

# Hitze und das Herz-Kreislauf-System

„Hitze Kompakt“ am 11. Juni 2024 - Ärztenetz Eutin-Malente

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Deutsches Zentrum für Herzinsuffizienz am Universitätsklinikum Würzburg

Task Force *Planetare Gesundheit* der Deutschen Gesellschaft für Kardiologie (DGK)



**DGK.**

Deutsche Gesellschaft für Kardiologie  
– Herz- und Kreislaufforschung e.V.

Deutsches Zentrum  
für Herzinsuffizienz  
Würzburg





1. Klimawandel in Europa:  
*2024 Europe Lancet Countdown on health & climate change*
2. Epidemiologie: Extremtemperaturen & kardiovaskuläre Mortalität
3. Thermoregulation: Funktion, Dysfunktion, Interaktion
4. Pathophysiologie hitze-bedingter kardiovaskulärer Mortalität
5. Hitze und Luftverschmutzung



## Countdown

### The 2024 Europe report of the *Lancet* Countdown on health and climate change: unprecedented warming demands unprecedented action



Kim R van Daalen, Cathryn Tonne, Jan C Semenza, Joacim Rocklöv, Anil Markandya, Niheer Dasandi, Slava Jankin, Hicham Achebak, Joan Ballester, Hannah Bechara, Thessa M Beck, Max W Callaghan, Bruno M Carvalho, Jonathan Chambers, Marta Cirah Pradas, Orin Courtenay, Shouro Dasgupta, Matthew J Eckelman, Zia Farooq, Peter Fransson, Elisa Gallo, Olga Gasparyan, Nube Gonzalez-Reviriego, Ian Hamilton, Risto Hänninen, Charles Hatfield, Kehan He, Aleksandra Kazmierczak, Vladimir Kendrovski, Harry Kennard, Gregor Kiesewetter, Rostislav Kouznetsov, Hedi Katre Kriit, Alba Llabrés-Brustenga, Simon J Lloyd, Martín Lotto Batista, Carla Maia, Jaime Martinez-Urtaza, Zhifu Mi, Carles Milà, Jan C Minx, Mark Nieuwenhuijsen, Julia Palamarchuk, Dafni Kalatzi Pantera, Marcos Quijal-Zamorano, Peter Rafaj, Elizabeth J Z Robinson, Nacho Sánchez-Valdivia, Daniel Scamman, Oliver Schmoll, Maquins Odhiambo Sewe, Jodi D Sherman, Pratik Singh, Elena Sirotkina, Henrik Sjödin, Mikhail Sofiev, Balakrishnan Sollaraju-Murali, Marco Springmann, Marina Treskova, Joaquin Triñanes, Eline Vanuytrecht, Fabian Wagner, Maria Walawender, Laura Warnecke, Ran Zhang, Marina Romanello, Josep M Antò, Maria Nilsson, Rachel Lowe



#### Executive summary

Record-breaking temperatures were recorded across the

Heat-related deaths are estimated to have risen across most of Europe, with an average increase of 17·2 deaths

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Published Online



“Temperatures in Europe are warming at **twice** the rate of the global average, threatening the health of populations across the continent and leading to unnecessary loss of life [...]”

Countdown 

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## The 2024 Europe report of the *Lancet* Countdown on health and climate change: unprecedented warming demands unprecedented action



