

Meeting Nazionale ITACARE-P 2025

La Cardiologia Riabilitativa e Preventiva
come snodo fondamentale
della cura della persona con cardiopatia



CENTRO CONGRESSI FRENTANI
Roma, 21-22 novembre 2025



Il CABG «non bypassa» la malattia coronarica: componenti della prevenzione secondaria

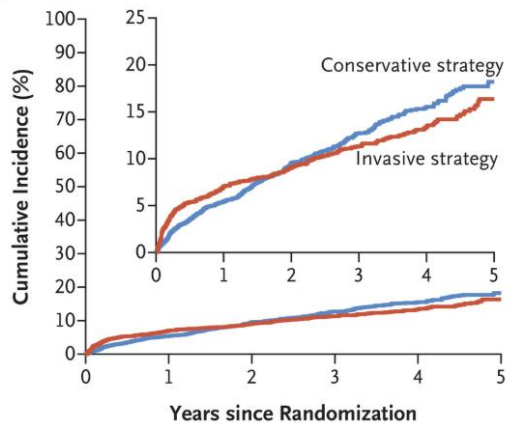
Dr.ssa Francesca Jacoangeli

Cardiologia riabilitativa e prevenzione patologie cardiovascolari

USL Umbria 1, Perugia

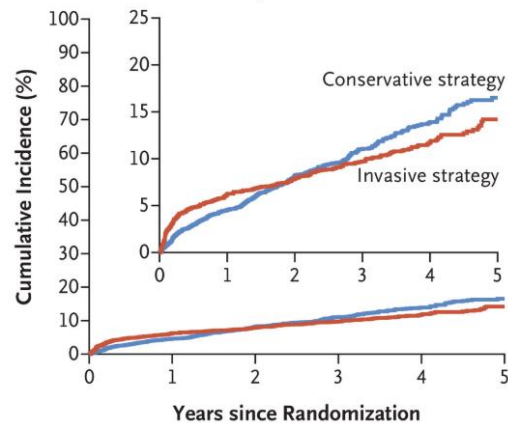


A Primary Composite Outcome



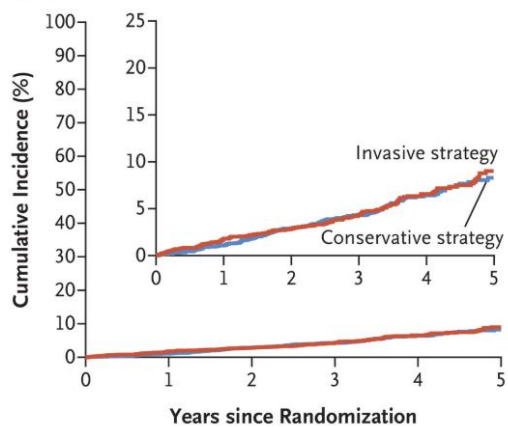
No. at Risk	0	1	2	3	4	5
Conservative strategy	2591	2431	1907	1300	733	293
Invasive strategy	2588	2364	1908	1291	730	271

B Death from Cardiovascular Causes or Myocardial Infarction



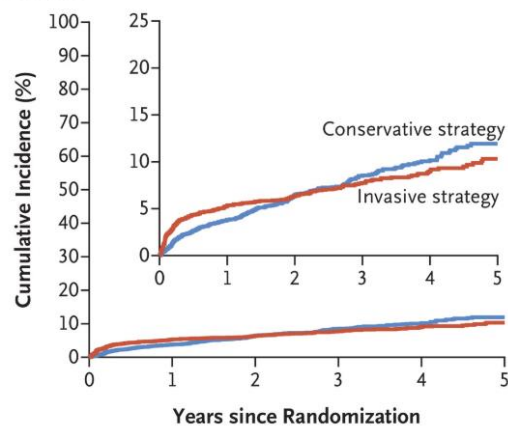
No. at Risk	0	1	2	3	4	5
Conservative strategy	2591	2453	1933	1325	746	298
Invasive strategy	2588	2383	1933	1314	742	282

C Death from Any Cause



No. at Risk	0	1	2	3	4	5
Conservative strategy	2591	2548	2065	1445	844	349
Invasive strategy	2588	2518	2061	1431	827	317

D Myocardial Infarction



No. at Risk	0	1	2	3	4	5
Conservative strategy	2591	2452	1931	1321	747	298
Invasive strategy	2588	2379	1931	1313	742	283

Studio ISCHEMIA

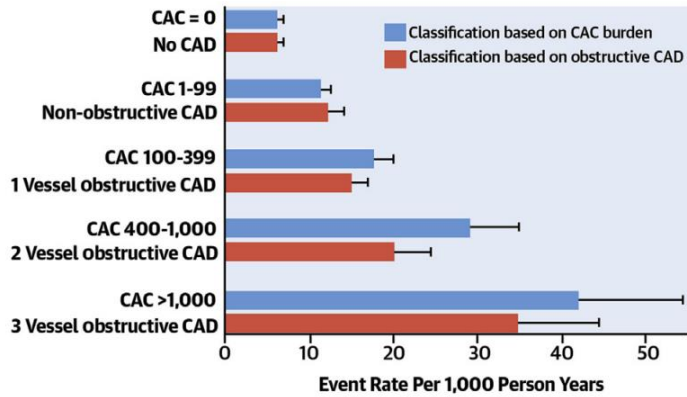
In pazienti con coronaropatia stabile ed ischemia moderata o severa:

la strategia invasiva non è superiore alla sola terapia medica

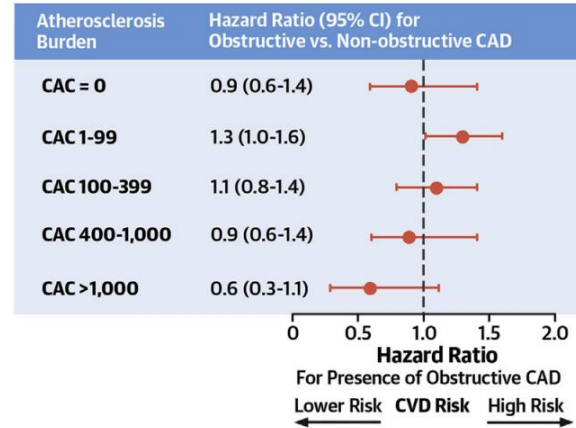


CENTRAL ILLUSTRATION Atherosclerosis Plaque Burden, Not Stenoses Per Se, Is the Main Predictor of Risk for Cardiovascular Disease Events in Patients With Stable Coronary Artery Disease

