


ITALY – OCTOBER 2022

Status of Cardiovascular Disease (CVD) and Non-communicable diseases (NCD)


Country Demographics

World Bank Classification
High income




Life expectancy at birth (in years):

MALE 80.91 FEMALE 84.9



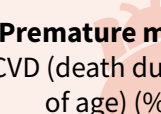
71.35%

of population living in **urban** areas



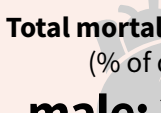
Premature mortality due to CVD (death during 30-70 years of age) (% of deaths):

30%



Total mortality due to CVD (% of deaths):


male: 32.84% female: 40.51%



↑ male: 62.3% ↑ female: 61.6%

Percentage of adult population with raised total **cholesterol** (≥ 5.0 mmol/L)


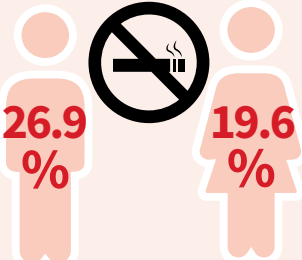
Global data: 38.9%



MALE 26.9% FEMALE 19.6%



Prevalence of tobacco use age ≥ 15

Global data: 36.1% (male) 6.8% (female)

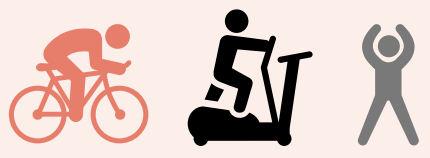
8%

Proportion of **premature CVD mortality** attributable to tobacco (%)

Percentage of adults (age-standardized estimate) who are insufficiently active (**less than 150 minutes** of moderate intensity physical activity per week, or less than 75 minutes of vigorous-intensity physical activity per week):


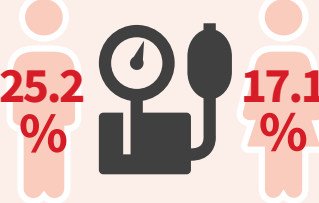
male: 36.2% female: 46.2%



MALE 25.2% FEMALE 17.1%

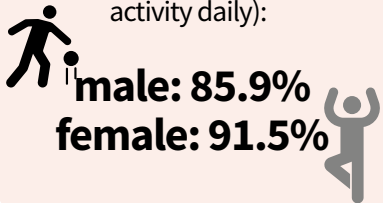
Percentage of adult population (age-standardized) with raised **blood pressure** (SBP ≥ 140 or DBP ≥ 90)

Global data: 24.1% (male) 20.1% (female)

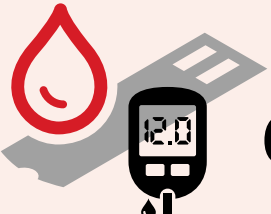
Percentage of adolescents (ages 11-17) who are insufficiently active (**less than 60 minutes** of moderate- to vigorous intensity physical activity daily):

male: 85.9% female: 91.5%




Prevalence of diabetes in adults (ages 20-79):

6.4%




Percentage of adults who are overweight (body mass index (BMI) of 25 kg/m² or higher):

male: 65.3% female: 51.5%





ITALY

Health System Capacity



3.95

Number of physicians (per 10,000 population)



6.6

Number of nurses (per 10,000 population)



31.9

Number of hospital beds (per 10,000 population)

KEY:

No data



Not in place



In process/ partially implemented



In place



Essential Medicines and Interventions

Following essential medicines generally available in primary care facilities in the public health sector:

- | | | | |
|---------------------------|--|------------------------|--|
| ACE inhibitors: | | Metformin: | |
| Aspirin: | | Insulin: | |
| Beta blockers: | | Warfarin: | |
| Statins: | | Clopidogrel: | |

Clinical Practice and Guidelines

Locally-relevant (national or subnational level):

- Clinical tool to assess CVD risk:
- CVD prevention (within the last 5 years):
- Treatment of tobacco dependence:
- Detection and management of Atrial Fibrillation:

Cardiovascular Disease Governance

A National strategy or plan that addresses:

- CVDs and their risk factors specifically:
- NCDs and their risk factors:
- A national tobacco control plan:
- A national multisectoral coordination mechanism for tobacco control:
- A national surveillance system that includes CVDs and their risk factors:
- Legislation that mandates essential CVD medicines at affordable prices:
- Policies that ensure screening of individuals at high risk of CVDs:

Stakeholder action

- NGO advocacy for CVD policies and programmes:
- Active involvement of patients' organizations in advocacy for CVD prevention and management:
- Involvement of civil society in the development and implementation of a national CVD prevention and control plan:
- Specific activities by cardiology professional associations aimed at 25% reduction in premature CVD mortality by 2025:
- Hypertension screening by businesses at workplaces: