Brussels, April 2026

The Task Force on defining a cardiovascular-renal-metabolic health check (cardiovascular health check) - comprising the undersigned organisations representing the cardiovascular, renal, diabetes, and obesity community - invites the Commission to integrate the proposed structured approach for rolling out health checks across the 27 EU Member States and to reflect the following wording in the upcoming Council Recommendation as part of the European Cardiovascular Health Plan:

For **individuals under 35 years**, at least one cardiovascular-renal-metabolic health check (cardiovascular health check) is recommended, including assessment of health behaviours, measurement of biological risk factors (including blood pressure), fasting plasma glucose (FPG), estimated glomerular filtration rate (eGFR), albuminuria, body mass index (BMI), mental health assessment if needed and history of reproductive health factors such as pregnancy history and spontaneous abortion. The aim is early detection of risk factors and behaviours, promotion of self-awareness, education, behaviour change and initiation of treatment if indicated (1, 9, 25, 26). In individuals with a family history of premature cardiovascular disease or sudden cardiac death, risk assessment and further evaluation should be individualised according to clinical context.

Opportunistic health checks should be considered when they come into contact with the healthcare system (e.g., primary care) (1,9).

For all adults aged 35 to 65 years systematic health checks are recommended, focusing on early detection and timely management of key cardiovascular (renal-metabolic) risk factors. These should be repeated at minimum every 5 years, adapting the frequency according to individual or local risk profiles based on family history, ethnicity, and other dynamic cardiovascular-renal-metabolic risk factors (2, 4, 8, 9, 16, 26).

The cardiovascular-renal-metabolic health check (cardiovascular health check) comprises all of the following elements: First, evaluation of **lifestyle and health behaviours**, including diet, physical activity, sedentary lifestyle, smoking, vaping and using smokeless nicotine products, alcohol and other toxins, **detailed family history**, age at menopause and **assessment of mental health disorders** if needed, such as depression or anxiety, using abbreviated (2-items) questionnaires (1, 16, 25, 27). Second, measurement of traditional cardiovascular risk factors, including **blood pressure, full lipid profile** (total cholesterol, LDL-C, HDL-C, triglycerides), and lipoprotein(a), the latter once in adulthood (7, 13, 14, 24). For detection of **diabetes and pre-diabetes**, fasting plasma glucose (FPG), and glycated haemoglobin (HbA1c) should be used (3, 5, 15, 31, 32); for assessment of **kidney health**, estimated glomerular filtration rate (eGFR) from serum creatinine (using a validated equation) and albuminuria measurement (Urinary Albumin:Creatinine Ratio (uACR)) (28, 29, 33, 34, 35, 37, 38, 39), for assessment of **obesity**, body mass index (BMI) and waist circumference or waist-to-height ratio to assess overall and central adiposity (17, 19, 20, 25).

Opportunistic health checks for individuals who missed the systematic assessment described above should be considered when they come into contact with the healthcare system (e.g., primary care), including Natriuretic Peptide Test (NT proBNP) to diagnose or exclude heart failure in the community (7, 10, 12).

For individuals over 65 years, a full cardiovascular-renal-metabolic health check (cardiovascular health check) as outlined above should be performed not less than every 3-5 years, including pulse assessment to detect or exclude atrial fibrillation (heart rate and rhythm), cardio-pulmonary auscultation, and evaluation of peripheral pulses for peripheral artery disease (PAD) (9, 11, 16, 23). The objectives are to monitor control of known risk factors, identify new-onset factors, detect previously unrecognised organ damage, and facilitate the rule-out of subclinical cardiovascular disease. Health checks should be adapted to individual or local risk profiles, considering family history, ethnicity, and other dynamic cardiovascular (renal-metabolic) risk factors.

Opportunistic health checks should be considered when they come into contact with the healthcare system (e.g., primary care).

Decisions regarding the implementation and adaptation of these programmes should be guided by national and regional contexts, available healthcare resources, the balance of anticipated benefits and costs, and insights gained from relevant pilot initiatives and scientific studies (6, 12, 18, 21, 22, 28, 29). For individuals identified as having an elevated risk of cardiometabolic disease, Member States should consider the development of targeted programmes with expanded eligibility and increased intensity, reflecting current scientific evidence and local circumstances (2, 8, 13, 14, 15, 16, 30, 31).