Event Rate by Coronary Artery Calcium Burden vs. Extent of Obstructive Vessel Burden

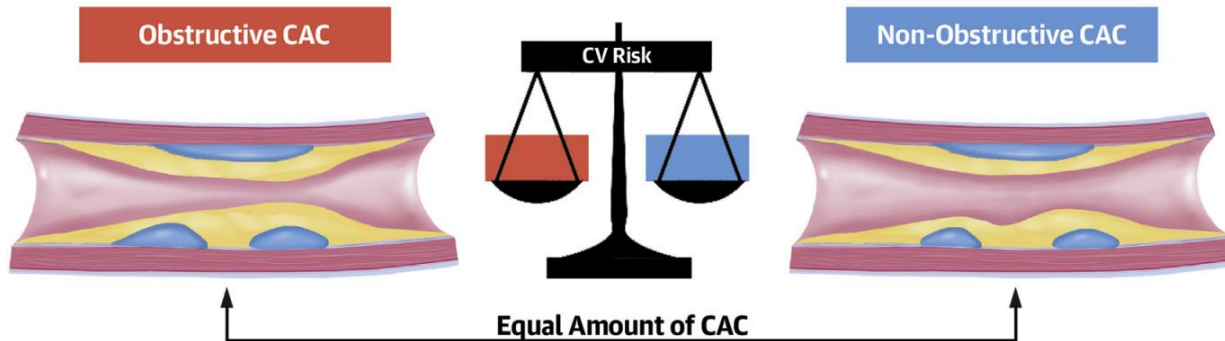


Multivariable Adjusted Hazard Ratio For Development of Cardiovascular Disease Events



Il burden di aterosclerosi guida la prognosi, non l'entità della stenosi nè l'ischemia

Patients With Equal Coronary Artery Calcium Burden Share Similar Cardiovascular Disease Risk Independent of Vessel Obstruction





COMMENTARY

JOURNAL OF
CARDIAC SURGERY WILEY

Secondary prevention is as important as surgical technique

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²Division of Cardiac Surgery, University of Ottawa Heart Institute, Ottawa, Canada

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KEYWORDS

secondary prevention, vein graft disease, vein graft failure

Atherosclerosis Progression in Native Coronaries After Coronary Artery Bypass Grafting: A State-of-the-Art Review

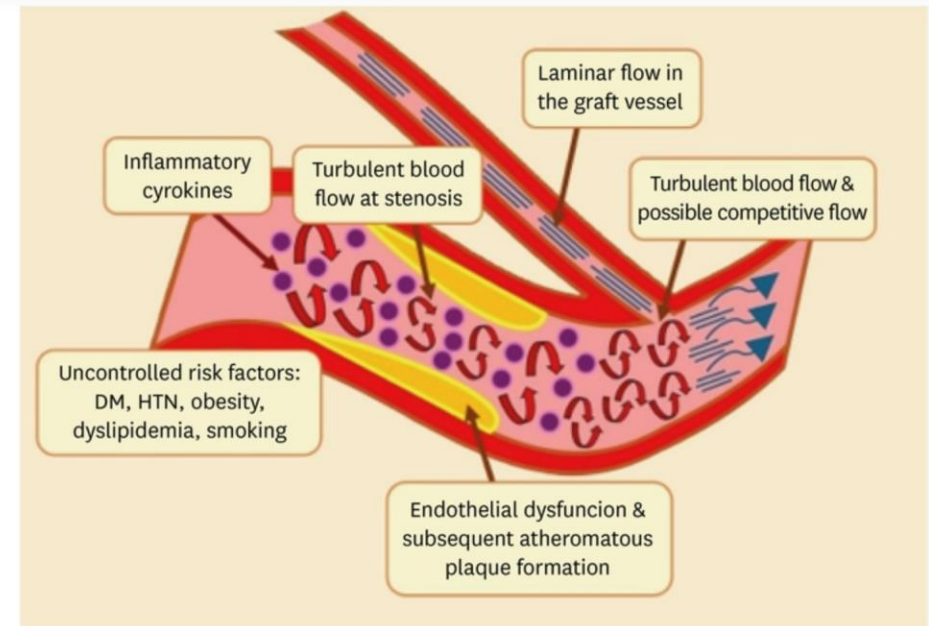
Hesham Salah El-Din Taha¹, Omar Younis², Mirna Mamdouh¹

¹Department of Cardiovascular Medicine, Kasr Al-Ainy Faculty of Medicine, Cairo University, Cairo, Egypt

²Department of Cardiology, National Heart Institute, Giza, Egypt

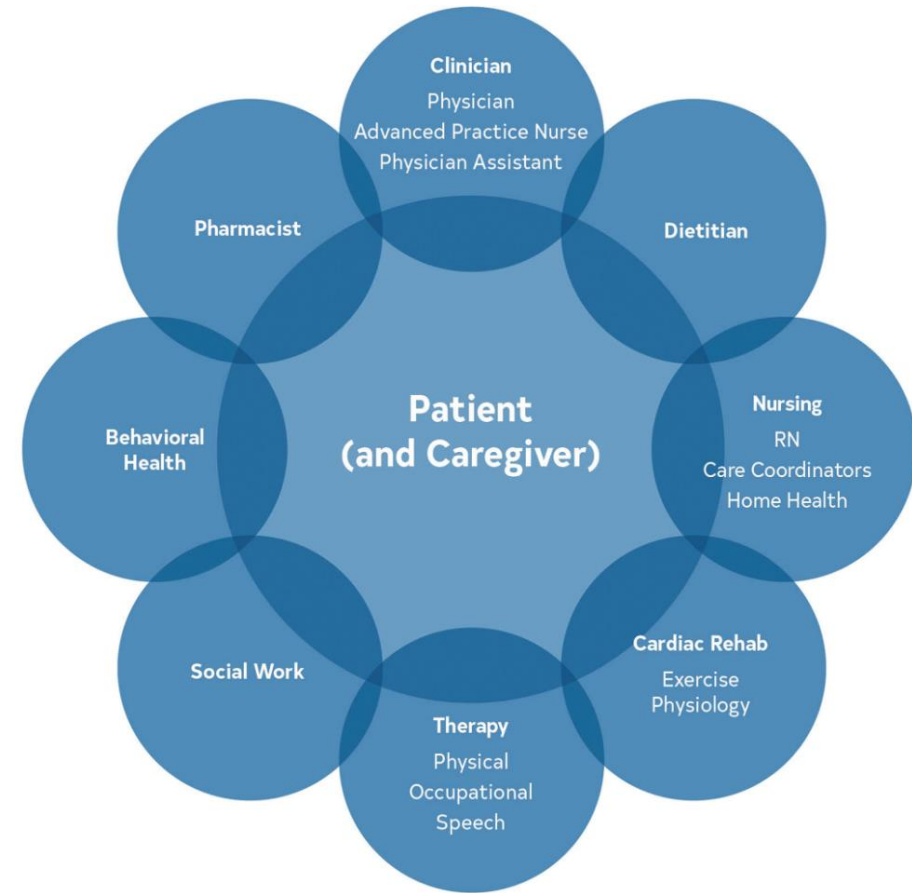
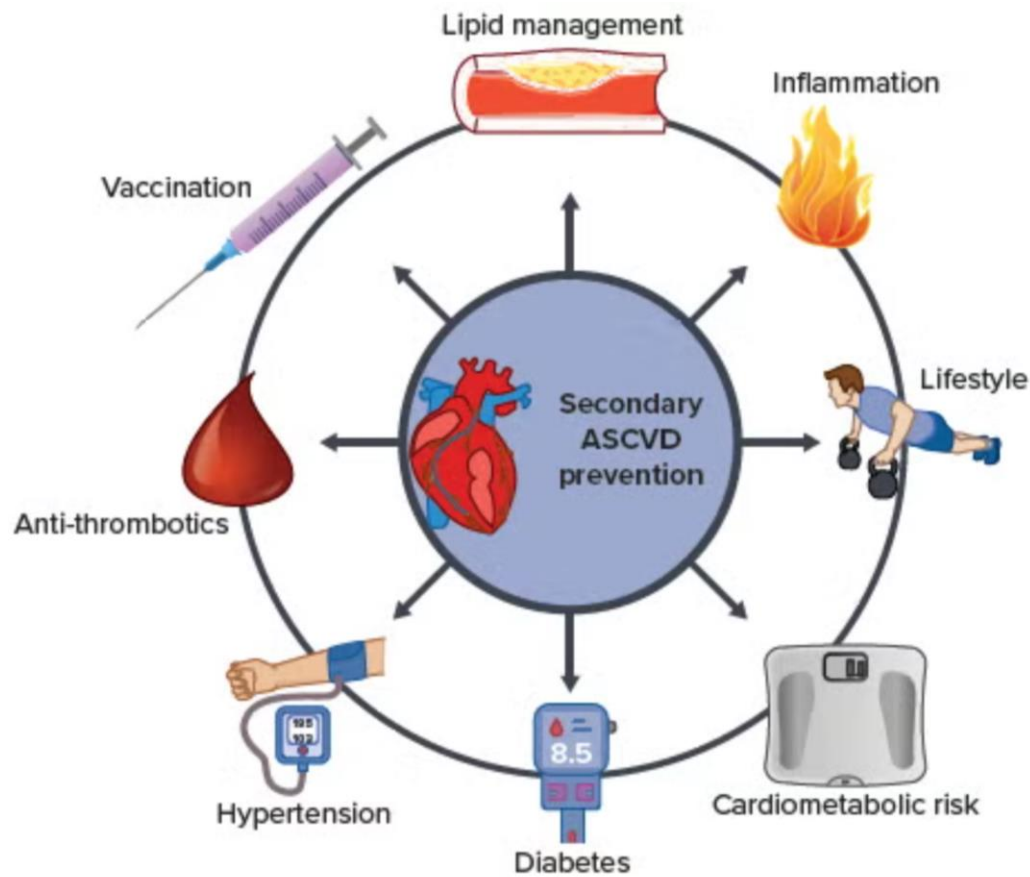
La prevenzione secondaria è fondamentale per rallentare la progressione della malattia aterosclerotica sui vasi nativi e sui bypass.

Aumentando i fattori di rischio non controllati, aumenta la possibilità di malattia dei bypass e la progressione di aterosclerosi sui vasi nativi.





Componenti e attori della prevenzione secondaria nella malattia aterosclerotica








Immunization	<ul style="list-style-type: none">• Vaccination against influenza, pneumococcal disease and other widespread infections, e.g. COVID-19
Sleep quality	<ul style="list-style-type: none">• Treat sleep-related breathing disorders
Sexual activity	<ul style="list-style-type: none">• Males and females: low risk for stable patients who are not symptomatic at low-to-moderate activity levels• Males: PDE-5 inhibitors are generally safe, not to be taken in combination with nitrate medications because of risk of severe hypotension
Psychosocial aspects	<ul style="list-style-type: none">• Avoid psychosocial stress• Treat depression and anxiety by psychological or pharmacological interventions
Environment/pollution	<ul style="list-style-type: none">• Avoid passive smoking• Reduce environmental noise• Avoid exposure to air pollution

Raccomandazioni Linee Guida ESC 2024 sindromi coronariche croniche

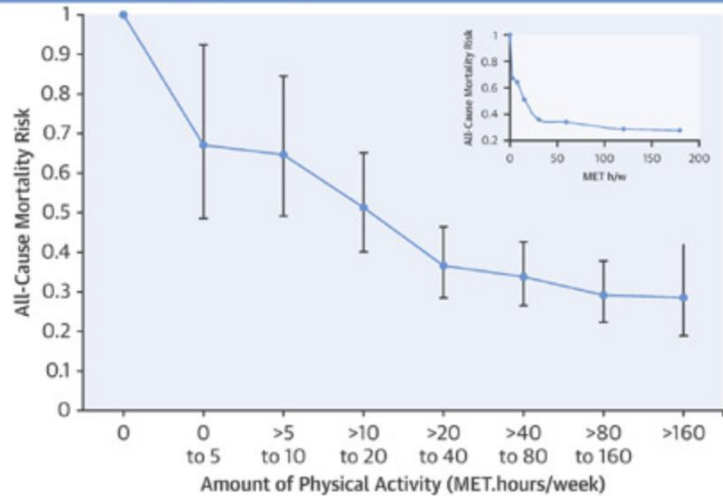
Smoking and substance abuse	<ul style="list-style-type: none">• Use pharmacological and behavioural strategies to assist in smoking cessation• Avoid e-cigarettes• Abstain from substance abuse
Obesity and being overweight	<ul style="list-style-type: none">• Obtain and maintain a healthy weight (BMI 18.5–25 kg/m²)• Reduce weight through recommended energy intake and increased physical activity and through pharmacological/surgical interventions in selected patients



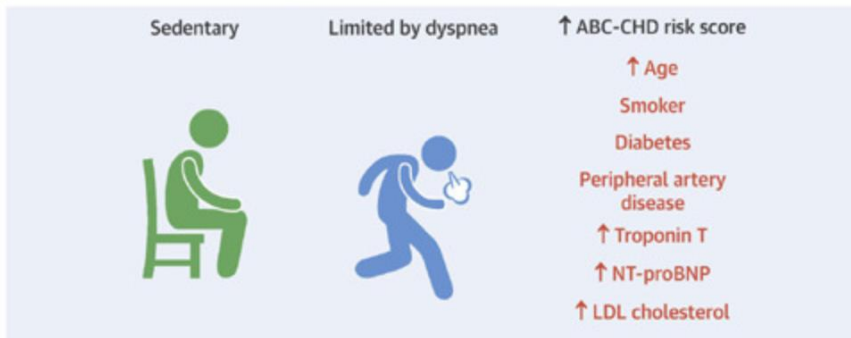
CHOOSE THESE	INSTEAD OF THESE	AVOID TRANS FAT
 <ul style="list-style-type: none">• Vegetables, fruit• Legumes, nuts• Whole grains• Lean protein• Complex carbohydrates• Dietary fiber• Monounsaturated fat (≤20% of daily calories; eg, olive oil)• Polyunsaturated fat (≤10% of daily calories; eg, salmon)	 <ul style="list-style-type: none">• Saturated fat (≤6% of daily calories)• Dietary sodium (1500–<2300 mg/day)• Processed meat (eg, cured hot dogs)• Refined carbohydrates (eg, white rice)• Sugar-sweetened beverages (eg, sugar-added soft drinks, fruit drinks)• Alcoholic beverages	 <ul style="list-style-type: none">• Baked goods• Fried foods with hydrogenated oil/shortening

CENTRAL ILLUSTRATION: Habitual Physical Activity and Mortality in Patients With Stable Coronary Artery Disease

All-cause mortality risk associated with each doubling of habitual physical activity volume, and by linear increase in physical activity



Characteristics associated with greatest potential to benefit from increase in physical activity



Stewart, R.A.H. et al. J Am Coll Cardiol. 2017;70(14):1689-700.

Raccomandazioni ESC 2024:

150-300 min/settimana intensità moderata

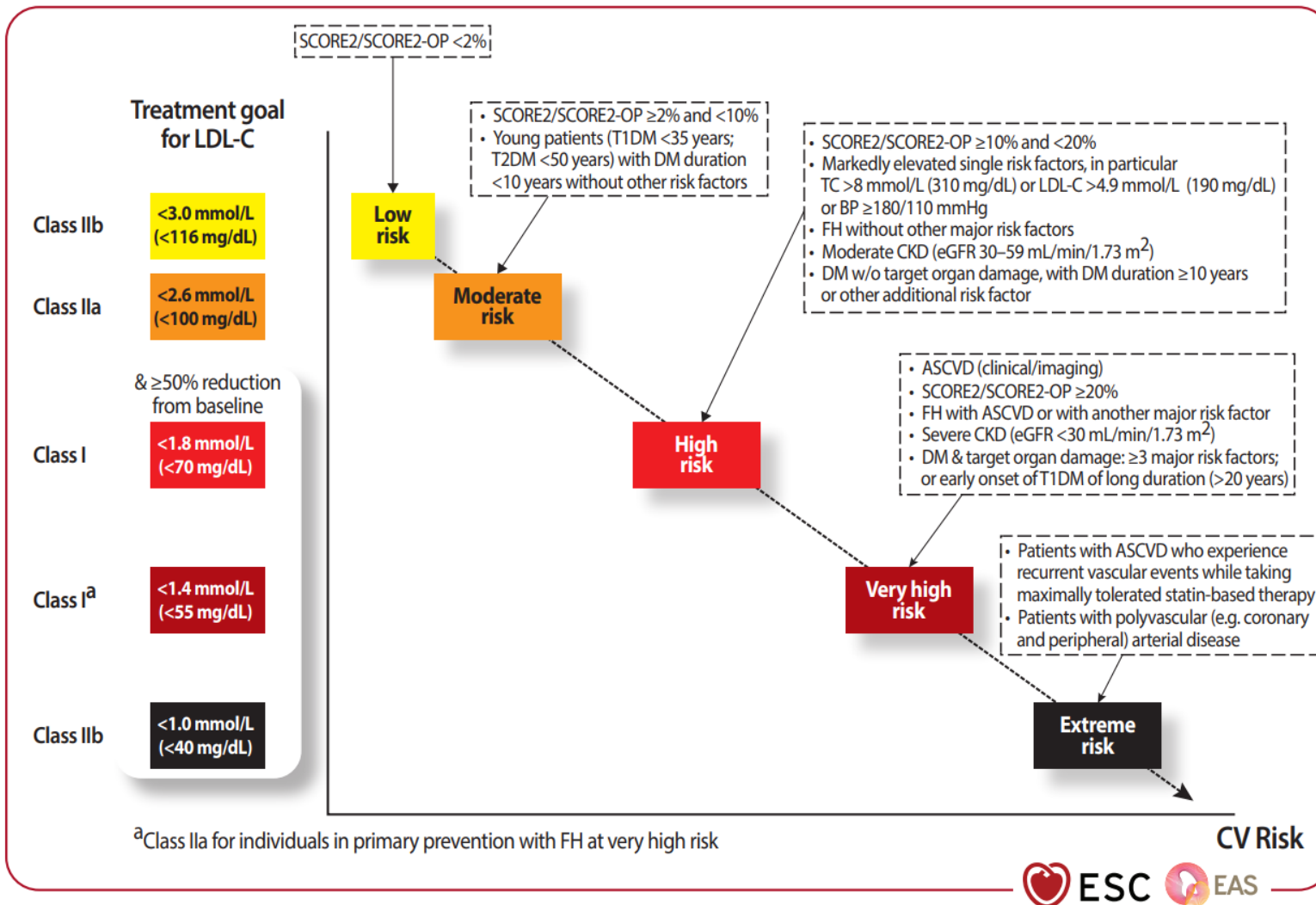
o

75-150 min/settimana intensità vigorosa

Training aerobico: 3-7 giorni a settimana

Training di resistenza:

- almeno 2 giorni a settimana
- 8-12 ripetizioni al 6-80% di 1RM
- 8-10 tipologie diverse di esercizio



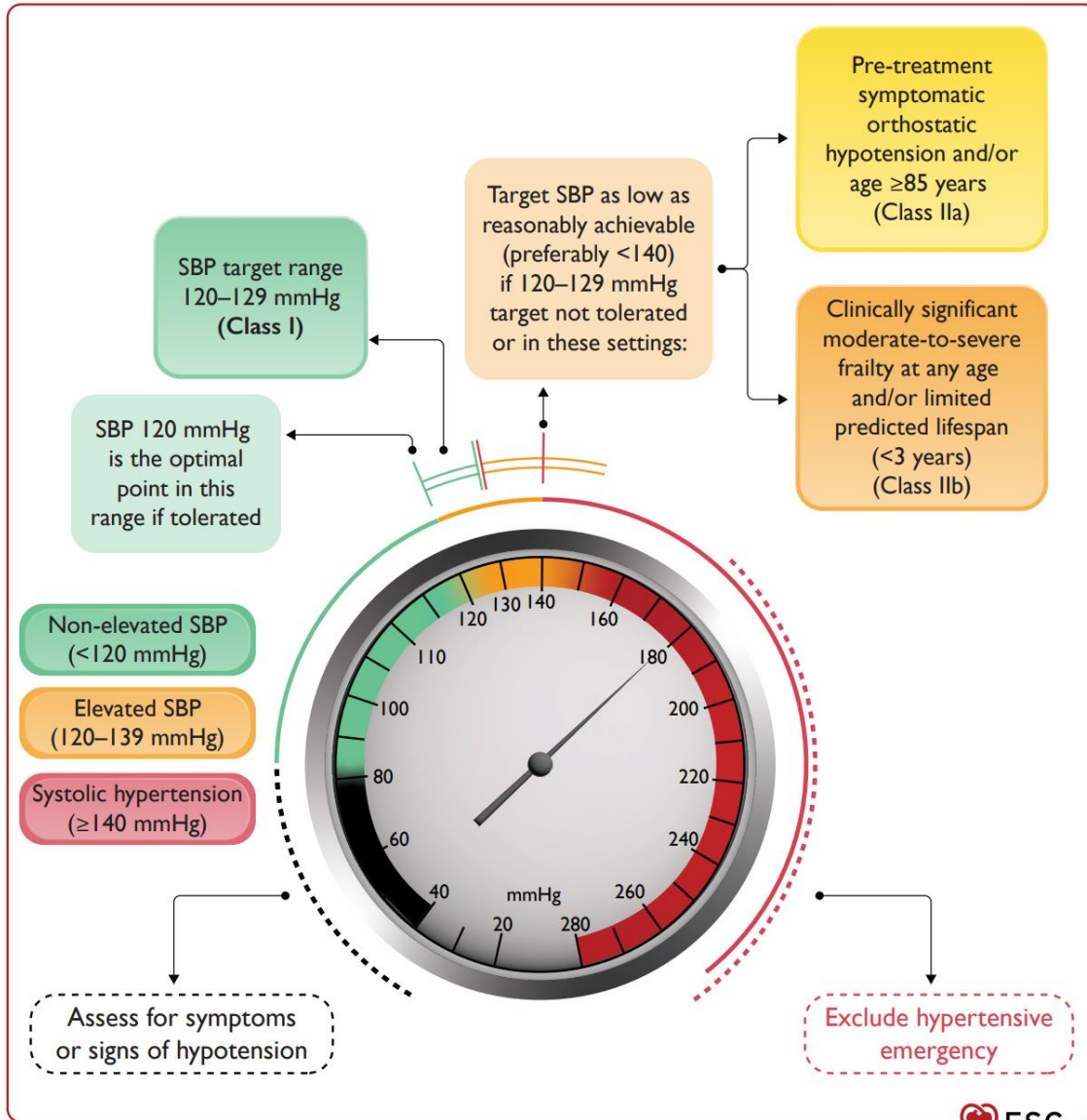
Non dimenticarsi del rischio residuo:

