

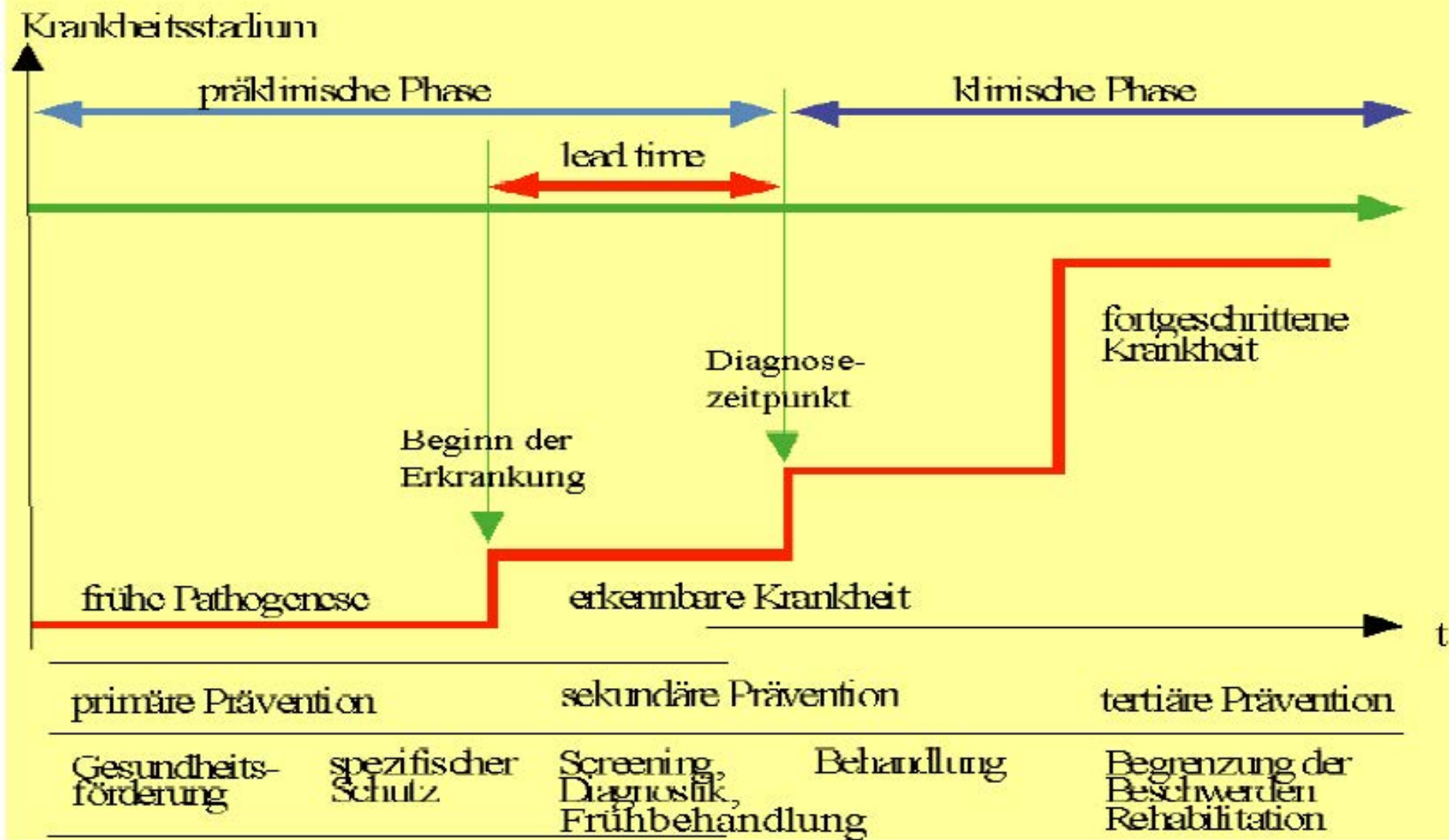
Präventionspotentiale aus medizinischer und gesundheitsökonomischer Sicht

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Die natürliche Geschichte einer Krankheit



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Perspective

Quaternary prevention, an answer of family doctors to overmedicalization

Marc Jamoulle*



Abstract

In response to the questioning of Health Policy and Management (HPAM) by colleagues on the role of rank and file family physicians in the same journal, the author, a family physician in Belgium, is trying to highlight the complexity and depth of the work of his colleagues and their contribution to the understanding of the

Article History:

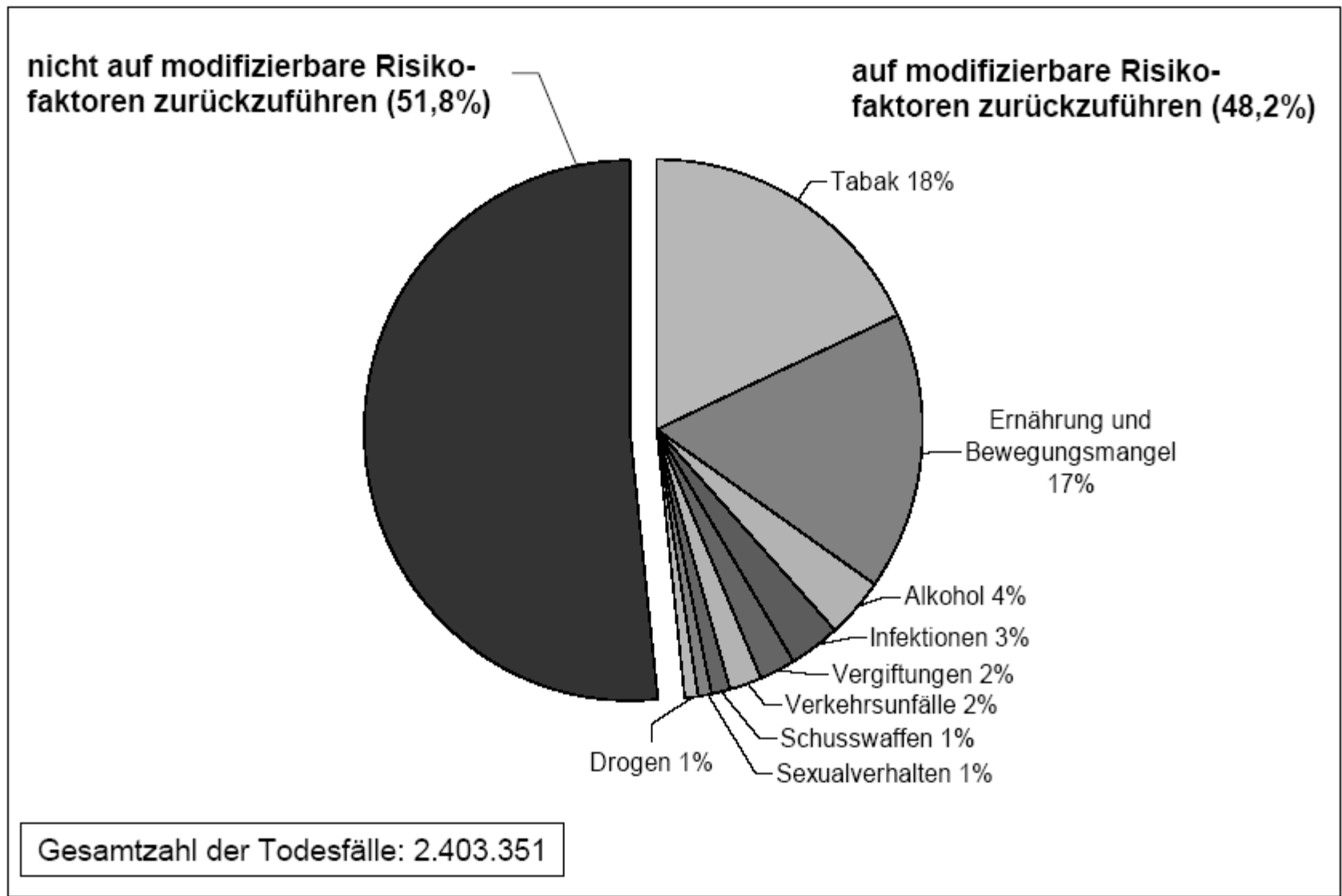
Received: 30 November 2014

Accepted: 2 February 2015

ePublished: 4 February 2015

These 1:

Lebenserwartung ist weniger
biologisches Schicksal, als
Produkt des Lebensstils



Quelle: Mokdad AH et al. Actual causes of death in the United States, 2000. JAMA 2004; 291:1238-45.

RESEARCH ARTICLE

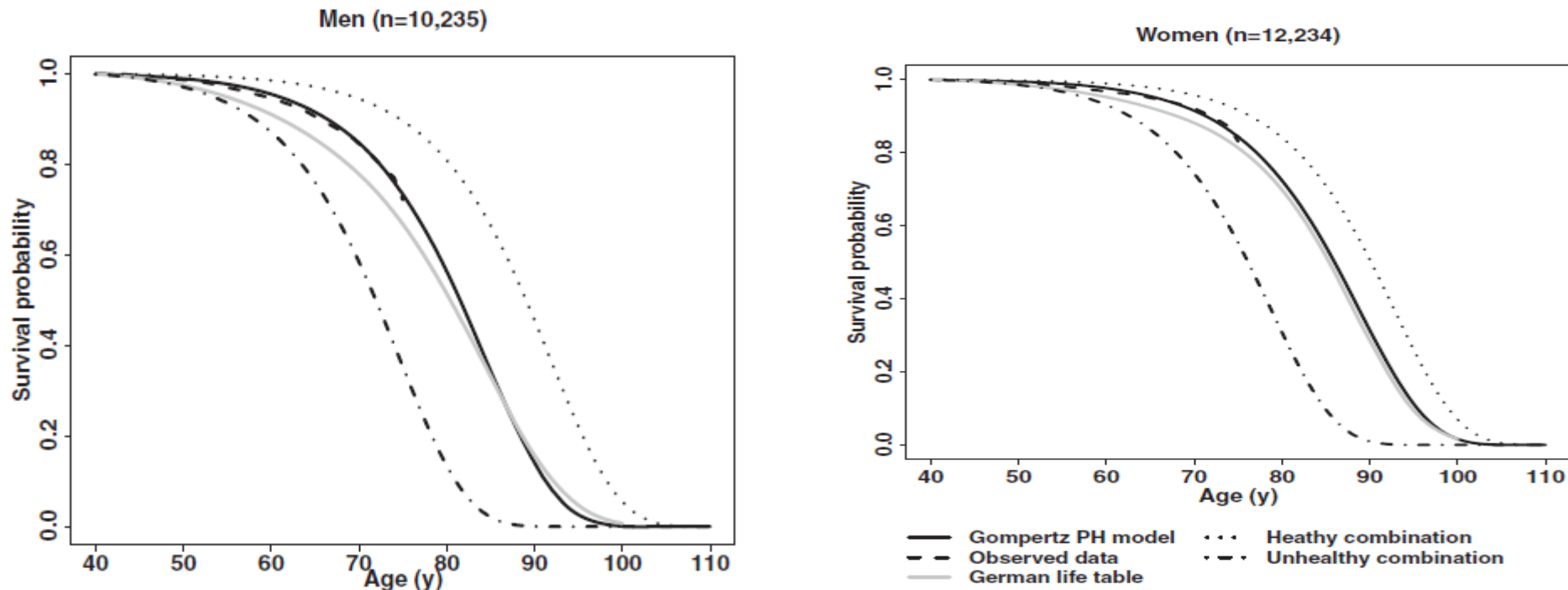
Open Access

Lifestyle risk factors and residual life expectancy at age 40: a German cohort study