Integrated with health checks, Member States should also promote implementation of guideline-based management pathways at treating identified conditions and/or reducing cardiometabolic risk (13, 14, 15, 16, 22, 24).

The undersigned and Members of the Task Force:

ESC European Society of Cardiology

European Diabetes Forum

ERA LEADING EUROPEAN NEPHROLOGY

ehn European Heart Network
Fighting heart disease and stroke

International Diabetes Federation Europe

EKHA EUROPEAN KIDNEY HEALTH ALLIANCE

EASO European Association for the Study of Obesity

JACARDI Joint action cardiovascular diseases and diabetes

Endorsed by:

Scientific references

1. **WHO European Region: Package of Essential Noncommunicable Disease Interventions (PEN)**: https://www.who.int/publications/i/item/who-package-of-essential-noncommunicable-(pen)-disease-interventions-for-primary-health-care
2. **SCORE2 risk prediction algorithms (ESC)**: https://www.escardio.org/guidelines/practice-tools/cvd-prevention-toolbox/score-risk-charts/
3. **Finnish Diabetes Risk Score (FINDRISC):** https://www.mdcalc.com/calc/4000/findrisc-finnish-diabetes-risk-score
4. Vartianinen E, Laatikainen T, Peltonen M & Puska P. Predicting coronary heart disease and stroke: **the FINRISK calculator. Glob Heart 2016; 11(2): 213 - 216**
5. Ajjan RA, battelino T, Cos X et al. **Continuous glucose monitoring for the routine care of type 2 diabetes mellitus**. Nature Reviews Endocrinology 2024; 20: 426-440 https://doi.org/10.1038/s41574-024-00973-1
6. Ademi Z, Rodda SE, Vivoda K et al. **Highlights from the Manifesto on Health Economics of Cardiovascular Disease Prevention**. Pharmacoeconomics 2025 ; 43(11): 1281- 1292 https://doi.org/10.1007/s40273-025-01537-5
7. Budoff MJ, Young R, Burke G, Jeffrey Carr J, Detrano RC, Folsom AR, Kronmal R, Lima JAC, Liu KJ, McClelland RL, Michos E, Post WS, Shea S, Watson KE, Wong ND. **Ten-year association of coronary artery calcium with atherosclerotic cardiovascular disease (ASCVD) events: the multi-ethnic study of atherosclerosis (MESA)**. Eur Heart J. 2018;39(25):2401-2408. doi: 10.1093/eurheartj/ehy217. PMID: 29688297; PMCID: PMC6030975