Lipoproteina(a):

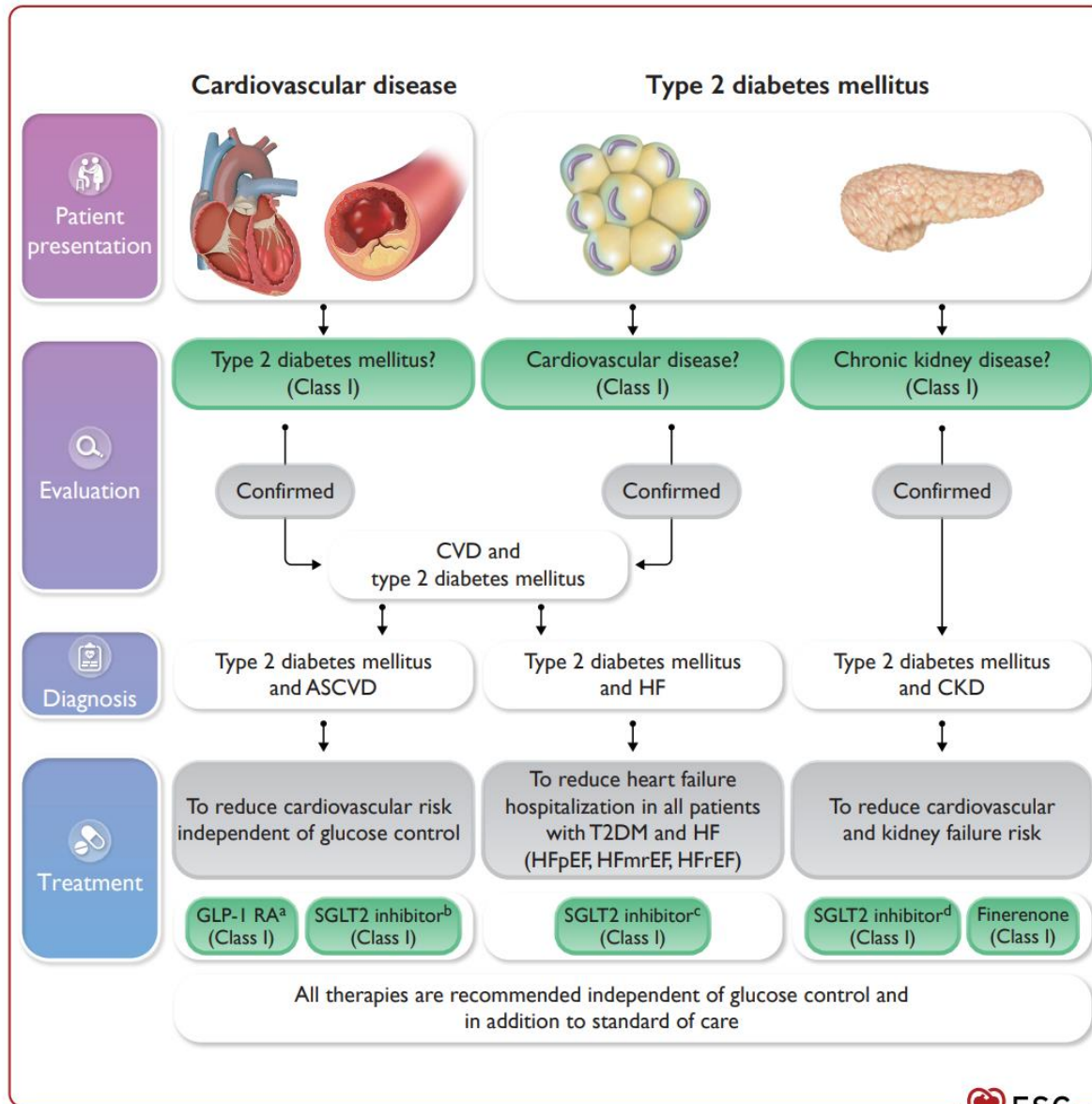
- Pelacarsen
- Olpasiran
- Zerlasiran
- Muvalaplin

Trigliceridi:

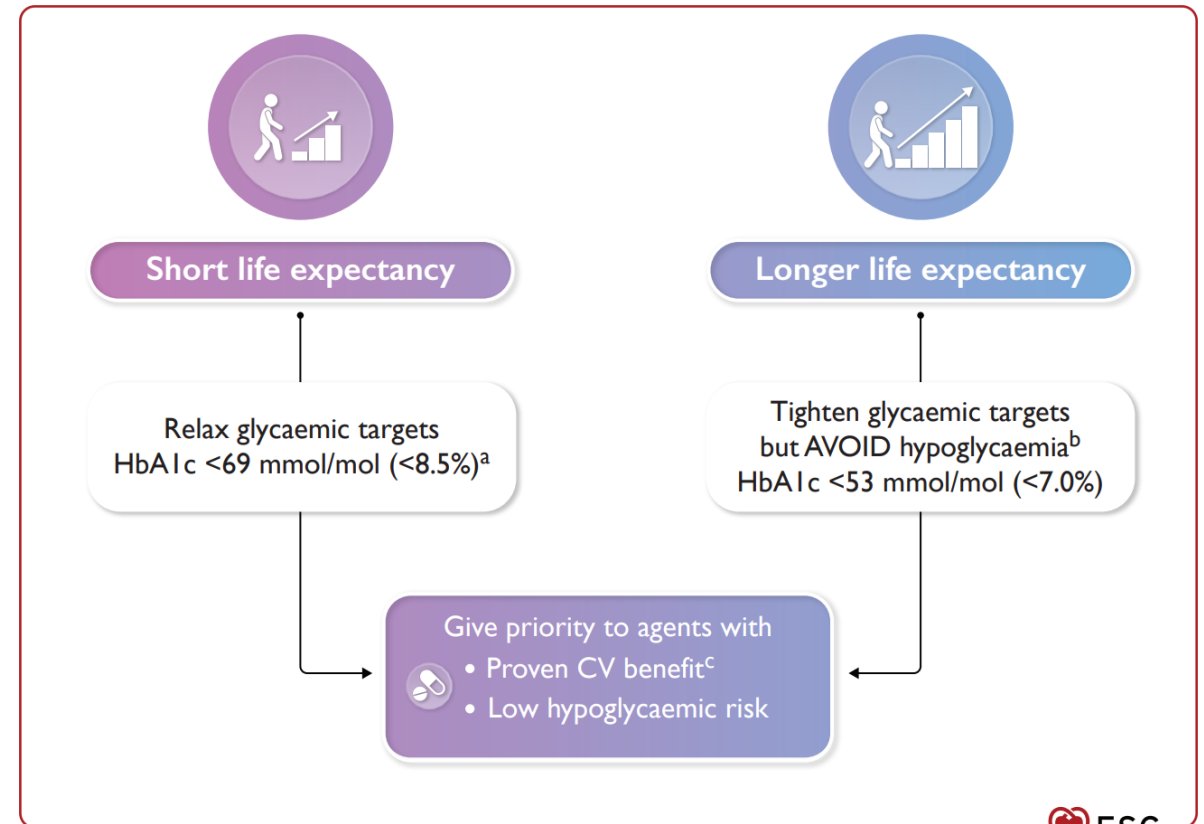
- Icosapent etile



Recommendations	Class ^a	Level ^b
In adults with elevated BP and low/medium CVD risk (<10% over 10 years), BP lowering with lifestyle measures is recommended and can reduce the risk of CVD. 119,120,348,408,411,520,521	I	B
In adults with elevated BP and sufficiently high CVD risk ^c , after 3 months of lifestyle intervention, BP lowering with pharmacological treatment is recommended for those with confirmed BP ≥130/80 mmHg to reduce CVD risk. 116,522	I	A
It is recommended that in hypertensive patients with confirmed BP ≥140/90 mmHg, irrespective of CVD risk, lifestyle measures and pharmacological BP-lowering treatment are initiated promptly to reduce CVD risk. 116,121,122	I	A
It is recommended to maintain BP-lowering drug treatment lifelong, even beyond the age of 85 years, if well tolerated. 523-525	I	A
Because the benefit in reducing CVD outcomes is uncertain in these settings, and noting that close monitoring of treatment tolerance is advised, BP-lowering treatment should only be considered from ≥140/90 mmHg among persons meeting the following criteria: pre-treatment symptomatic orthostatic hypotension, age ≥85 years, clinically significant moderate-to-severe frailty, and/or limited predicted lifespan (<3 years). 131,524,526,527	IIa	B



Raccomandazioni Linee Guida ESC 2023 per la gestione delle patologie cardiovascolari in pazienti affetti da diabete mellito





Antithrombotic therapy in patients with chronic coronary syndrome—Section 4

Long-term antithrombotic therapy in patients with chronic coronary syndrome and no clear indication for oral anticoagulation

In CCS patients with a prior MI or PCI, clopidogrel 75 mg daily is recommended as a safe and effective alternative to aspirin monotherapy.

I

A

After CABG, aspirin 75–100 mg daily is recommended lifelong.

I

A

In CCS patients *without* prior MI or revascularization but with evidence of significant obstructive CAD, aspirin 75–100 mg daily is recommended lifelong.

I

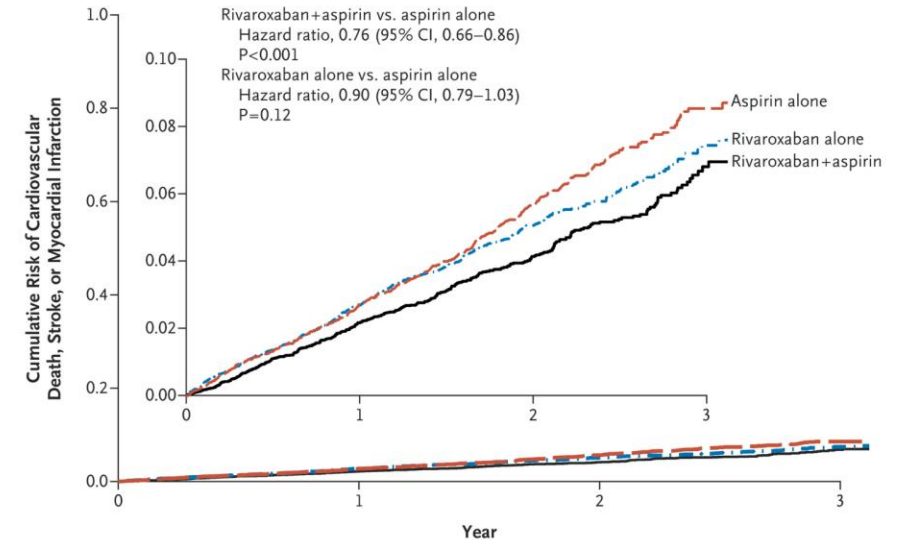
B

COMPASS trial

ASA + Rivaroxaban 2,5 mg bid riduce gli eventi ischemici.