Kuanrong Li*, Anika Hüsing and Rudolf Kaaks

Results:

The combined loss of RLE for heavy smoking, obesity, heavy alcohol drinking and high processed/red meat consumption, versus never smoking, optimal BMI (22.5 to 24.9), no/light alcohol drinking and low processed/red meat consumption, was 17.0 years for men and 13.9 years for women.



These 2:
Lebenserwartung in
Deutschland im
internationalen Vergleich:
unterdurchschnittlich

Lebenserwartung bei Geburt

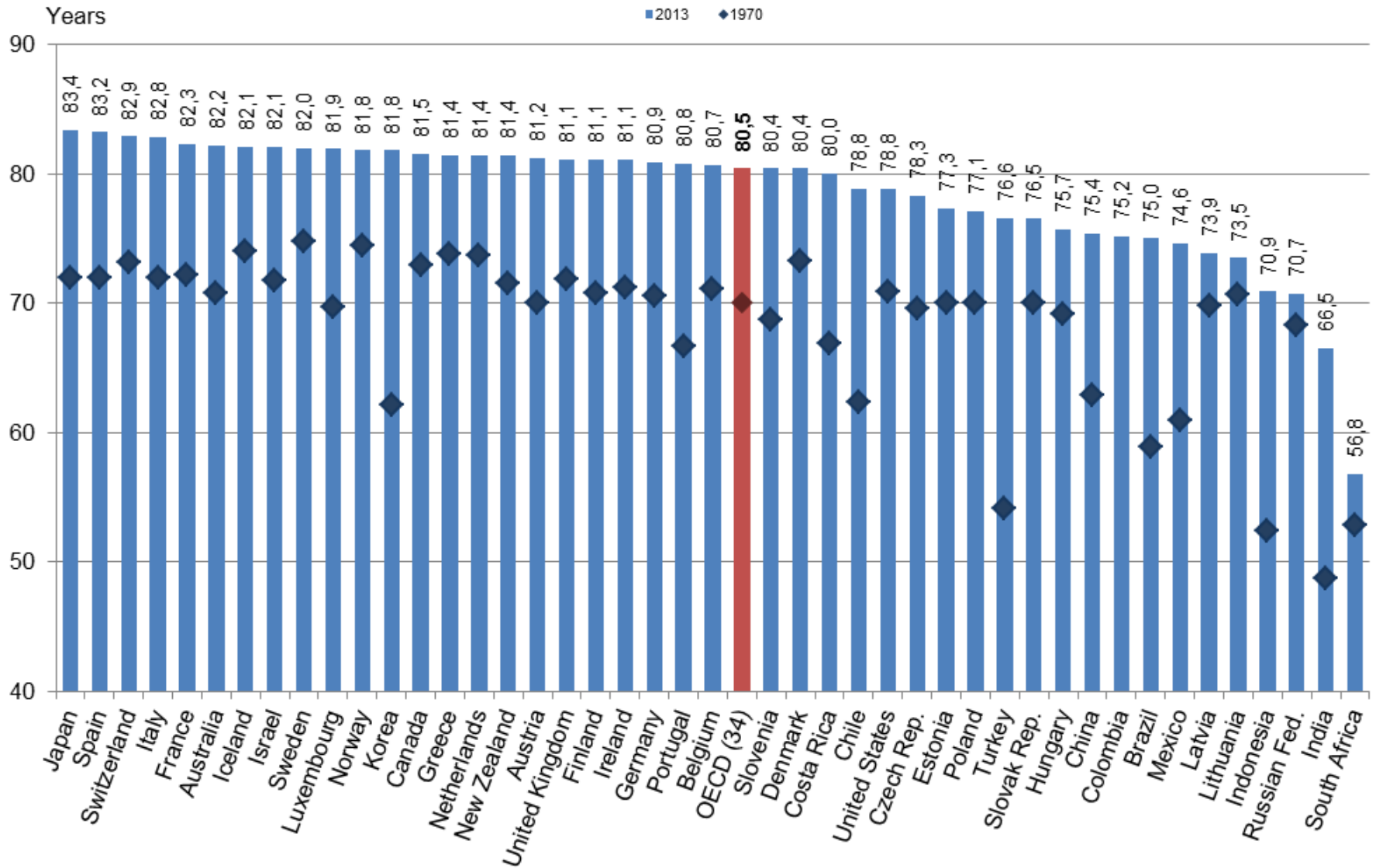
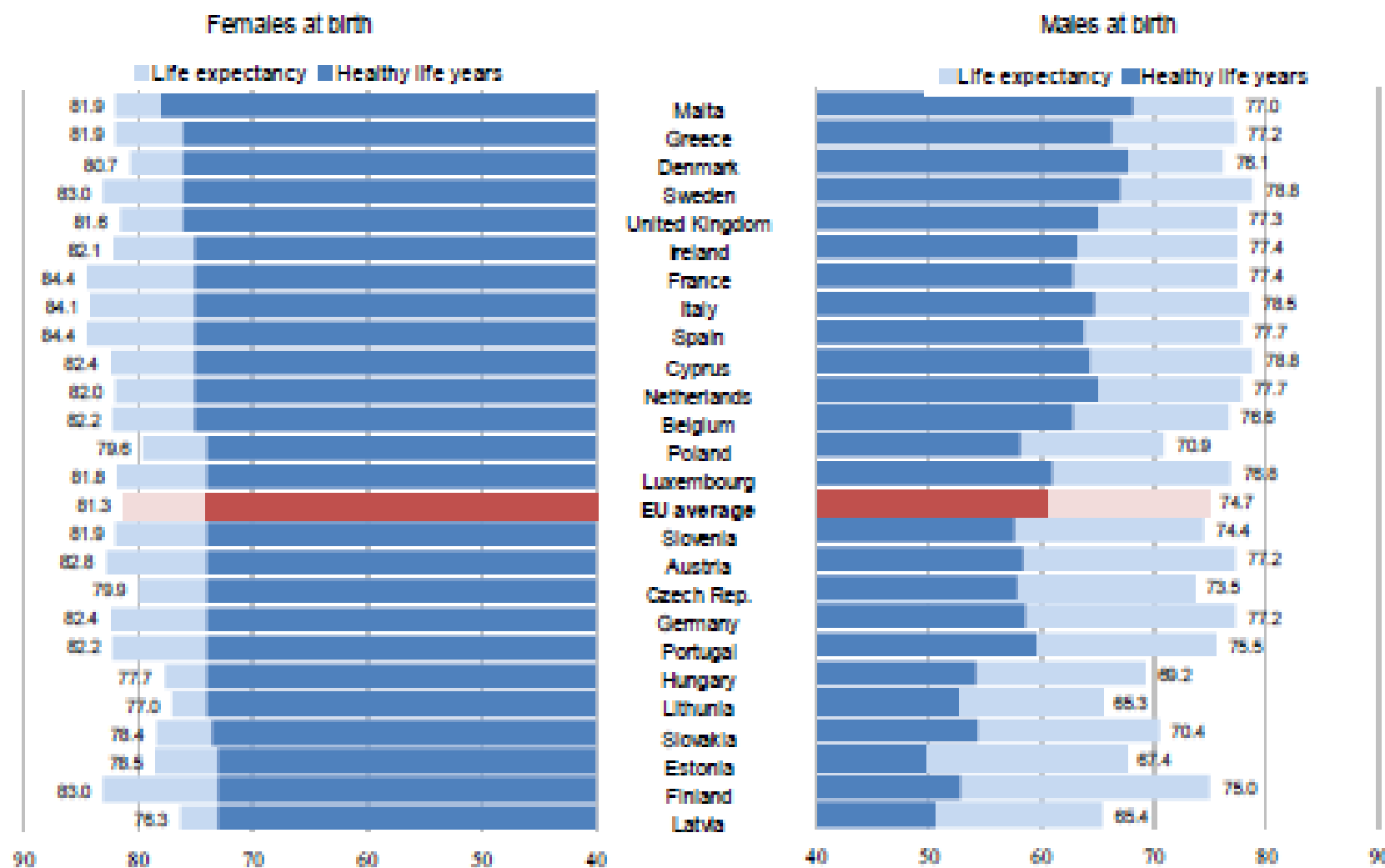
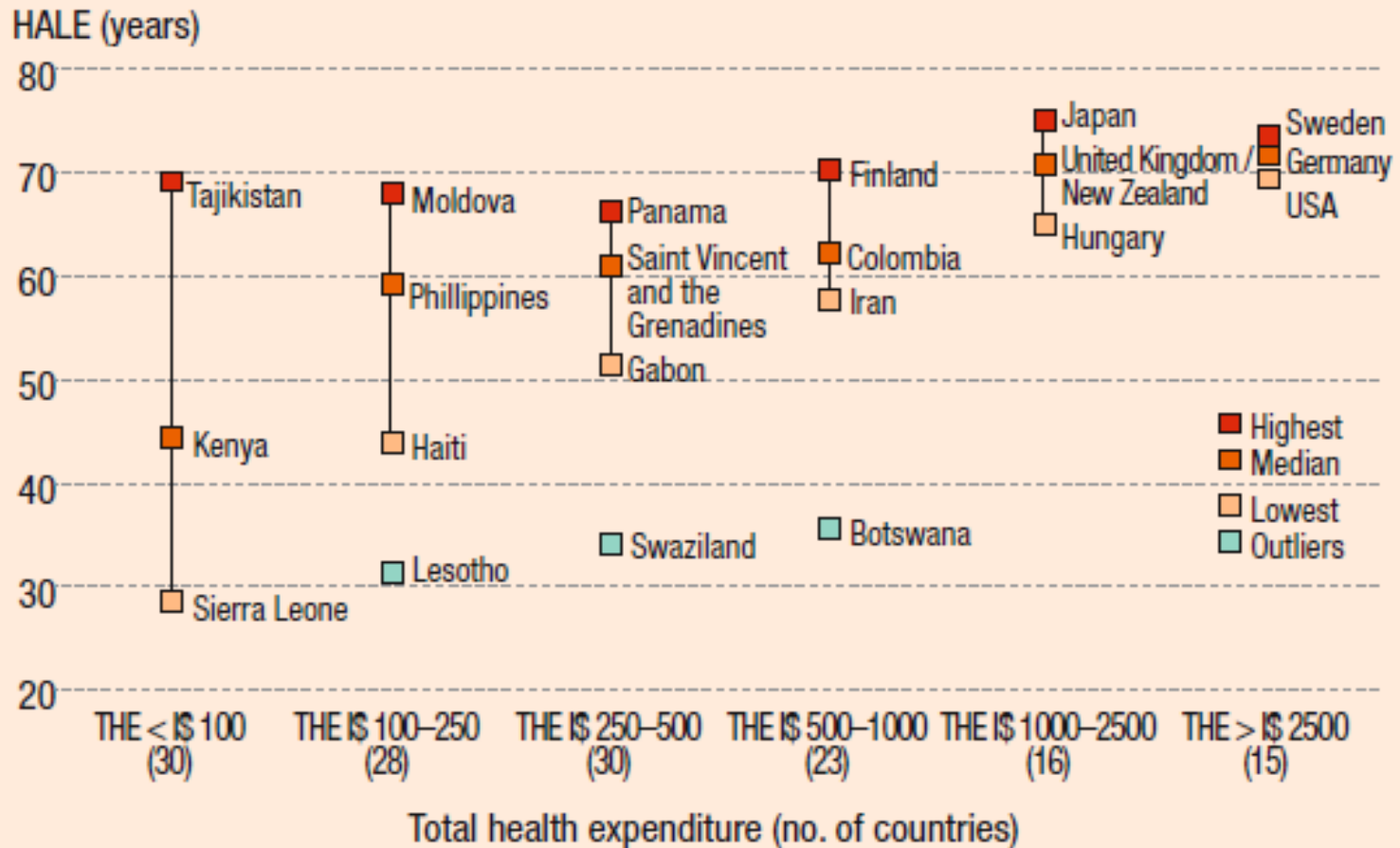