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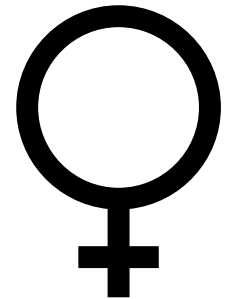
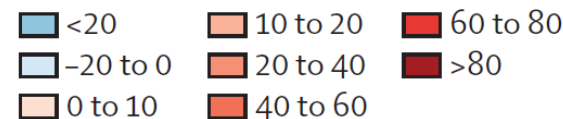
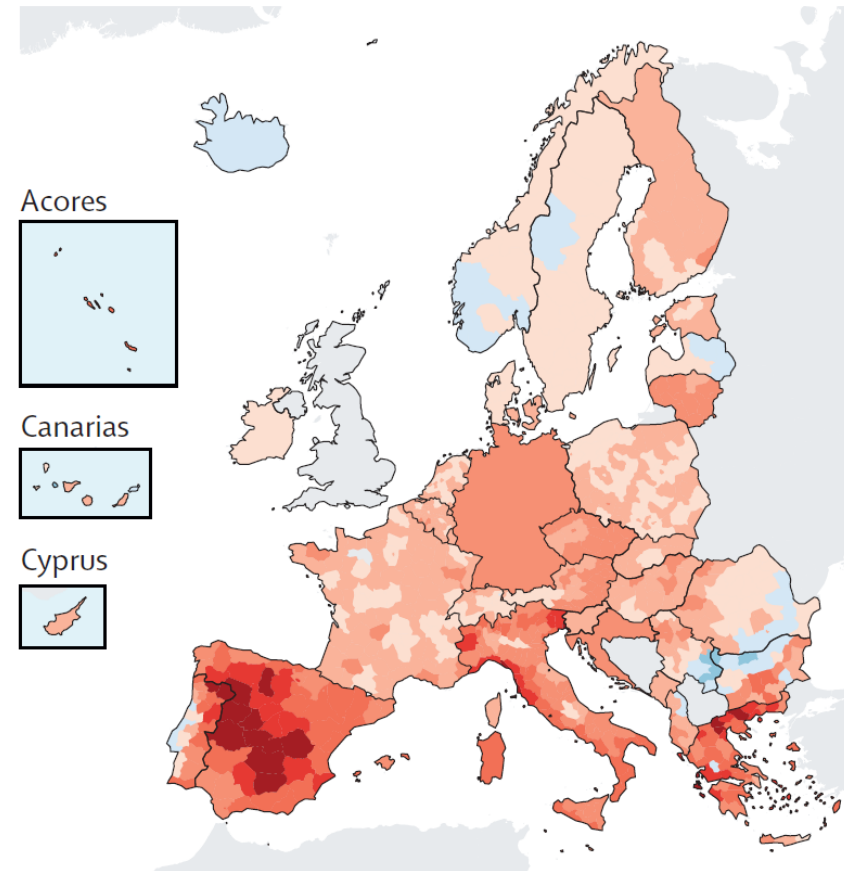
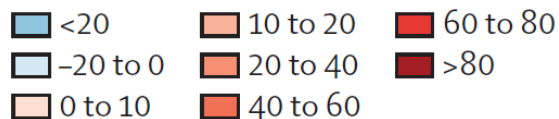
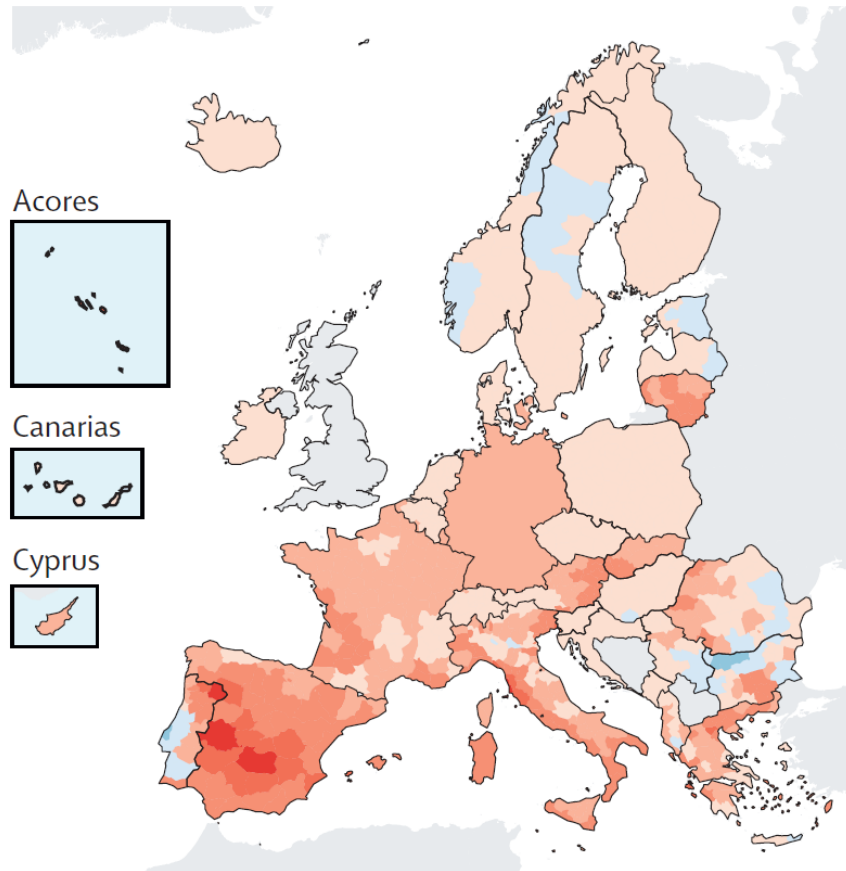
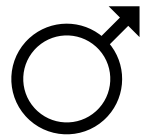
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# 2024 Europe *Lancet* Countdown on health and climate change