8. Khan SS, Coresh J, Pencina MJ et al. **Novel prediction equation for absolute risk assessment of total cardiovascular disease incorporating cardiovascular-kidney-metabolic health: a scientific statement from the American Heart Association**. Circulatiorn 2023; 148(24): 1982-2004. https://doi.org/10.1161/CIR.0000000000001191
9. Krogsbøll LT, Jørgensen KJ & Gøtzsche PC. **General Health Checks in adults for reducing morbidity and mortality from disease**. Cochrane Database of Systematic Reviews 2019; 1(1): CD009009. DOI: 10.1002/14651858.CD009009.pub3
10. Lindholt JS, Søgaard R, Rasmussen LM et al. **Five-year outcome of the Danish Cardiovascular Screening (DANCAVASH) trial**. NEJM 2022; 387: 1385-1394
11. Tanner L et al. **NHS Health Check Programme: a rapid review update**. BMJ Open 2022; 13: e052832
12. Wolcherink MJO et al. **Health Economics Research assessing the value of early detection of cardiovascular disease: a systematic review**. PharmacoEconomics (2023) 41:1183–1203
13. François Mach, Konstantinos C Koskinas, Jeanine E Roeters van Lennep, Lale Tokgözoğlu, Lina Badimon, Colin Baigent, Marianne Benn, Christoph J Binder, Alberico L Catapano, Guy G De Backer, Victoria Delgado, Natalia Fabin, Brian A Ference, Ian M Graham, Ulf Landmesser, Ulrich Laufs, Borislava Mihaylova, Børge Grønne Nordestgaard, Dimitrios J Richter, Marc S Sabatine, ESC/EAS Scientific Document Group , **2025 Focused Update of the 2019 ESC/EAS Guidelines for the management of dyslipidaemias**: **Developed by the task force for the management of dyslipidaemias of the European Society of Cardiology (ESC) and the European Atherosclerosis Society (EAS)**, European Heart Journal, 2025; 46: 4359–4378, https://doi.org/10.1093/eurheartj/ehaf190
14. John William McEvoy, Cian P McCarthy, Rosa Maria Bruno, Sofie Brouwers, Michelle D Canavan, Claudio Ceconi, Ruxandra Maria Christodorescu, Stella S Daskalopoulou, Charles J Ferro, Eva Gerdts, Henner Hanssen, Julie Harris, Lucas Lauder, Richard J McManus, Gerard J Molloy, Kazem Rahimi, Vera Regitz-Zagrosek, Gian Paolo Rossi, Else Charlotte Sandset, Bart Scheenaerts, Jan A Staessen, Izabella Uchmanowicz, Maurizio Volterrani, Rhian M Touyz, ESC Scientific Document Group , **2024 ESC Guidelines for the management of elevated blood pressure and hypertension: Developed by the task force on the management of elevated blood pressure and hypertension of the European Society of Cardiology (ESC) and endorsed by the European Society of Endocrinology (ESE) and the European Stroke Organisation (ESO)**, European Heart Journal 2024; 45: 3912–4018, https://doi.org/10.1093/eurheartj/ehae178
15. Nikolaus Marx, Massimo Federici, Katharina Schütt, Dirk Müller-Wieland, Ramzi A Ajjan, Manuel J Antunes, Ruxandra M Christodorescu, Carolyn Crawford, Emanuele Di Angelantonio, Björn Eliasson, Christine Espinola-Klein, Laurent Fauchier, Martin Halle, William G Herrington, Alexandra Kautzky-Willer, Ekaterini Lambrinou, Maciej Lesiak, Maddalena Lettino, Darren K McGuire, Wilfried Mullens, Bianca Rocca, Naveed Sattar, ESC Scientific Document Group , **2023 ESC Guidelines for the management of cardiovascular disease in patients with diabetes**: **Developed by the task force on the management of cardiovascular disease in patients with diabetes of the European Society of Cardiology (ESC)**, European Heart Journal 2023; 44: 4043–4140, https://doi.org/10.1093/eurheartj/ehad192

16. Frank L J Visseren, François Mach, Yvo M Smulders, David Carballo, Konstantinos C Koskinas, Maria Bäck, Athanase Benetos, Alessandro Biffi, José-Manuel Boavida, Davide Capodanno, Bernard Cosyns, Carolyn Crawford, Constantinos H Davos, Ileana Desormais, Emanuele Di Angelantonio, Oscar H Franco, Sigrun Halvorsen, F D Richard Hobbs, Monika Hollander, Ewa A Jankowska, Matthias Michal, Simona Sacco, Naveed Sattar, Lale Tokgozoglu, Serena Tonstad, Konstantinos P Tsioufis, Ineke van Dis, Isabelle C van Gelder, Christoph Wanner, Bryan Williams, ESC Scientific Document Group , **2021 ESC Guidelines on cardiovascular disease prevention in clinical practice: Developed by the Task Force for cardiovascular disease prevention in clinical practice with representatives of the European Society of Cardiology and 12 medical societies With the special contribution of the European Association of Preventive Cardiology (EAPC)**, European Heart Journal 2021; 42: 3227–3337, https://doi.org/10.1093/eurheartj/ehab484
17. Busetto, L., Dicker, D., Frühbeck, G. *et al.* **A new framework for the diagnosis, staging and management of obesity in adults**. Nat Med 2024 ; 30(9) : 2395–2399. https://doi.org/10.1038/s41591-024-03095-3
18. European Commission. **Annex to the Council Recommendation on Strengthening prevention through early detection: improving cancer screening across the Union**. Official Journal of the European Union, C 473/9–10 (2022). https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=OJ:C:2022:473:TOC
19. European Association for the Study of Obesity (EASO). **EASO Obesity Framework**. https://easo.org/focus-areas/obesity-framework/
20. European Association for the Study of Obesity (EASO). **EASO Clinical Practice Guidelines and Recommendations**. https://easo.org/education/guidelines/
21. Group of Chief Scientific Advisors. **Scientific Opinion on improving cancer screening across the EU. European Commission (2022)**. https://op.europa.eu/en/publication-detail/-/publication/519a9bf4-9f5b-11ec-83e1-01aa75ed71a1
22. European Commission Initiative on Breast Cancer (ECIBC). **European guidelines on breast cancer screening and diagnosis**. https://healthcare-quality.jrc.ec.europa.eu/european-breast-cancer-guidelines
23. European Association for the Study of the Liver (EASL). **EASL Clinical Practice Guidelines on non-invasive tests for evaluation of liver disease severity and prognosis**. J Hepatol. 2021; 75: 659–689. https://doi.org/10.1016/j.jhep.2021.05.025
24. Mancia G, Kreutz R, Brunstroim M et al. **2023 ESH Guidelines for the management of arterial hypertension**. J Hypertens. 2023; 41(12): 1874-2071. https://doi.org/10.1097/HJH.0000000000003480
25. World Health Organization (WHO). **Waist-to-height ratio as a screening tool for cardiometabolic risk**. https://www.who.int/news/item/21-06-2022-waist-to-height-ratio-as-a-screening-tool
26. **WHO CVD Risk Chart Working Group. World Health Organization cardiovascular disease risk charts: revised models to estimate risk in 21 global regions**. The Lancet Global health 2019; 7(10): e1332-e1345.
27. Pontzer H, Yamada Y, Sagayama H, et al. **Daily energy expenditure through the human life course**. Science 2021; 373(6556): 808-812.

28. van Mil D, Pouwels X, Heerspink HJL, Gansevoort RT. **Cost-effectiveness of screening for chronic kidney disease: existing evidence and knowledge gaps**. Clin Kidney J 2024; 17(1): 1-5. https:/doi.org/10.1093/ckj/sfad254.
29. Pouwels X, van Mil D, Kieneker LM, et al. **Cost-effectiveness of home-based screening of the general population for albuminuria to prevent progression of cardiovascular and kidney disease**. EClinicalMedicine 2024; 68: 102414.
30. Perk J, De Backer G, Gohlke H, et al. European **Guidelines on cardiovascular disease prevention in clinical practice (version 2012): The Fifth Joint Task Force of the European Society of Cardiology and Other Societies on Cardiovascular Disease Prevention in Clinical Practice (constituted by representatives of nine societies and by invited experts).** Atherosclerosis 2012; 223(1): 1-68.
31. Cosentino F, Grant PJ, Aboyans V, et al. **2019 ESC Guidelines on diabetes, pre-diabetes, and cardiovascular diseases developed in collaboration with the EASD**. Eur Heart J 2020; 41(2): 255-323.
32. **Kidney Disease: Improving Global Outcomes [KDIGO] Diabetes Work Group. KDIGO 2022 Clinical Practice Guideline for Diabetes Management in Chronic Kidney Disease**. Kidney Int 2022; 102(5s): S1-S127.
33. Tangri N, Alvarez CS, Arnold M, et al. **Suboptimal monitoring and management in patients with unrecorded stage 3 chronic kidney disease in real-world settings: Insights from REVEAL-CKD**. Eur J Clin Invest 2024; 54(11): e14282.
34. Vanholder R, Annemans L, Braks M, et al**. Inequities in kidney health and kidney care**. Nat Rev Nephrol 2023; 19(11): 694-708.
35. Stehle T, Delanaye P. **Which is the best glomerular filtration marker: Creatinine, cystatin C or both**? Eur J Clin Invest 2024; 54(10): e14278.
36. Tonelli M, Muntner P, Lloyd A, et al. **Risk of coronary events in people with chronic kidney disease compared with those with diabetes: a population-level cohort study**. Lancet 2012; 380(9844): 807-814.
37. Ferro CJ, Wanner C, Luyckx V, et al. **A call for urgent action on chronic kidney disease across Europe**. Lancet Reg Health Eur 2025; 54: 101347.
38. Ferro CJ, Wanner C, Luyckx V, et al. **ABCDE to identify and prevent chronic kidney disease: a call to action**. Nephrol Dial Transplant 2025; 40(9): 1786-1798
39. **Kidney Disease: Improving Global Outcomes [KDIGO] CKD Work Group. KDIGO 2024 Clinical Practice Guideline for the Evaluation and Management of Chronic Kidney Disease**. Kidney Int 2024; 105(4s): S117-S314.