Chart CO1.2.D: Life Expectancy at birth and Healthy Life Years at birth, in years, females and males, 2010



Source: WHO statistical information system (WHOSYS), v. January 2014 and European Health Expectancy Monitoring Unit.

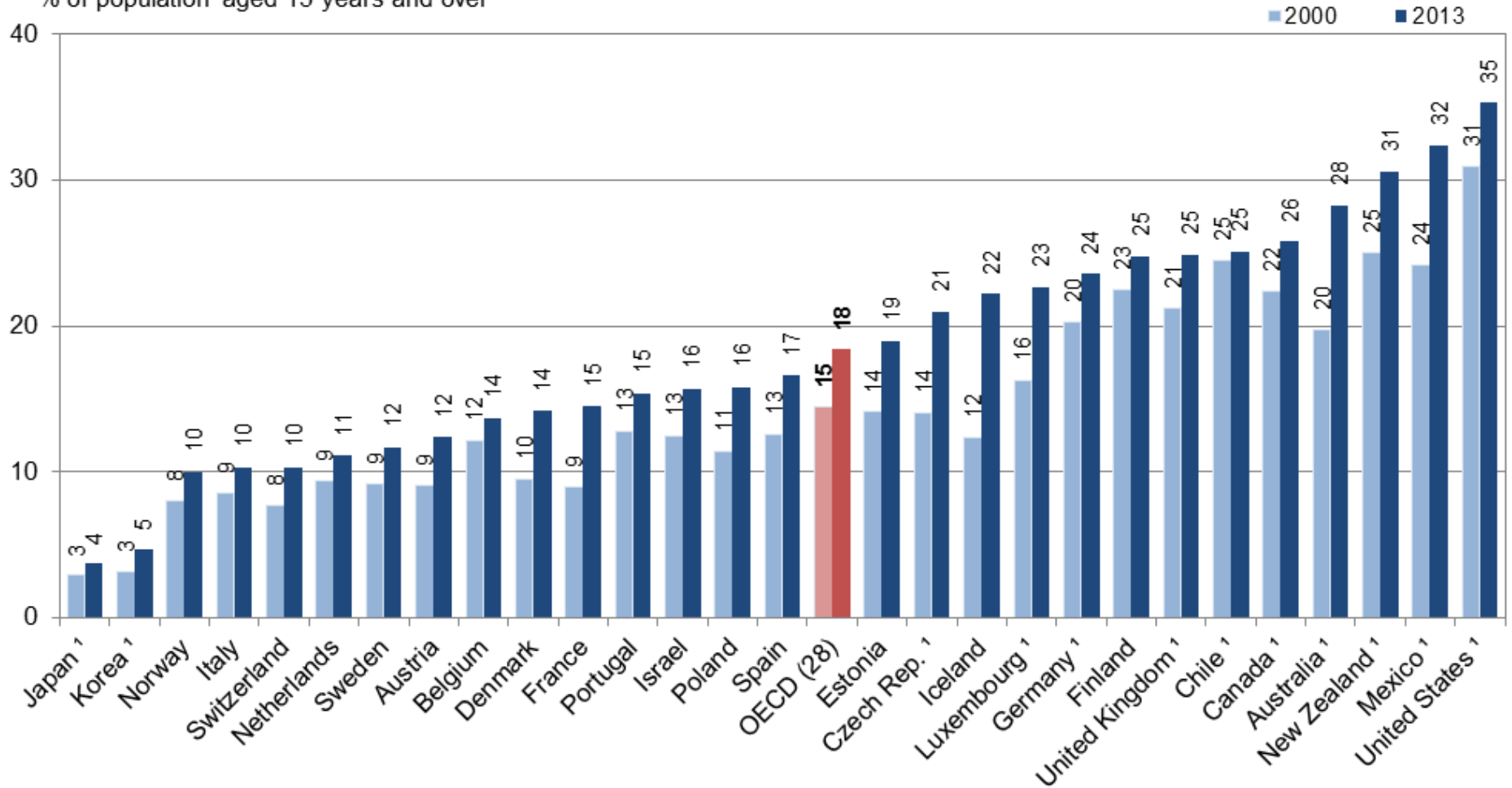
Figure 1.6 Countries grouped according to their total health expenditure in 2005 (international \$)^{38,40}



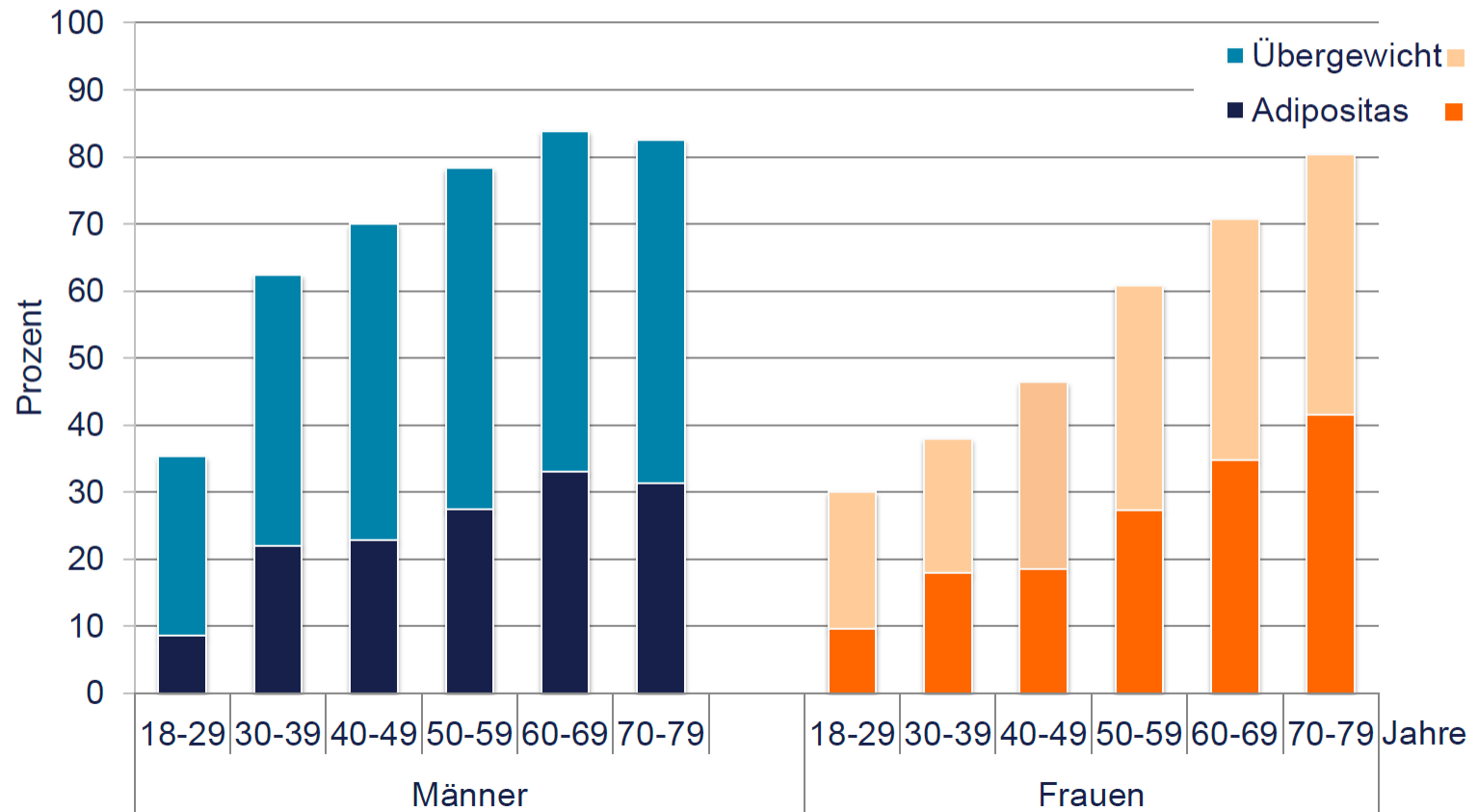
These 3:
Risikoverhalten in
Deutschland im
internationalen Vergleich:
überdurchschnittlich