Beneficio maggiore in pazienti con:

- Diabete
- Arteropatia periferica
- Lieve insufficienza renale
- Abitudine tabagica



No. at Risk

	0	1	2	3
Aspirin alone	9126	7808	3860	669
Rivaroxaban alone	9117	7824	3862	670
Rivaroxaban+aspirin	9152	7904	3912	658



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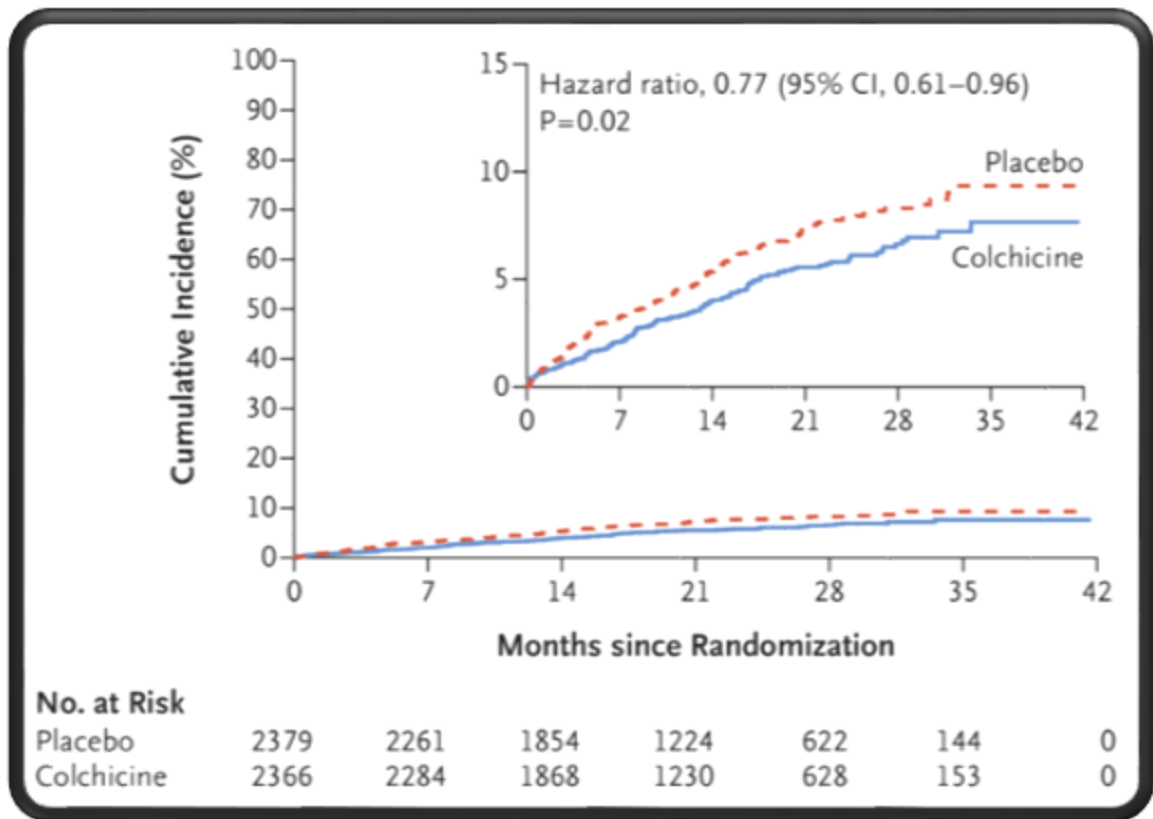
VOL. 381 NO. 26

Efficacy and Safety of Low-Dose Colchicine after Myocardial Infarction

Jean-Claude Tardif, M.D., Simon Kouz, M.D., David D. Waters, M.D., Olivier F. Bertrand, M.D., Ph.D., Rafael Diaz, M.D., Aldo P. Maggioni, M.D., Fausto J. Pinto, M.D., Ph.D., Reda Ibrahim, M.D., Habib Gamra, M.D., Ghassan S. Kiwan, M.D., Colin Berry, M.D., Ph.D., José López-Sendón, M.D., Petr Ostadal, M.D., Ph.D., Wolfgang Koenig, M.D., Denis Angoulvant, M.D., Jean C. Grégoire, M.D., Marc-André Lavoie, M.D., Marie-Pierre Dubé, Ph.D., David Rhoads, Ph.D., Mylène Provencher, Ph.D., Lucie Blondeau, M.Sc., Andreas Orfanos, M.B., B.Ch., Philippe L. L'Allier, M.D., Marie-Claude Guertin, Ph.D., and François Roubille, M.D., Ph.D.

Recommendation	Class ^a	Level ^b
In CCS patients with atherosclerotic CAD, low-dose colchicine (0.5 mg daily) should be considered to reduce myocardial infarction, stroke, and need for revascularization. ⁷¹⁴⁻⁷¹⁶	IIa	A

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Tempo di cura e comunicazione

1. Dedicare il tempo necessario al dialogo con il paziente

2. Assicurarsi che il paziente abbia capito cosa stiamo dicendo



Grazie!