://nhiss.nhis.or.kr



로그인 회원가입 사이트맵

ENGLISH

NHISS National Health Insurance

소개

데이터신청

성과공유

통계

고객센터

||| 표본연구DB

국민건강정보자료를 활용하여 구축한 표본코호트DB를 제공합니다.

표본코호트DB

제공절차

신청하기

국민건강보험자료 공유서비스

근거 중심의 보건의료 정책 및 학술연구 지원을 선도합니다.



7

맞춤형DB

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제공안내

신청하기

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다운받기

건강검진·의료이용지표

만성질환 발생 전후를 관리할 수 있는 모니터링 지표입니다.



이용안내

질병통계

관심있는 질병의 진료현황을 주제· 지역·요양기관종별로 비교할 수 있습니다.



NHISS

National Health Insurance Sharing Service



소개보기

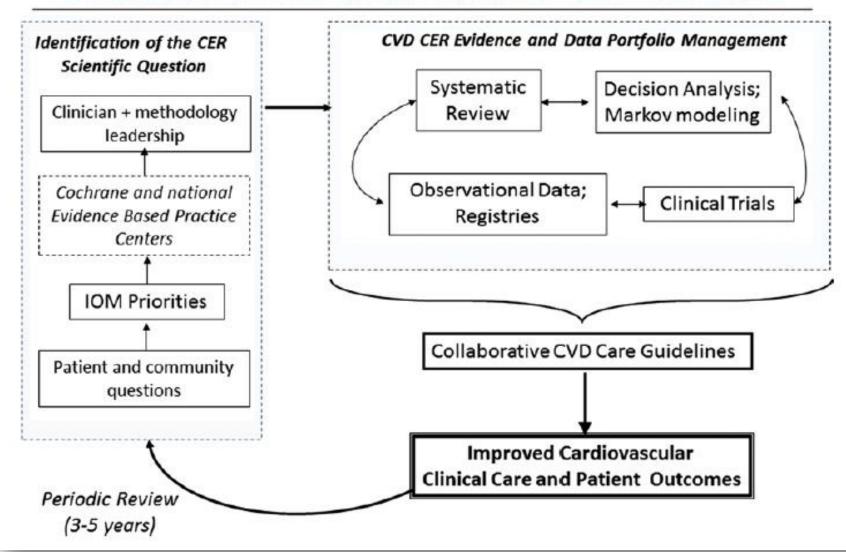
Outcome research



- A applied clinical and population based research (public health research), which studies the end results of the structure and processes of health care system on the health, and well-being of patients and populations.
- Study designs used
 - Randomized control trials
 - ✓ Cross-sectional studies
 - ✓ Cohort studies
 - ✓ Meta-analysis
 - ✓ Systematic reviews

Cardiovascular CER Research Themes

How to embed maximal scientific efficiency within an established enterprise





KorAHF

Registy (Prospective observational study of Acute decompensating heart failure)

KAMIR-NIH

Registy (Prospective observational study of AMI)

정부 임상연구지원

Evidence Generation



Bottom-up — Top-down

The EBPH/EBM Process

Identify the need

Formulate the question

Search the literature

Implement intervention

Evaluation

Adapted from: Brownson RC, Baker EA, Left TL, Gillespie KN, True WR. *Evidence-Based Public Health*. 2nd edition ed. Oxford University Press; 2010.

Evaluation: Is it necessary?

- Accountability to stakeholders
- Measure effectiveness of current program/intervention
- Allow for development of future programs/interventions



심혈관질환의 예방과 관리정책을 지원하기 위한 Research Agenda



American Heart Association Public Policy Agenda 2010-14



BACKGROUND

The American Heart Association's (AHA's) public policy agenda provides our federal, state and local advocacy staff with strategic guidance and direction on policy issues and positions that align with and support the Association's mission and strategic priorities. Additionally, each year the AHA scans the political landscape to identify opportunities and establishes federal and state priorities that serve to focus our immediate advocacy efforts on those issues that present the greatest opportunity for success in achieving mission and strategic priority related health impact through public policy.

EXECUTIVE SUMMARY

This document provides a comprehensive summary of the policy priorities of the American Heart Association in the areas of heart disease and stroke research, cardiovascular health (nutrition, physical activity, obesity treatment and prevention, tobacco cessation and prevention, and air pollution), high quality/high value of heart disease and stroke care, appropriate and timely access to heart disease and stroke care and protection of the non-profit environment. Included in each of these areas is the Association's commitment to eliminate health inequities and disparities.. Working with our local affiliates and You're the Cure grassroots advocates, the AHA can address legislative and regulatory opportunities that advance our mission through public policy at the federal, state, and local level. Table 1 summarizes the policy and advocacy strategies in each of these priority areas and Table 2 illustrates the impact of AHA's advocacy work on our mission and 2020 goals and metrics to reduce cardiovascular disease and stroke by 20 percent and improve the cardiovascular health of the US population by 20 percent.

AHA Strategic Priority
Support Heart Disease and Stroke Research

Advocacy Plan to Achieve this Priority

Provide support for basic, population, epidemiological, clinical, translational, health services, outcomes, genomics, and comparative effectiveness research and the overall research environment.

Protect and Increase Funding for:

- The National Institutes of Health (NIH) and the Institutes and Centers within NIH that conduct heart disease and stroke research as well as cross-cutting areas like obesity, and genetics funded in part through the Common Fund;
- The Agency for Healthcare Research and Quality (AHRQ);
- The Food and Drug Administration (FDA);
- The Centers for Disease Control and Prevention (CDC);
- Department of Veterans Affairs;
- State health departments and other state agencies;
- Local health departments

Funding requests for these various agencies goes beyond research to include programmatic, service, and/or evaluation/surveillance funding.

Lift barriers that impede the conduct of medical research:

- Eliminate any unnecessary recruitment barriers created by the Institutional Review Board Process, Health Insurance Portability and Accountability Act (HIPAA) while maintaining the protection of individual health information;
- Protect individuals from genetic discrimination of any kind;
- Protect researcher access to humane animal research.
- Help address barriers to patient participation in clinical research,

http://millionhearts.hhs.gov



National initiative co-led by CDC and CMS Partners across federal and state agencies and private organizations

AHA Presidential Advisory

The American Heart Association and the Million

A Presidential A

Gordon F. Katie

FACTS Million Hearts Savings Millior

THE ASSOCIATION ADVOCATES

The American Heart Association also advocates for changes in health policy and programs that help patients better prevent and control HBP. These efforts include:

- Supporting funding for Million Hearts[™] to help Americans prevent and control HBP;
- Protecting funding for the PPHF, which provides support for Million Heart's activities;
- Promoting patient HBP medication adherence through public policies and programs; and
- Supporting implementation of the recommendations in the Institute of Medicine's report "Strategies to Reduce Sodium Intake in the United States."