Obesity

% of population aged 15 years and over



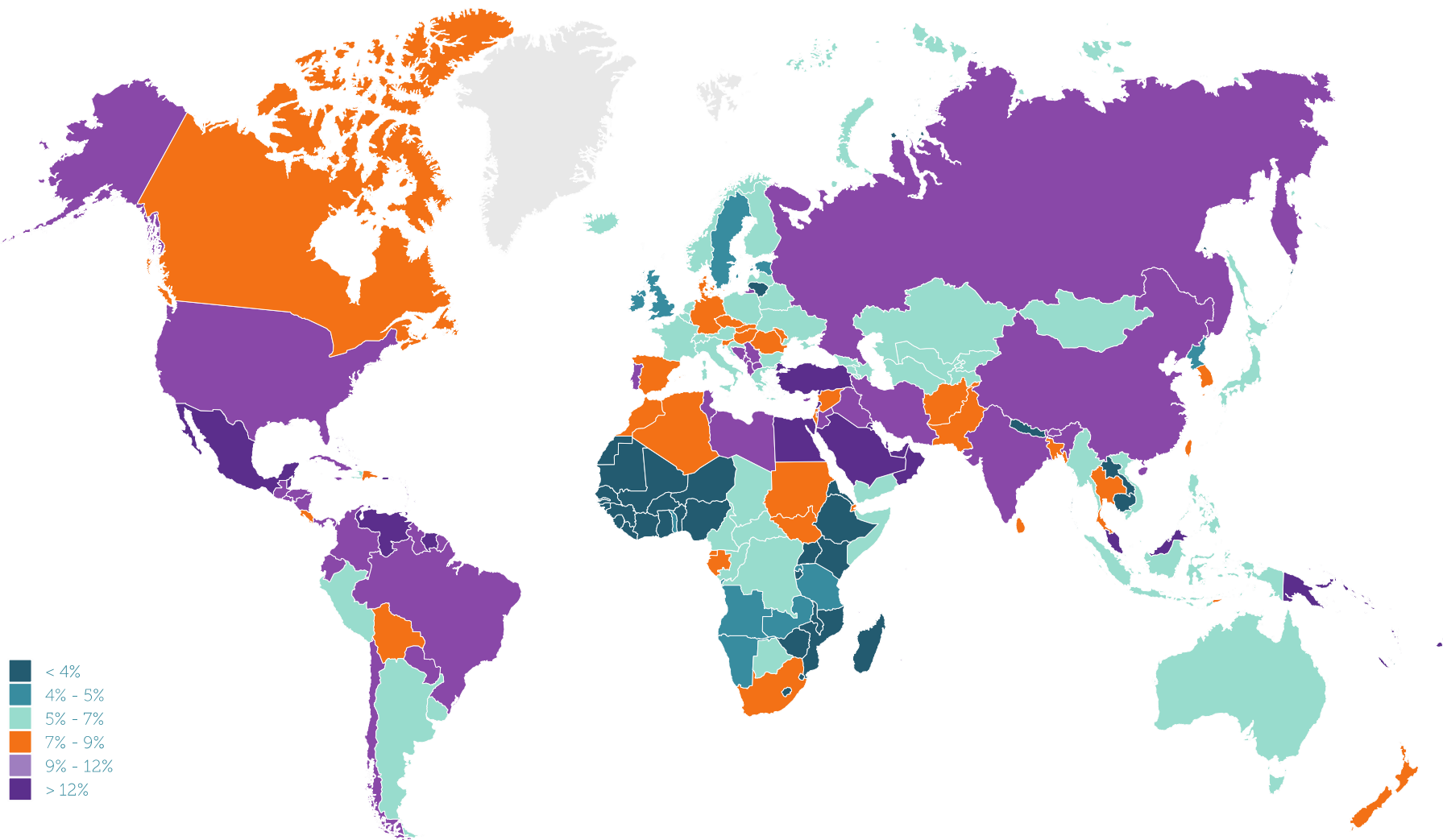
Übergewicht und Adipositas, nach Alter



Diabetes around the world



Estimated age-adjusted prevalence of diabetes in adults (20-79), 2015



Regelmäßige Raucher

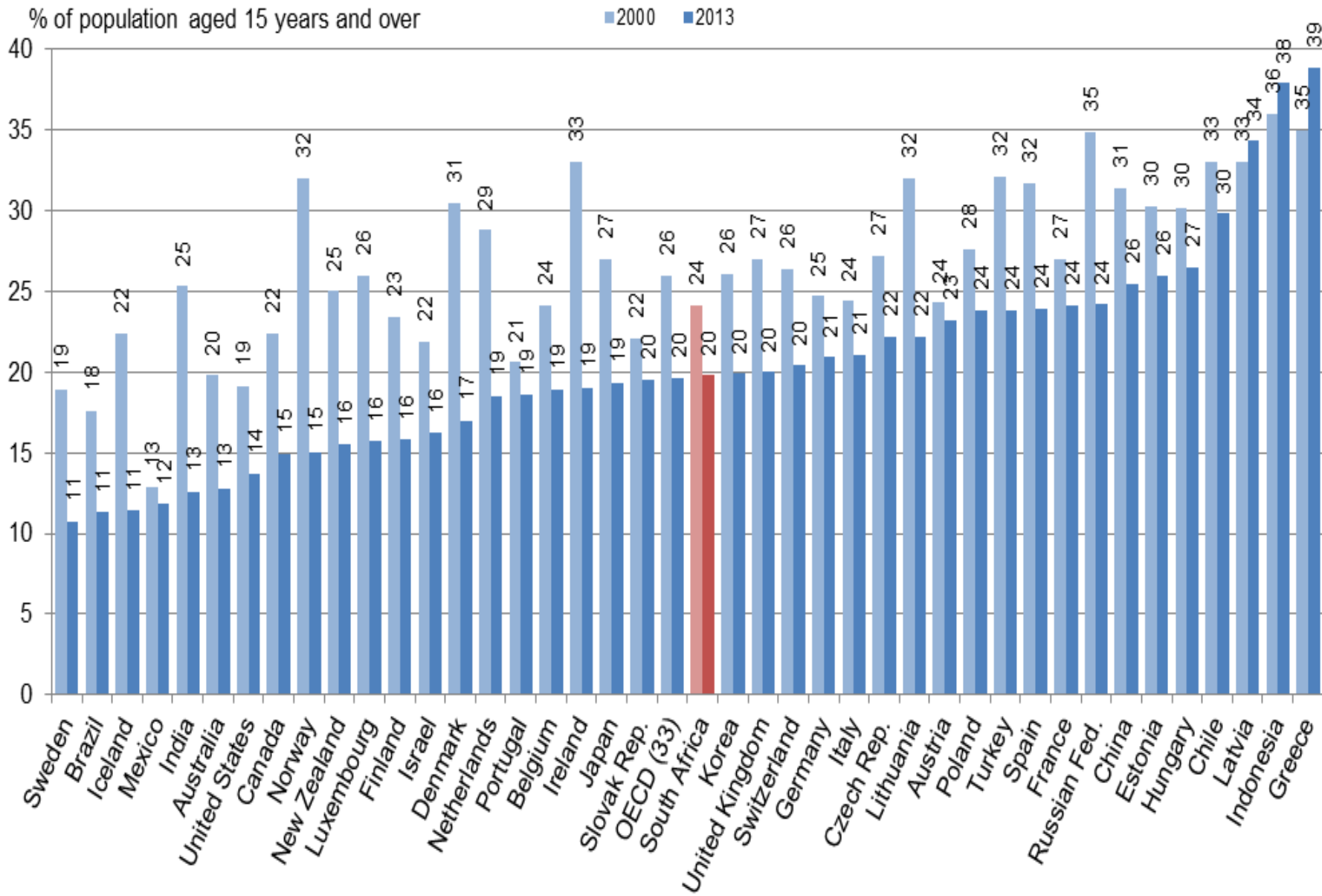
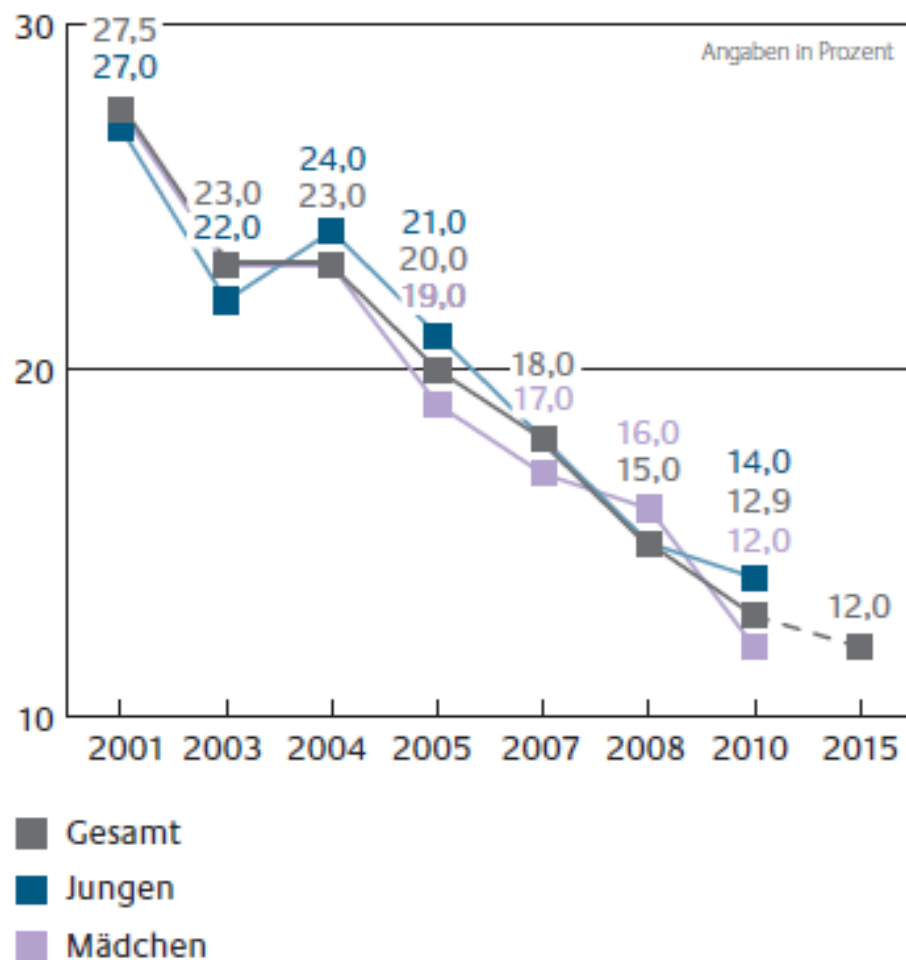


Abbildung 2:
Rauchen bei 12- bis 17-Jährigen 2001-2010



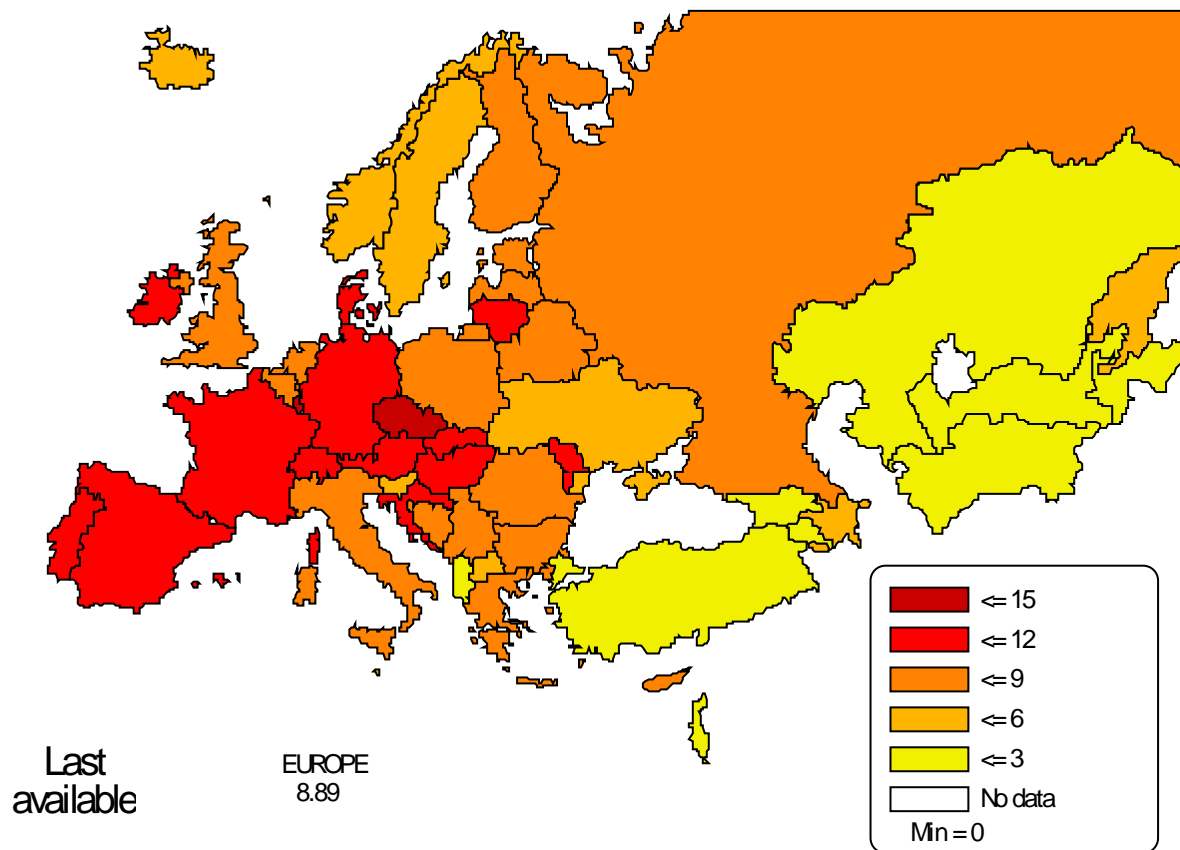
Quelle: Bundeszentrale für gesundheitliche Aufklärung, 2011

Abbildung 4:**Werbeausgaben der Tabakindustrie für Werbung, Promotion und Sponsoring 2005–2009**

	2005	2006	2007	2008	2009
Gesamte Werbeausgaben	182.328.434,51 €	79.898.676,22 €	128.941.300,46 €	192.768.607,67 €	222.263.153,07 €
Direkte Werbung	93.646.243,41 €	34.280.418,43 €	53.088.195,85 €	86.295.878,05 €	81.345.793,24 €
Werbung in Printmedien	21.660.896,67 €	8.611.582,77 €	435.595,34 €	503.810,31 €	1.535.929,84 €
Außenwerbung	51.995.340,25 €	20.019.962,35 €	49.189.851,39 €	78.009.936,09 €	70.982.824,91 €
Werbung im Kino	9.693.583,31 €	2.149.724,00 €	2.064.600,00 €	1.511.909,60 €	2.300,00 €
Werbung im Internet	2.890.817,75 €	2.756.122,51 €	295.319,36 €	188.000,18 €	277.480,38 €
Sonstige Werbung	4.979.828,91 €	712.238,78 €	1.102.829,76 €	6.005.485,44 €	8.494.371,67 €
Keine Zuordnung	2.425.776,52 €	30.788,02 €	435.595,34 €	76.736,43 €	52.886,44 €
Promotion	85.995.773,54 €	41.929.534,63 €	72.646.065,24 €	102.792.093,99 €	137.495.498,78 €
Sponsorship	2.686.417,56 €	3.688.723,16 €	3.207.039,37 €	3.680.635,63 €	3.421.861,05 €

Quellen: Deutsche Tabakindustrie, vdc, DZV

170101 +Pure alcohol consumption, litres per capita



1.7 Krankenhausbehandlungen aufgrund von Alkoholvergiftungen

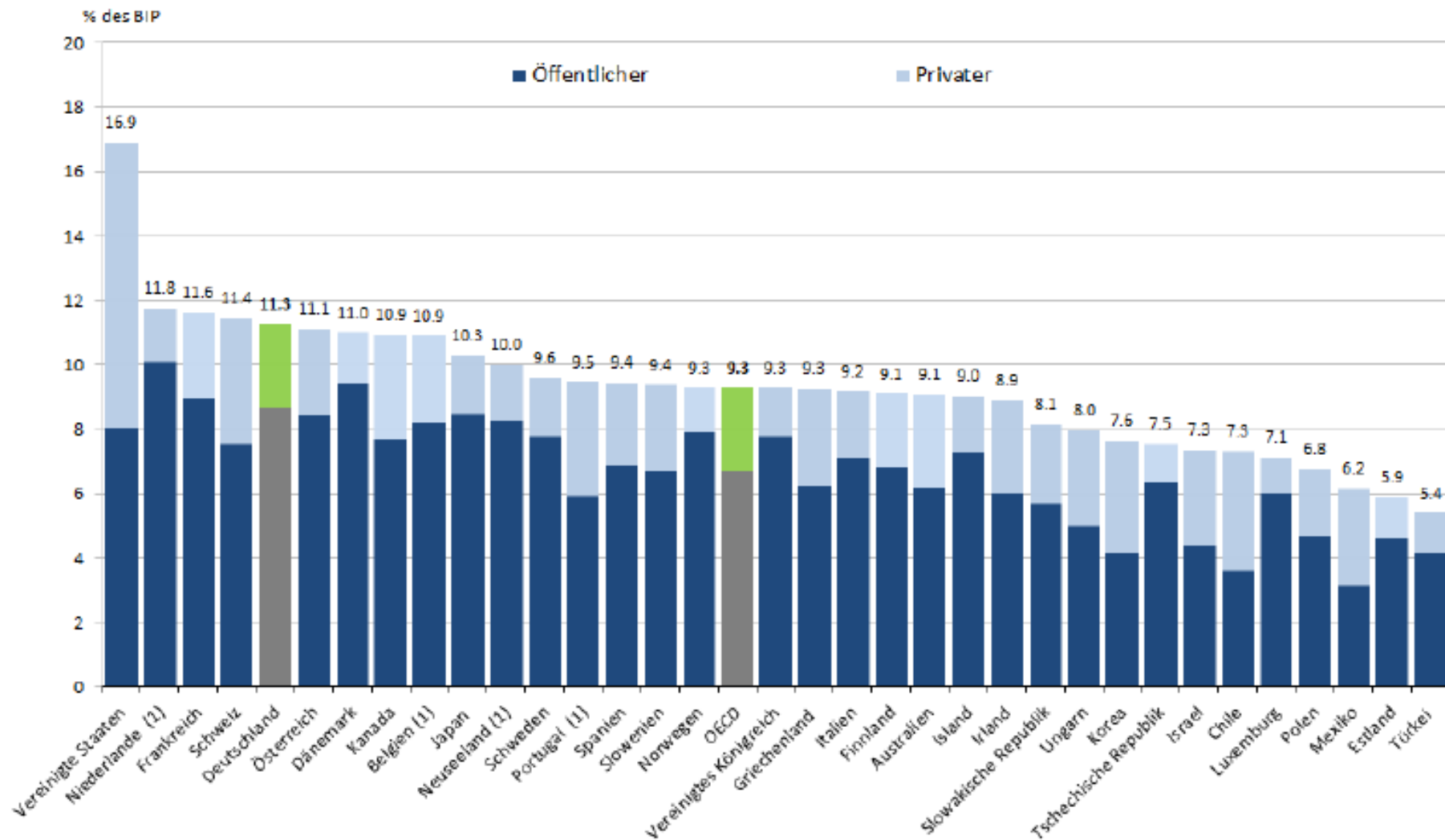
Im Jahr 2012 wurden insgesamt 26.673 Kinder, Jugendliche und junge Erwachsene zwischen 10 und 20 Jahren wegen einer Alkoholvergiftung ins Krankenhaus eingeliefert; 2011 waren es 26.351 Personen. Damit ist die absolute Zahl der Krankenhauseinweisungen bei Kindern und Jugendlichen leicht um 1,2 Prozent angestiegen. Während die Zahl der Einweisungen bei den 10- bis 15-Jährigen um 4,2 Prozent zurückgegangen ist, stieg die Zahl der Einweisungen bei den 15- bis 20-Jährigen um 2,3 Prozent an.