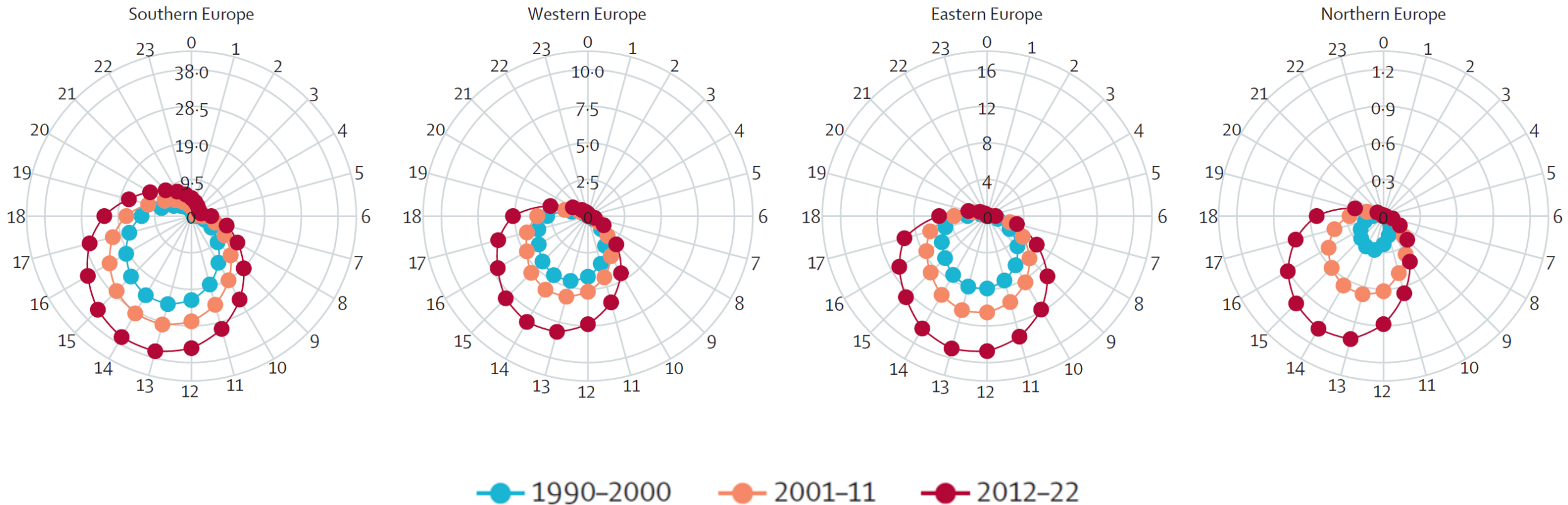


Im Mittel eine Zunahme von 17 Hitzetote pro 100.000 Einwohner zwischen 2003–12 and 2013–22



Faktor 2x!!!

## Zunahme der jährlichen Risikostunden pro Person für körperlich aktivitätsbedingten Hitzestress (Aktivitäten mittlerer Intensität, z.B. Fußballspielen oder Fahrradfahren)



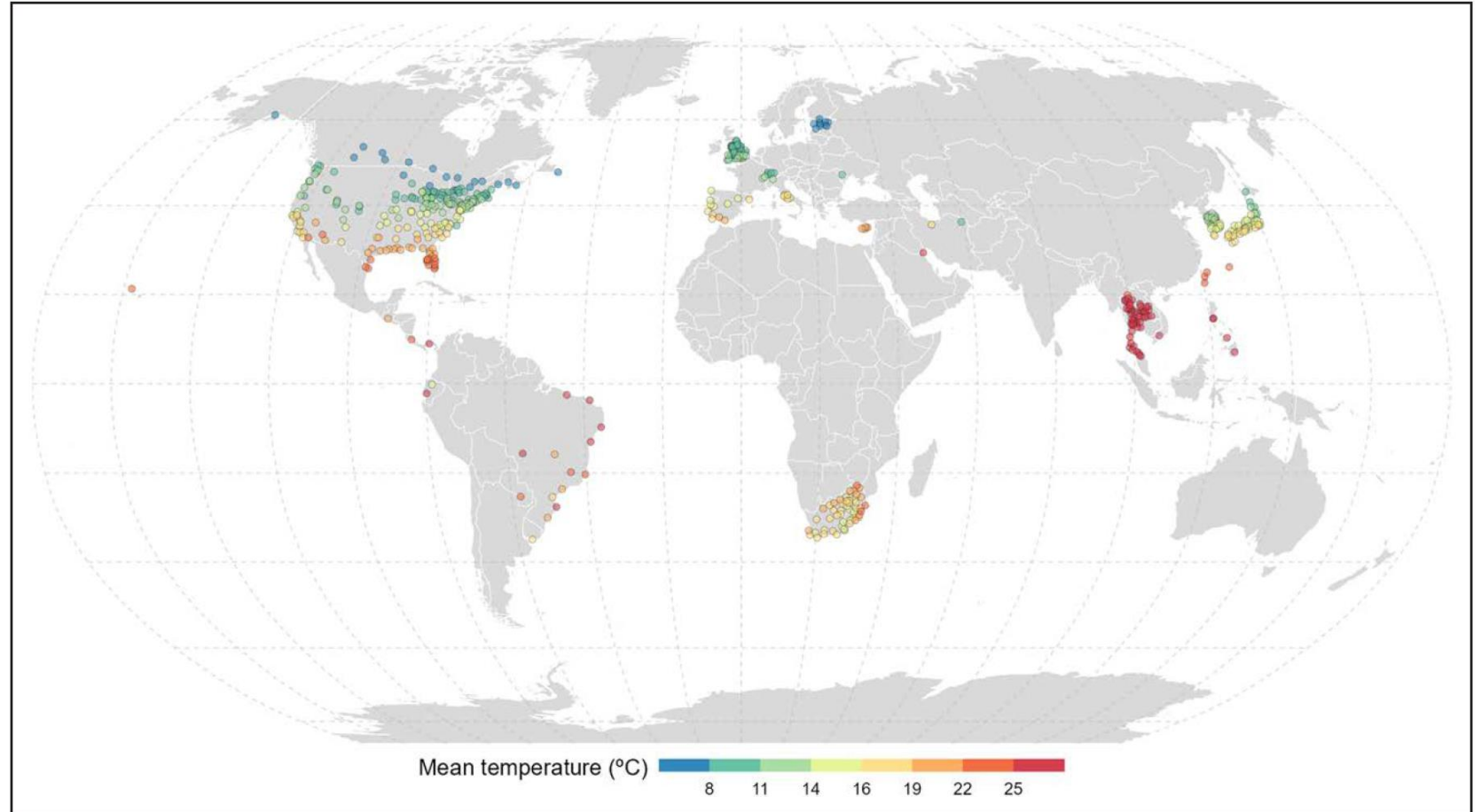


**567 Städte** aus 27 Ländern  
(verschiedene Klimazonen)

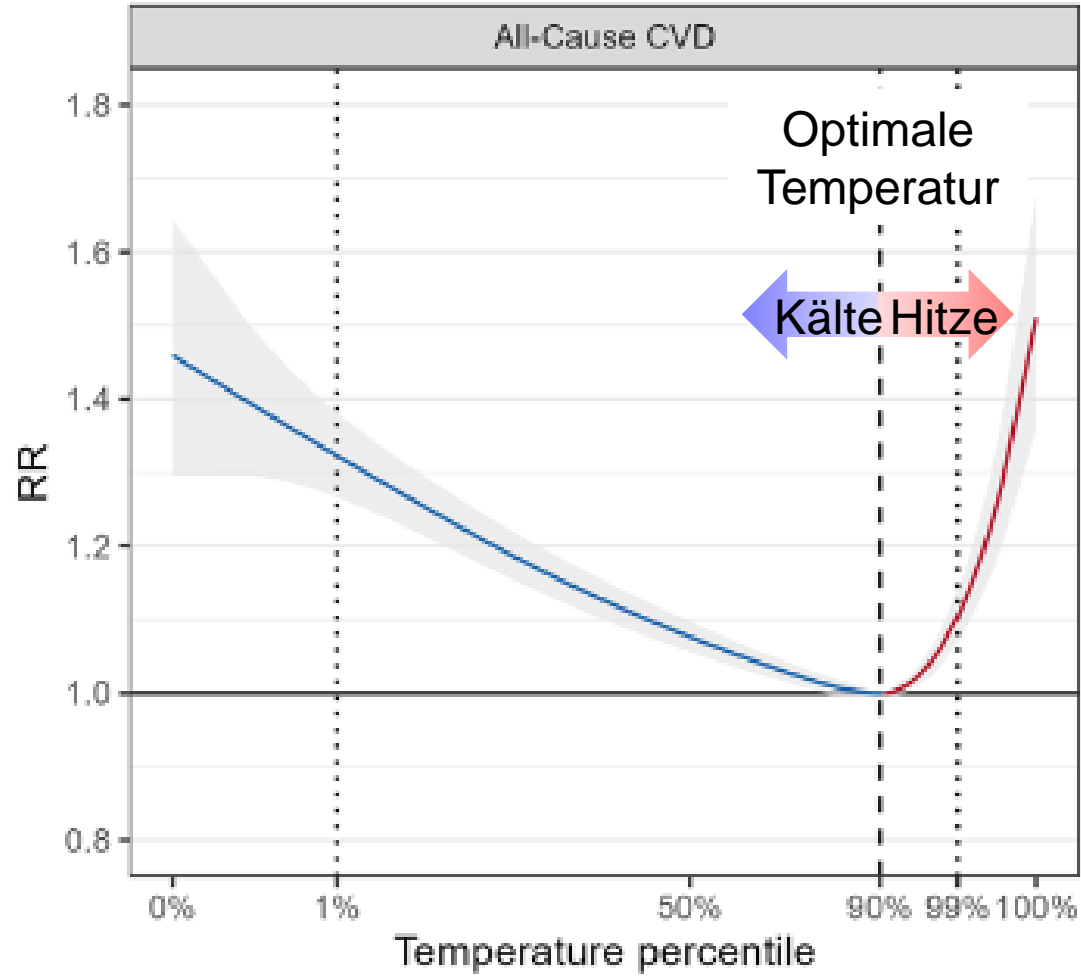
Zeitraum **1979 – 2019**

**32 154 935** kardiovaskuläre  
Todesfälle

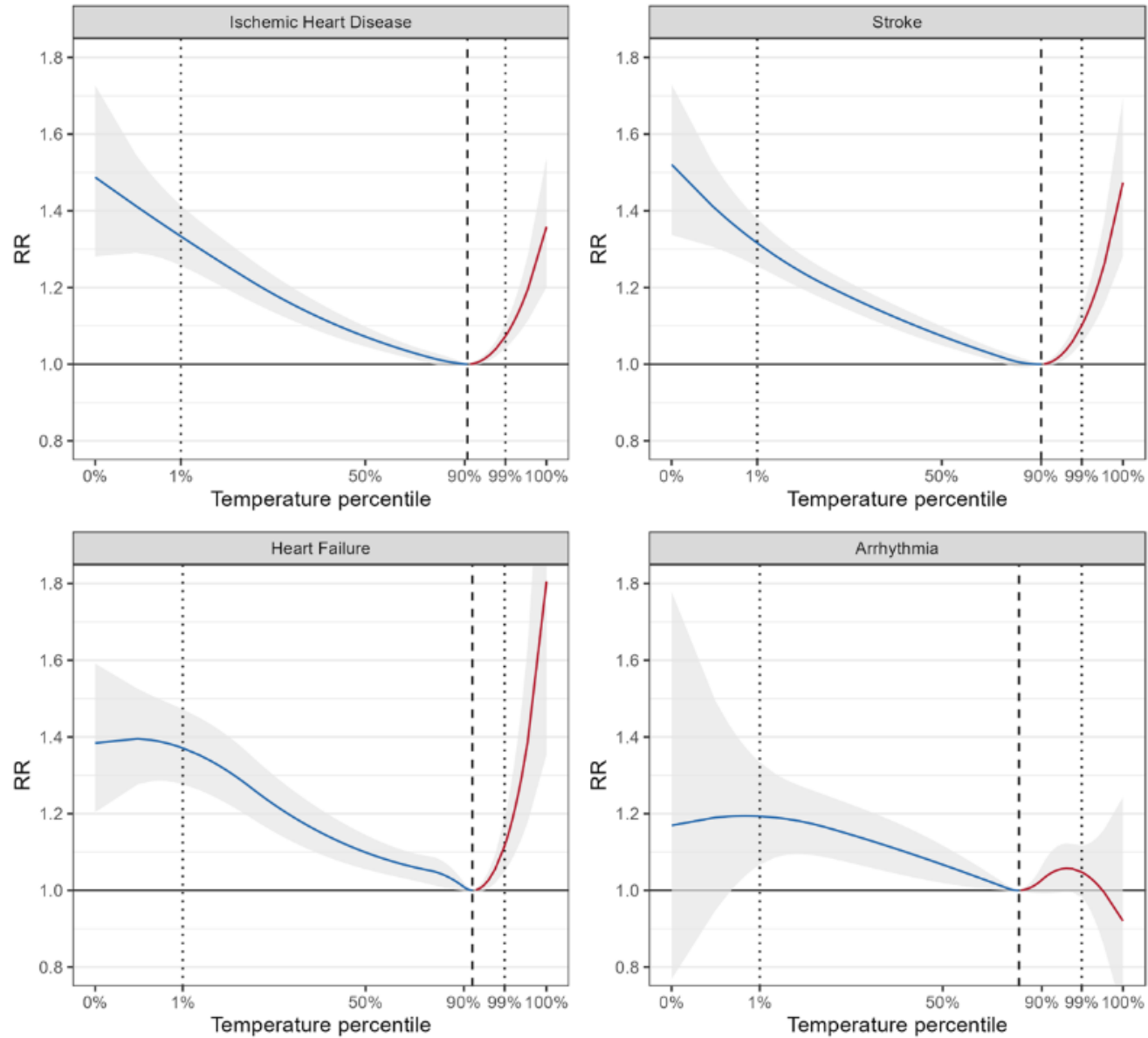
- 11 745 880 KHK
- 9 351 312 Apoplex
- 3 673 723 Herzinsuffizienz
- 70 859 Arrhythmien



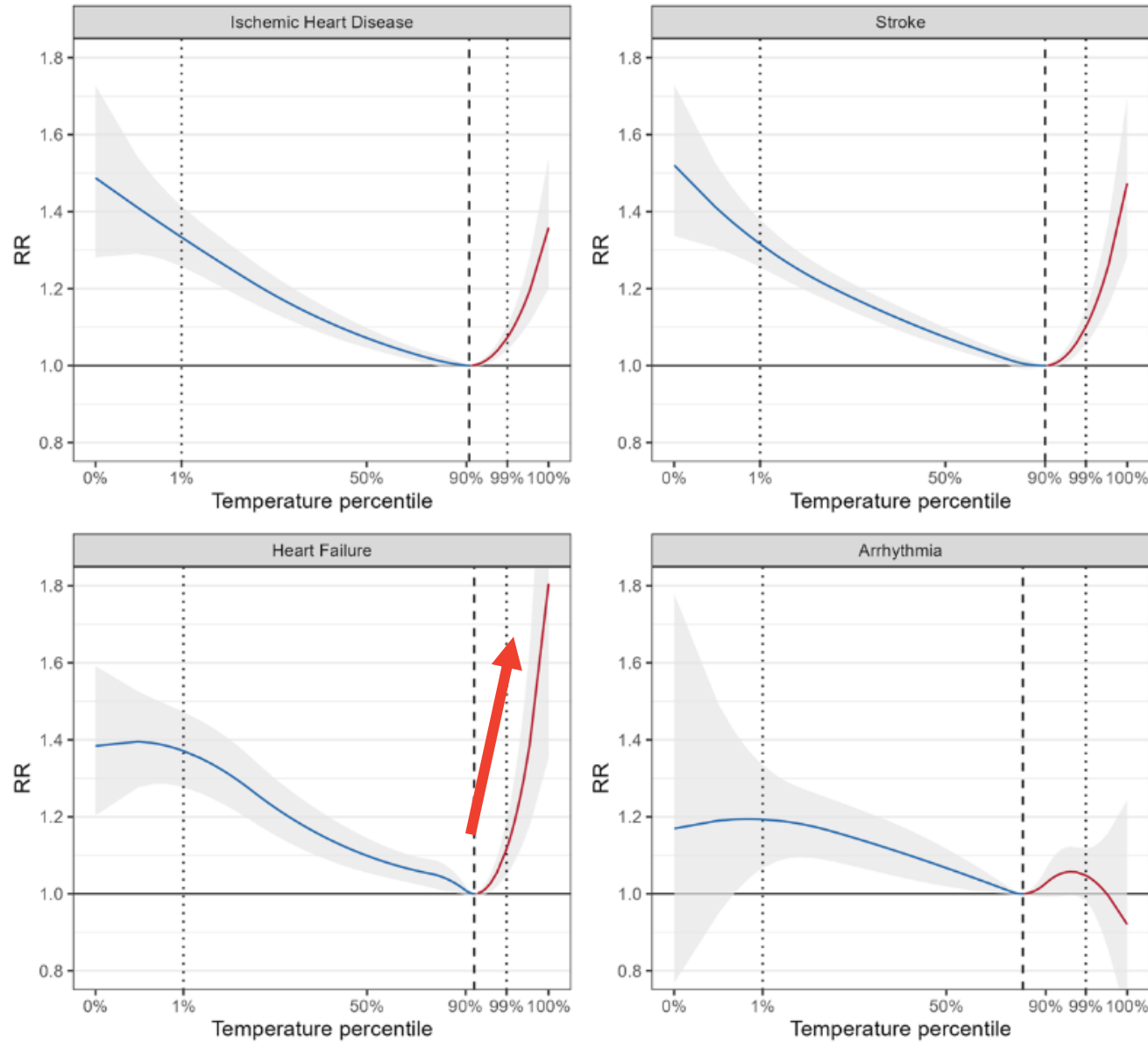
# Extreme Temperaturen und kardiovaskuläre Mortalität



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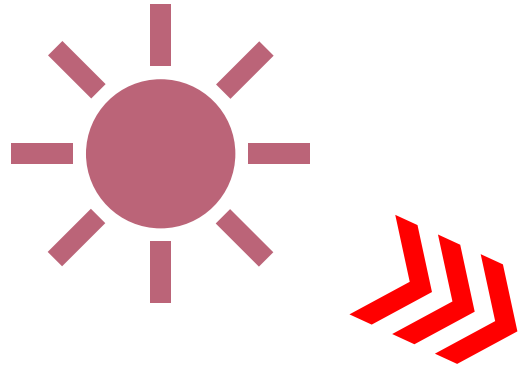
**Meta-Analyse (18 Studien) mit Patienten >65 Jahren mit n = 3,933,398 Todesfällen**

**Fazit: Ein Temperaturanstieg von 1°C erhöht die kardiovaskuläre Mortalität um 3.44%!**

ICD-10 code	Cause of death (k > 2)	Mortality heat		
		% change (95% CI)		
<i>Cerebrovascular</i>				
I60–I69	All cerebrovascular disease	1.40(0.06–2.75)*	↑	k = 3, I <sup>2</sup> = 70.2%, p = 0.0349, n = 224,026
I60–I69 I61–I62, I64	Overall	1.40(0.06–2.75)*	↑	k = 3, I <sup>2</sup> = 70.2%, p = 0.0349, n = 224,026
<i>Cardiovascular</i>				
I20–I25	Ischemic heart disease	1.62(0.24–3.03)*	↑	k = 3, I <sup>2</sup> = 81.5%, p = 0.0045, n = 411,220 <sup>a</sup>
I00–I99	All cardiovascular disease	3.79(3.40–4.18)*	↑	k = 31, I <sup>2</sup> = 99.3%, p = <0.0001, n = 1,319,818 <sup>a, b, c</sup>
I21–23, I20, I50, I00–I99, I20–I25, I27.9, I70, I26–I28, I44, I45	Overall	3.44(3.1–3.78)*	↑	k = 41, I <sup>2</sup> = 99%, p = <0.0001, n = 2,147,349 <sup>a, b, c</sup>
<i>Respiratory</i>				
J00–J99	All respiratory disease	2.32(2.02–2.62)*	↑	k = 26, I <sup>2</sup> = 92.8%, p = <0.0001, n = 367,468
J09–J19, J40–44, J45–J46, J00–J99	Overall	3.60(3.18–4.02)*	↑	k = 31, I <sup>2</sup> = 97.5%, p = <0.0001, n = 599,458 <sup>c</sup>

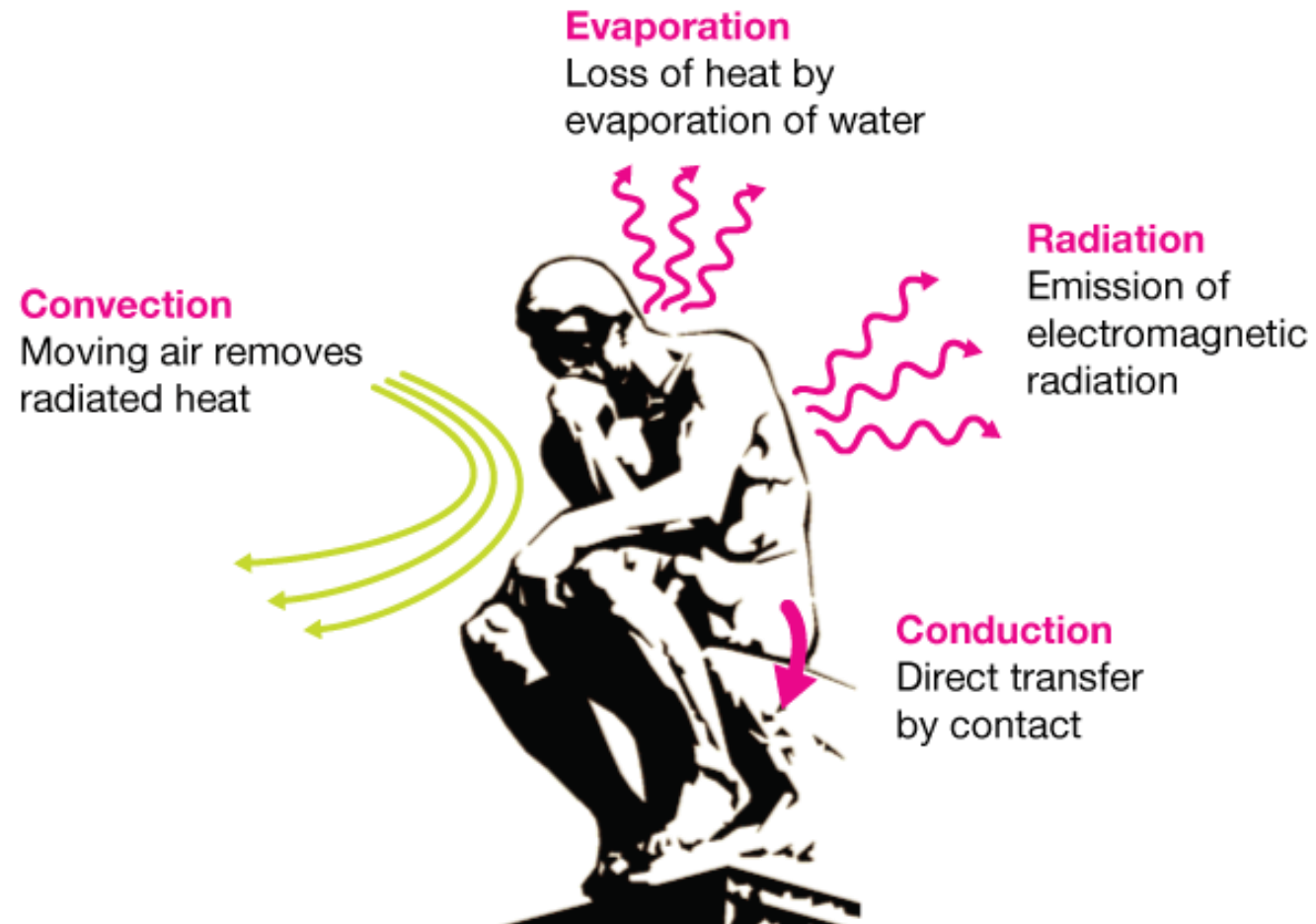
# Thermoregulation: Gesamtwärmebelastung

