

## **From the ESC guidelines to the everyday practice: how to fill the gap in 2018**

Cardiovascular (CV) diseases are still the leading cause of death in the European countries, despite the efforts of the scientific community to run clinical trials and to produce new evidences that should contribute to reduce mortality and morbidity of CV patients. The mission of the European Society of Cardiology (ESC) is “to reduce the burden of cardiovascular disease” and, in order to achieve such endpoint, the ESC issues international guidelines on diagnosis and management of cardiovascular diseases, with the ultimate goal of helping health professionals to improve the quality and quantity of life of their patients. I will focus my attention on the process of generating guidelines and also of bringing evidence-based recommendations from the scientific ground to the everyday clinical practice, evaluating points of strength and limitations of the whole journey and the different roles of researchers, guidelines task force members, international and national societies and, finally, decision makers and healthcare administrators.

International guidelines should reflect national country needs and try to propose solutions that could be applicable in different socio-economic contexts; guideline task forces should incorporate all the stakeholders and not only physicians, thus including patient representatives, nurses and professionals different from doctors. Epidemiologists and experts in health economics are also expected to be more and more engaged in the future. Last but not least, quality indicators to properly monitor process of care and outcomes should be defined for each CV disease and quality improvement strategies should be included in the guidelines, particularly when recommended interventions fail to achieve their goal despite a strong scientific evidence of their efficacy.