Werbung in Dresden



These 4:
Risikoverhalten als
Kostentreiber in Deutschland

Anteil der Gesundheitsausgaben am BIP in %, privat und öffentlich, OECD Staaten, 2012

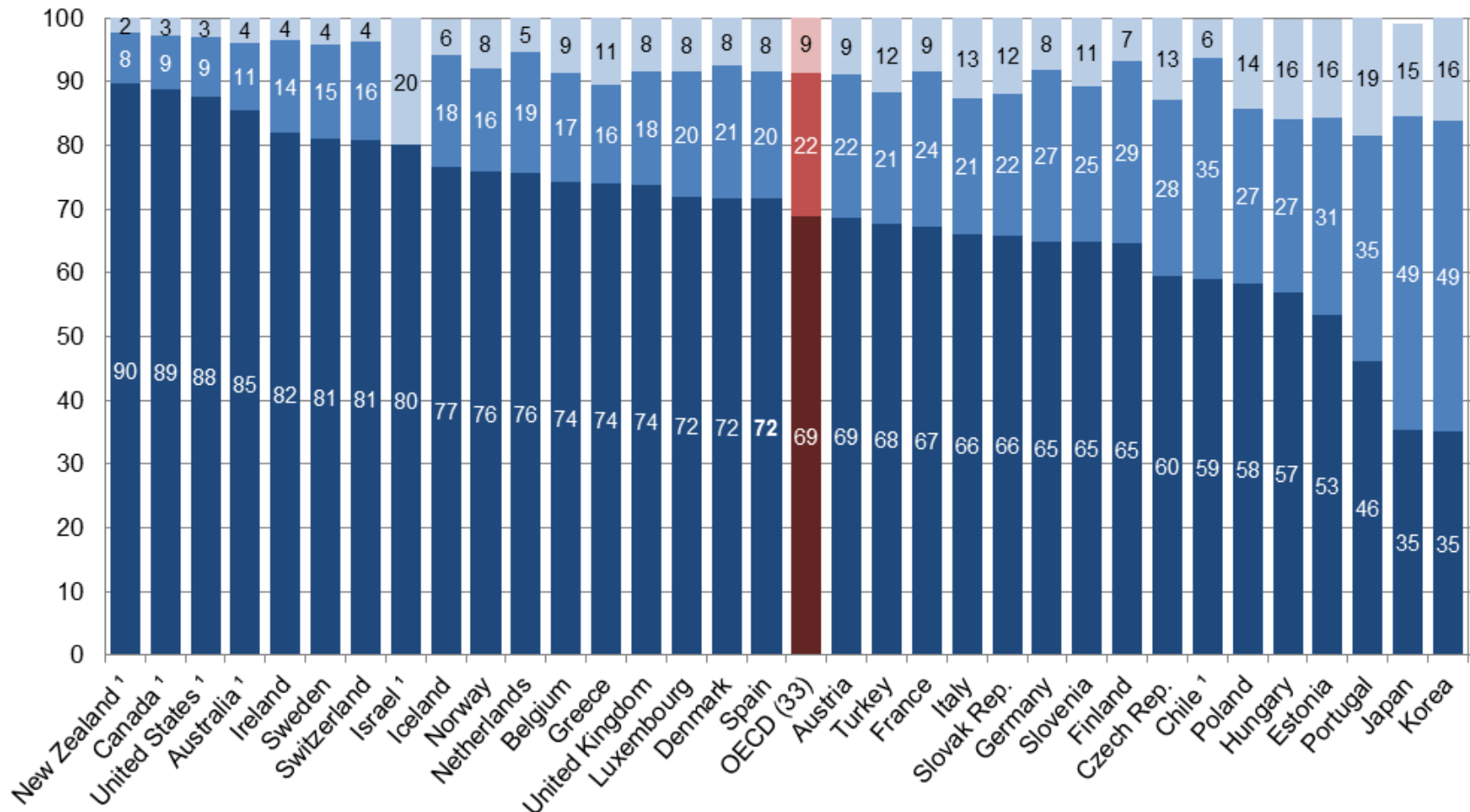


Source: OECD Health Statistics 2014.

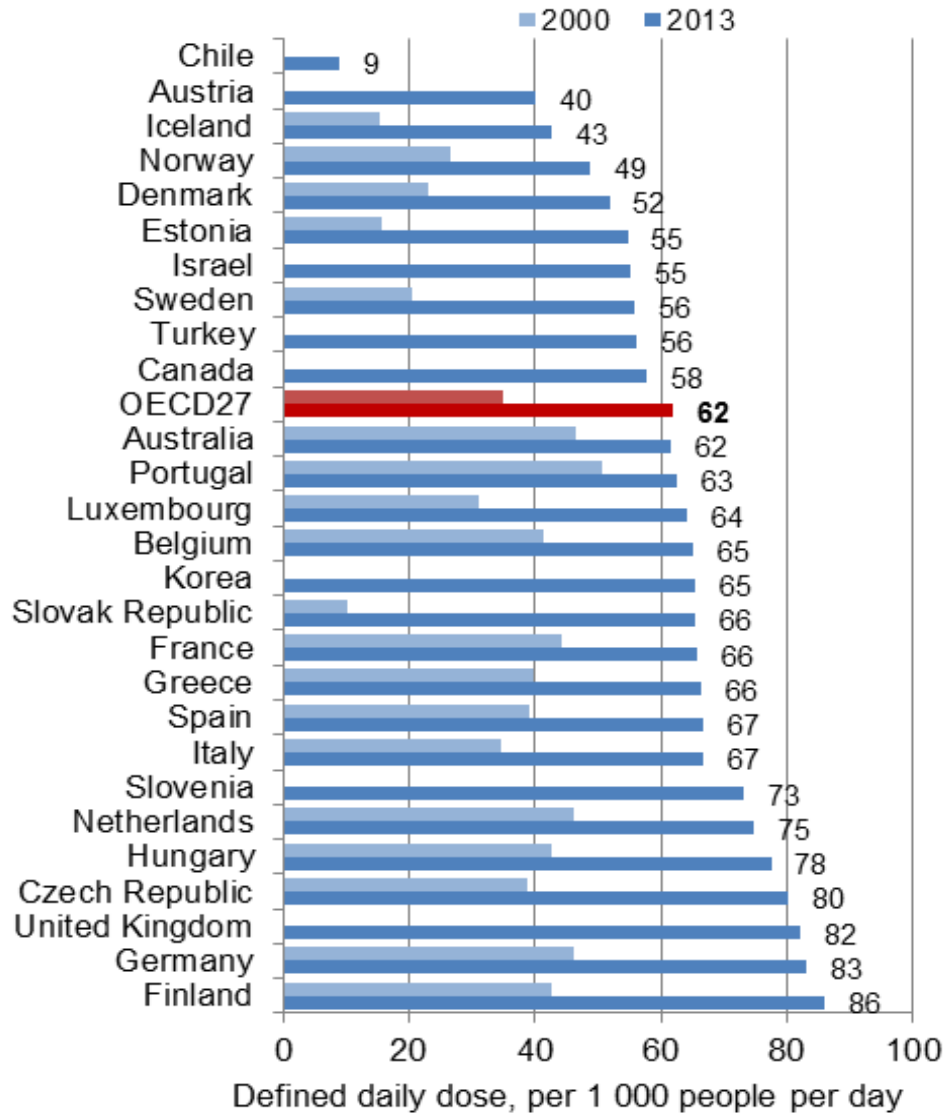
Subjektive Gesundheit

% of population aged 15 years and over

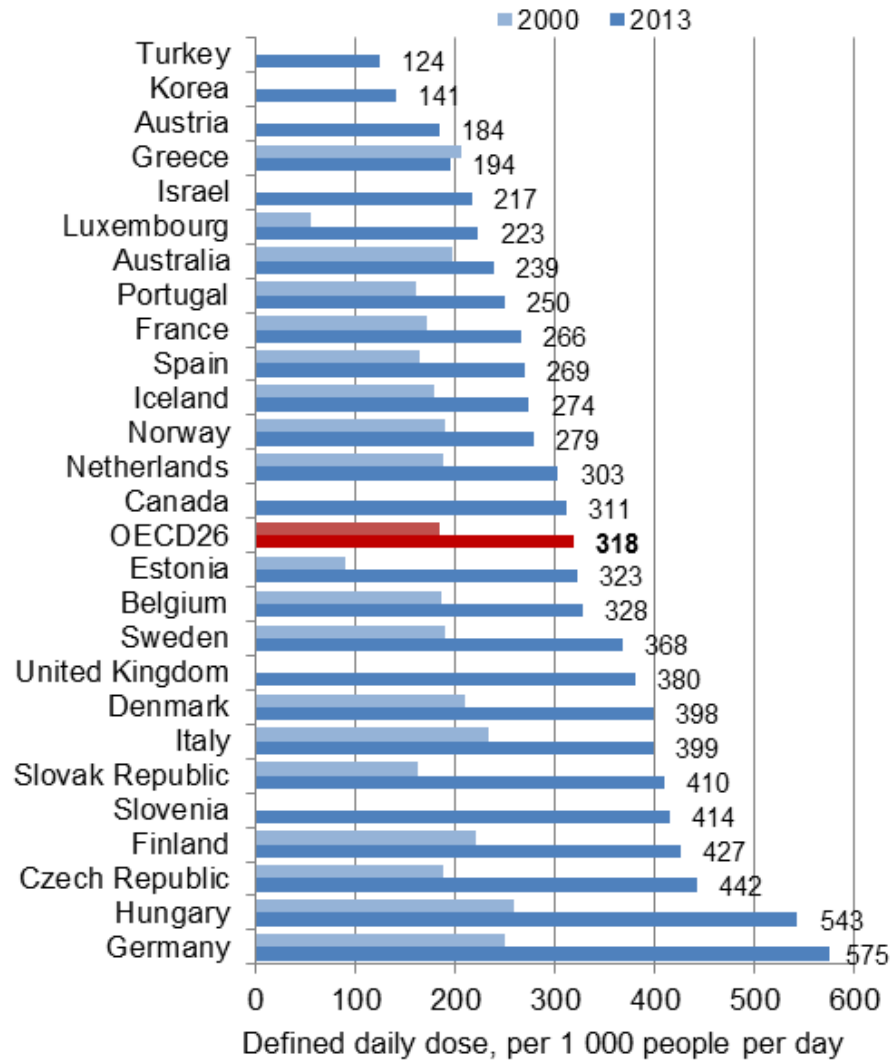
■ Good or very good ■ Fair ■ Bad or very bad



Arzneimittelverbrauch, Diabetes



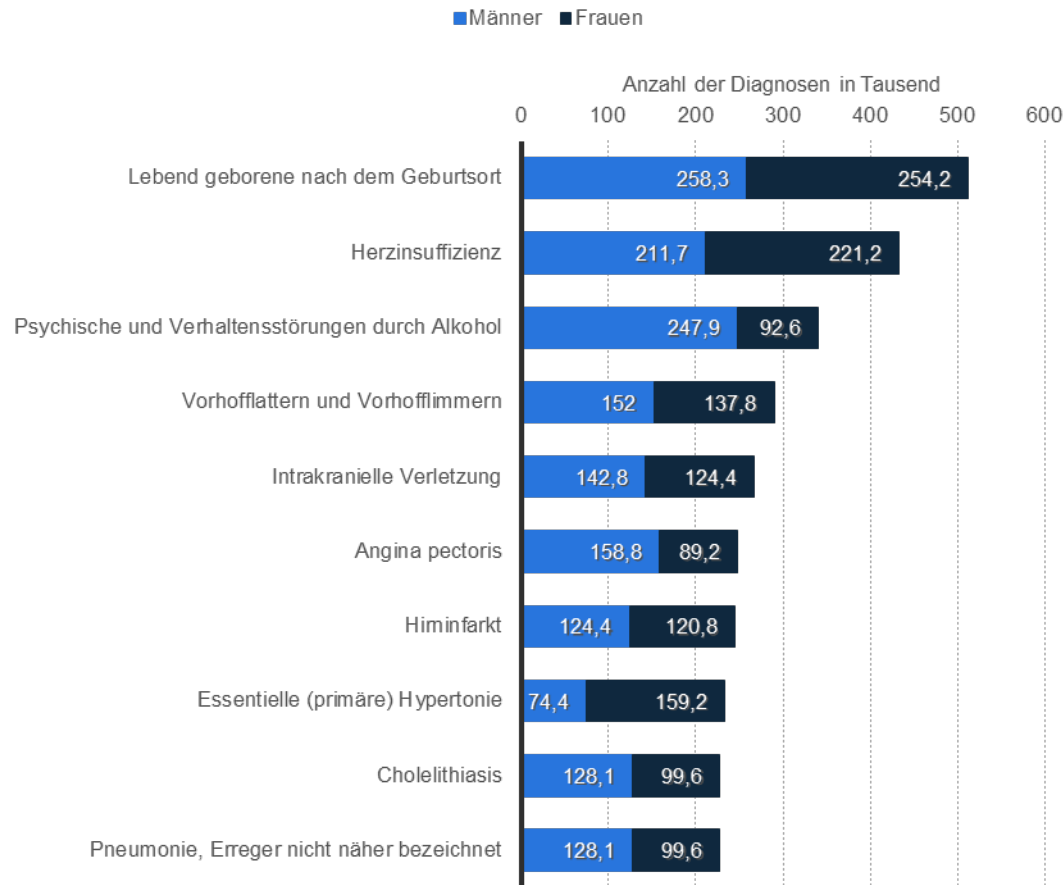
Arzneimittelverbrauch, Antihypertensiva



Häufigste Hauptdiagnosen in deutschen Krankenhäusern nach Geschlecht 2014

Häufigste Hauptdiagnosen in deutschen Krankenhäusern nach Geschlecht im Jahr 2014 (in 1.000)

Schreiben Sie hier Ihre Notizen



Hinweis: Deutschland; 2014

Weitere Angaben zu dieser Statistik, sowie Erläuterungen zu Fußnoten, sind auf [Seite 8](#) zu finden.

Quelle: Statistisches Bundesamt; [ID 218758](#)

These 5:
Prävention volkswirtschaftlich
effizient

Exkurs:
Gesundheitsminister/-in in
einem
bürgerkriegsverwüsteten Land

Quality-adjusted life years

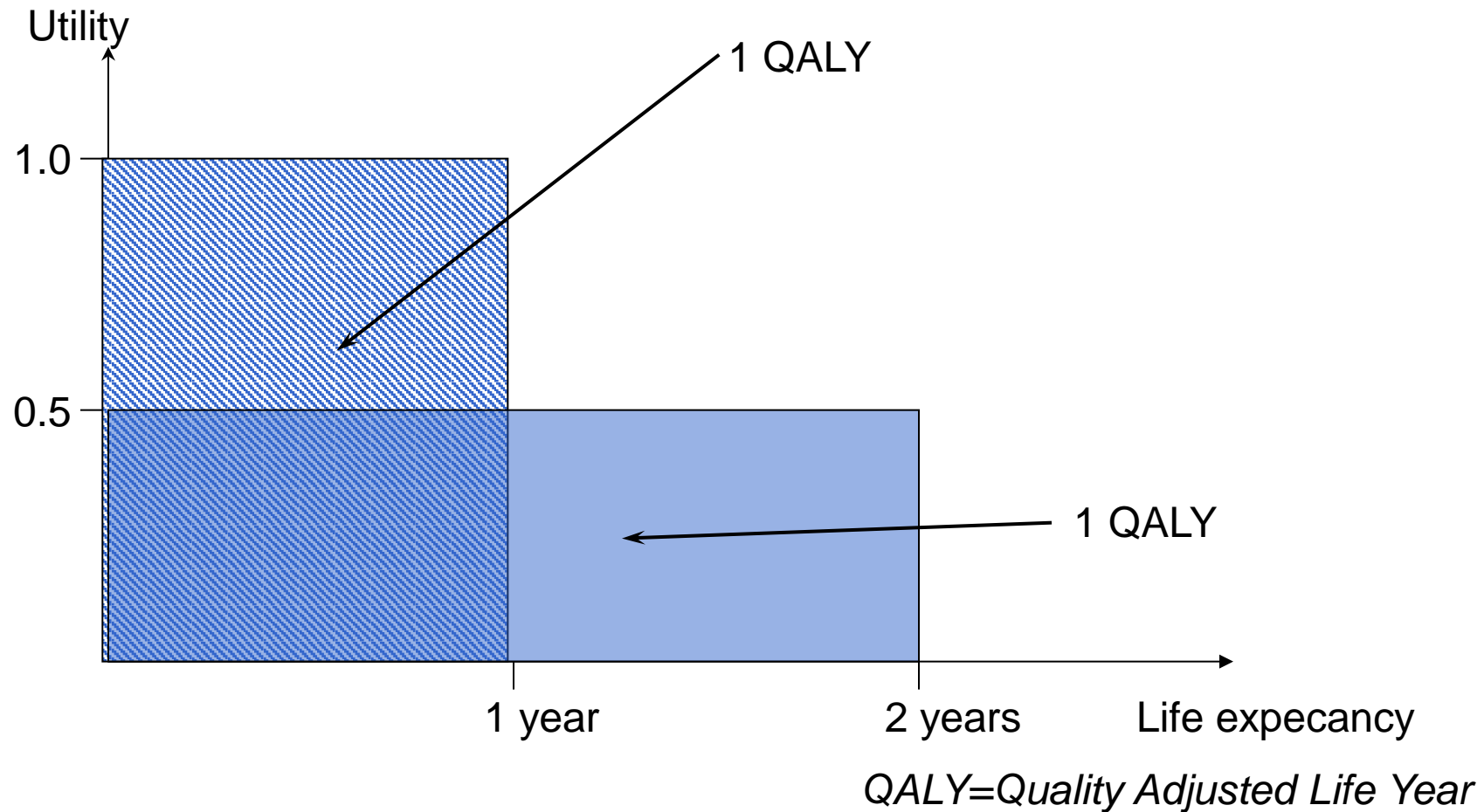


Table 5.20 A league table of how much it costs to gain one additional quality-adjusted life-year (QALY) for different treatments

Treatment	Cost/QALY (£, August 1990)
Cholesterol testing and diet therapy (all adults aged 40–69)	22
Neurosurgical intervention for head injury	240
Advice to stop smoking from general practitioner	270
Neurosurgical intervention for subarachnoid hemorrhage	490
Antihypertensive treatment to prevent stroke (ages 45–64)	940
Pacemaker implantation	1100
Hip replacement	1180
Valve replacement for aortic stenosis	1140
Coronary artery bypass graft (left main vessel disease, severe angina)	2090

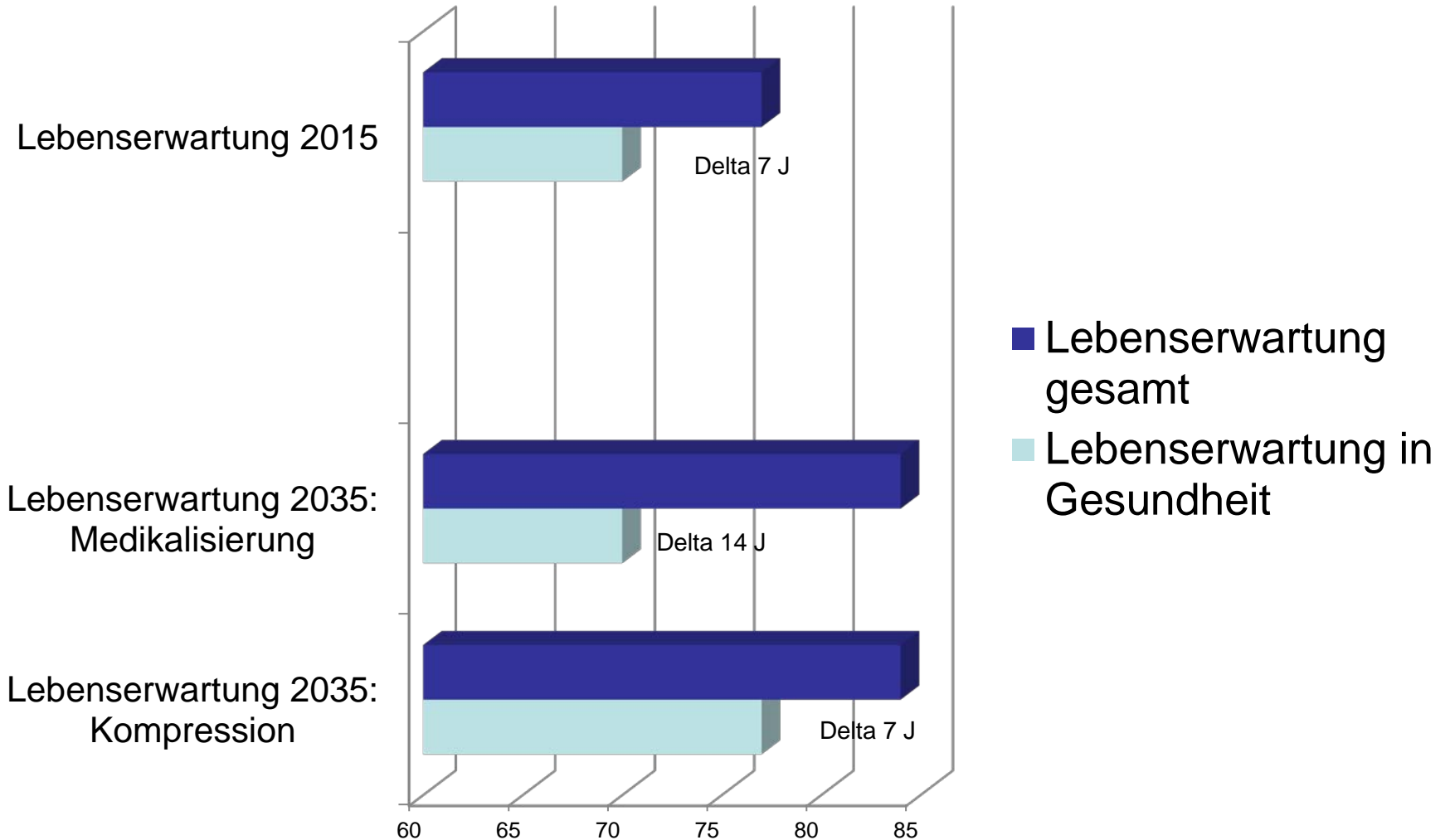
Kidney transplant	4710
Breast cancer screening	5780
Heart transplantation	7840
Cholesterol testing and treatment (incrementally) of all adults aged 25–39	14150
Home hemodialysis	17260
Coronary artery bypass graft (one vessel disease, moderate angina)	18830
Continuous ambulatory peritoneal dialysis	19870
Hospital hemodialysis	21970
Erythropoietin treatment for anemia in dialysis patients (assuming 10% reduction in mortality)	54380
Neurosurgical intervention for malignant intracranial tumors	107780
Erythropoietin treatment for anemia in dialysis patients (assuming no increase in survival)	126290

Adapted from: Mason J, Drummond M, Torrance G. Some guidelines on the use of cost-effectiveness league tables. *BMJ* 1993; 306: 570–2.

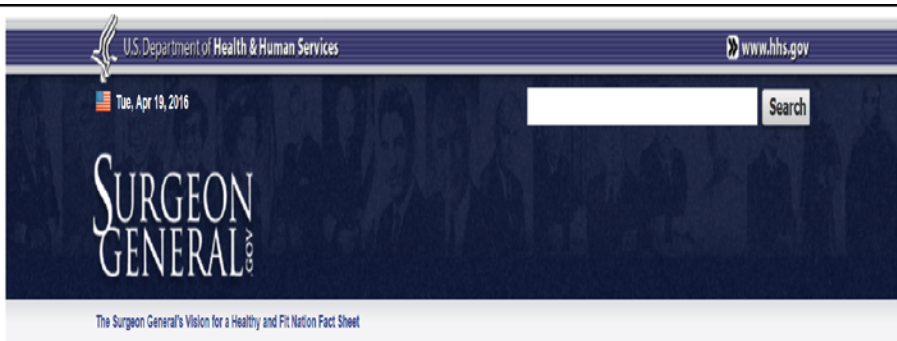
Cost-Effectiveness of Selected Preventive Measures and Treatments for Existing Conditions (2006 Dollars).*

Intervention	Cost-Effectiveness Ratio
Preventive measures	
<i>Haemophilus influenzae</i> type b vaccination of toddlers	Cost-saving
One-time colonoscopy screening for colorectal cancer in men 60–64 years old	Cost-saving
Newborn screening for medium-chain acyl-coenzyme A dehydrogenase deficiency	\$160/QALY
High-intensity smoking-relapse prevention program, as compared with a low-intensity program	\$190/QALY
Intensive tobacco-use prevention program for seventh- and eighth-graders	\$23,000/QALY
Screening all 65-year-olds for diabetes as compared with screening 65-year-olds with hypertension for diabetes	\$590,000/QALY
Antibiotic prophylaxis (amoxicillin) for children with moderate cardiac lesions who are undergoing urinary catheterization	Increases cost and worsens health
Treatments for existing conditions	
Cognitive-behavioral family intervention for patients with Alzheimer's disease	Cost-saving
Cochlear implants in profoundly deaf children	Cost-saving
Combination antiretroviral therapy for HIV-infected patients	\$29,000/QALY
Liver transplantation in patients with primary sclerosing cholangitis	\$41,000/QALY
Implantation of cardioverter–defibrillators in appropriate populations, as compared with medical management alone	\$52,000/QALY
Left ventricular assist device, as compared with optimal medical management, in patients with heart failure who are not candidates for transplantation	\$900,000/QALY
Surgery in 70-year-old men with a new diagnosis of prostate cancer, as compared with watchful waiting	Increases cost and worsens health

Medikalisierungs- vs. Kompressionsthese



Ausblick



The Surgeon General's Vision for a Healthy and Fit Nation Fact Sheet

Today's epidemic of overweight and obesity threatens the historic progress we have made in increasing American's quality and years of healthy life. The hard facts:

- Two-thirds of adults and nearly one in three children are overweight or obese.
- 70% of American Indian/Alaskan Native adults are overweight or obese.
- The prevalence of obesity in the U.S. more than doubled (from 15% to 34%) among adults and more than tripled (from 5% to 17%) among children and adolescents from 1980 to 2008.
- An obese teenager has over a 70% greater risk of becoming an obese adult.
- Obesity is more common among non-Hispanic black teenagers (29%) than Hispanic teenagers (17.5%) or non-Hispanic white teenagers (14.5%).

To stop the obesity epidemic in this country, we must remember that Americans will be more likely to change their behavior if they have a meaningful reward- something more than just reaching a certain weight or dress size. The real reward has to be something that people can feel and enjoy and celebrate. That reward is invigorating, energizing, joyous health. It is a level of health that allows people to embrace each day and live their lives to the fullest - without disease, disability, or lost productivity. To be a nation that is Healthy and Fit.

Key actions outlined in *The Surgeon General's Vision for a Healthy and Fit Nation* include:

Individual Healthy Choices and Healthy Home Environments - Change starts with the individual choices Americans make each day for themselves, their families and those around them. To help achieve and maintain a healthy lifestyle



Saving Lives: Our Healthier Nation

Presented to Parliament by the

Secretary of State for Health

by Command of Her Majesty, July 1999

National strategies and prevention programm

2 New strategies for NCDs and addiction

NCDs (non-communicable diseases) such as cancer, diabetes or cardiovascular diseases are the most common causes of death in Switzerland. They result in a great deal of personal suffering and reduced quality of life and pose major challenges to our healthcare system, accounting for 80 percent of Switzerland's direct healthcare costs. The Swiss government and the cantons are currently developing a new strategy for combating NCDs. Also in the development phase is a new national strategy for meeting the challenges posed by the problem of addiction. The National Strategy on Addiction will be designed to ensure continuity while also laying down a framework for action that covers all forms of addiction.

3+8 Alcohol and tobacco

Over the last few years, the Federal Office of Public Health, together with the cantons and numerous front-line organisations, has done major pioneering work through its national prevention programmes. In 2012 the programmes were extended by a further four years to 2016. This issue of "spectra" includes a review of the progress made in a wide range of activities at the half-way point. In the National Alcohol Programme, the focus is currently on strengthening alliances. The National Tobacco Programme will continue its activities in the four action areas of "Information and opinion formation", "Health protection and market regulation", "Behaviour-oriented prevention" and "Coordination and cooperation" and, together with its partners, is currently preparing a campaign.

6 Nutrition & physical activity

The Swiss government, the cantons and Health Promotion Switzerland are cooperating in a broadly based national programme to create a society in which a balanced diet and sufficient physical activity are taken for granted. The long-term aim is to prevent chronic conditions such as cancer, cardiovascular diseases and diabetes. In addition to an interim report on the National Programme on Nutrition & Physical Activity, this issue of "spectra" contains in its middle section a poster on "Nutrition and physical activity in Switzerland".