Strahlung  
(Sonne)  
= extern

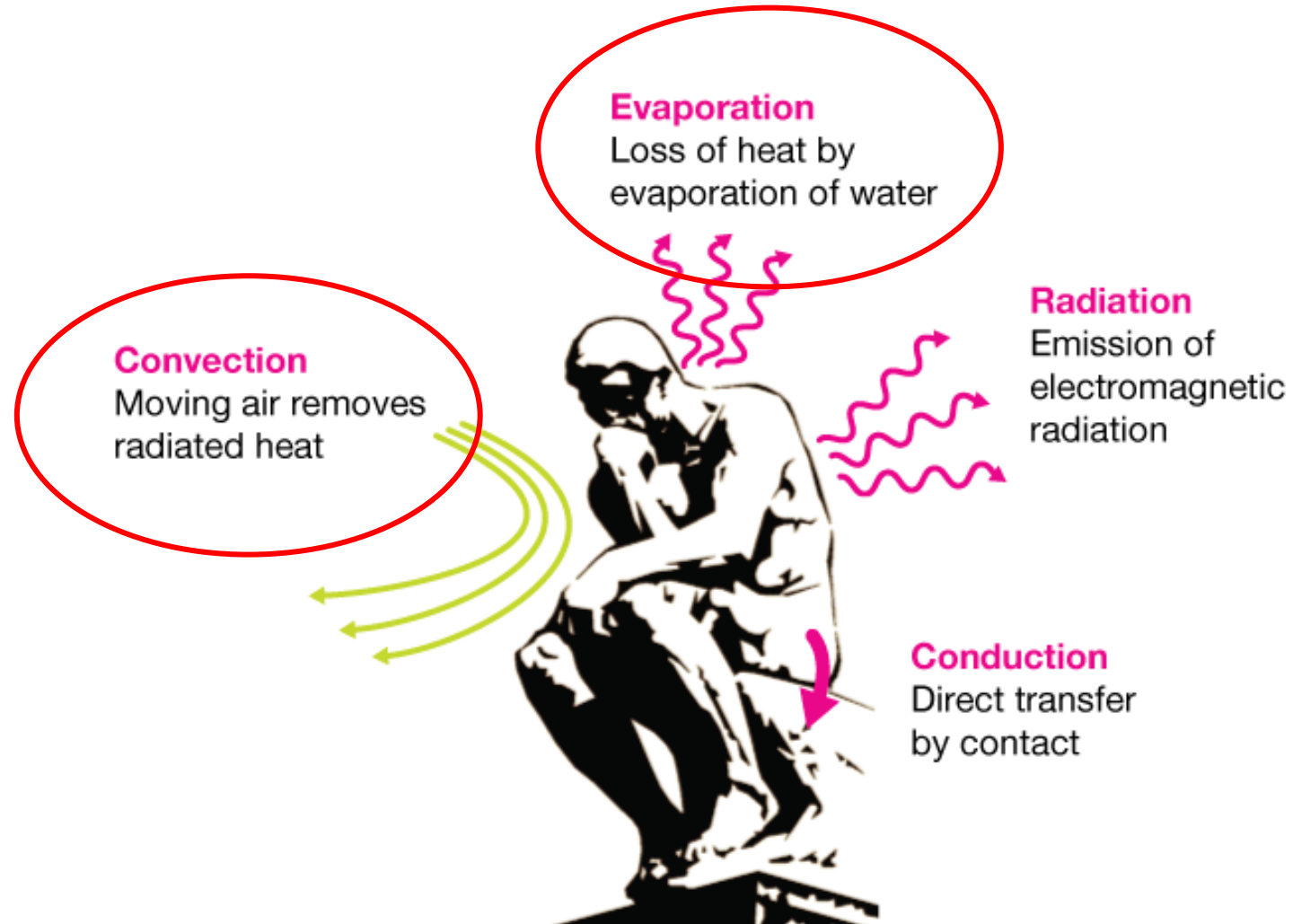


Metabolismus  
(Sport)  
= intern

# Thermoregulation: Ziel = Körperkerntemperatur 37°C

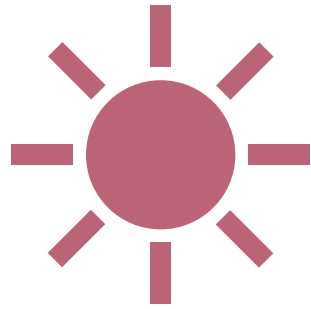


# Thermoregulation: Ziel = Körperkerntemperatur 37°C



# Thermoregulation

Strahlung  
(Sonne)  
= extern



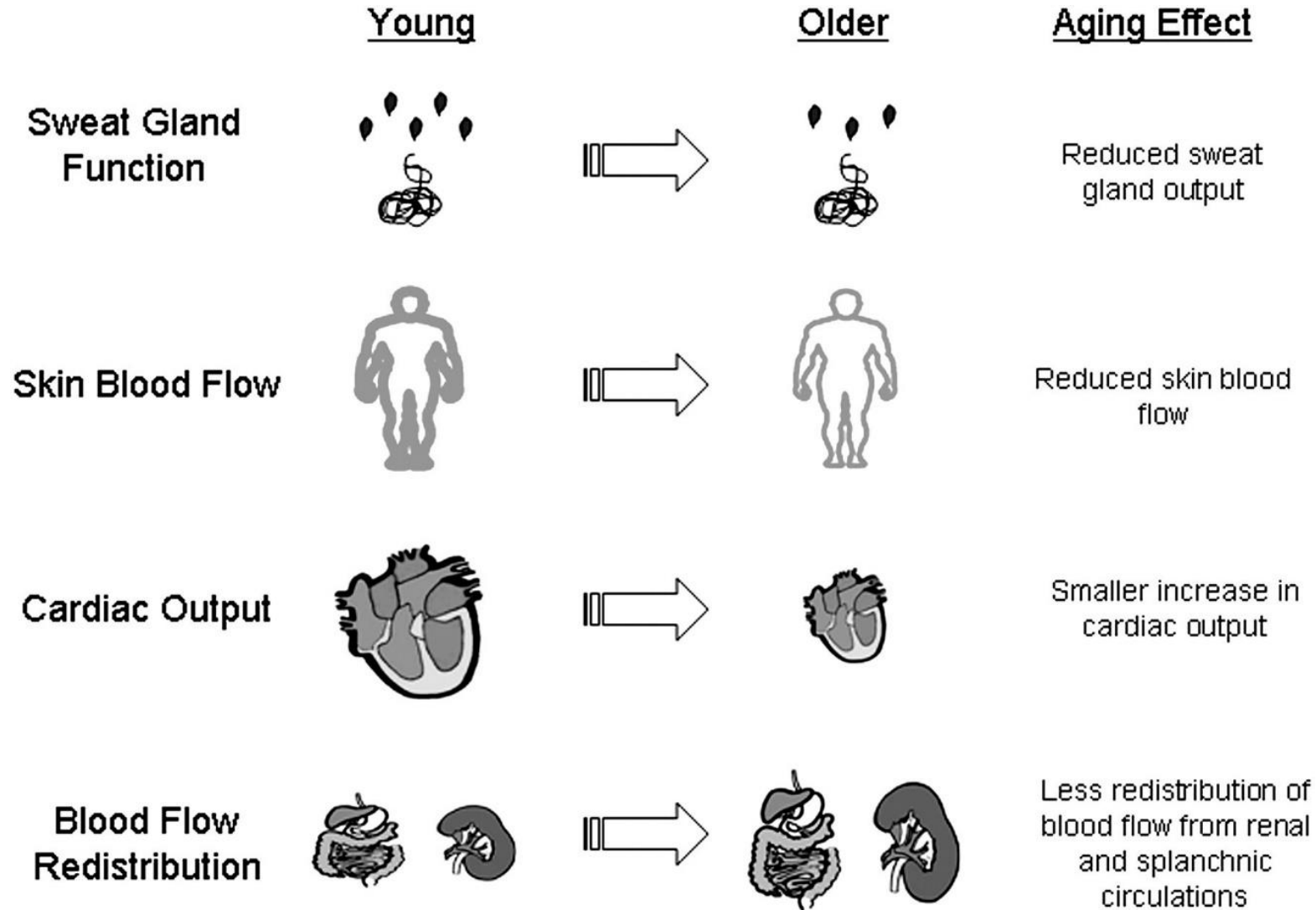
Konvektion  
(Hautdurchblutung)



Evaporation  
(Schweiß)

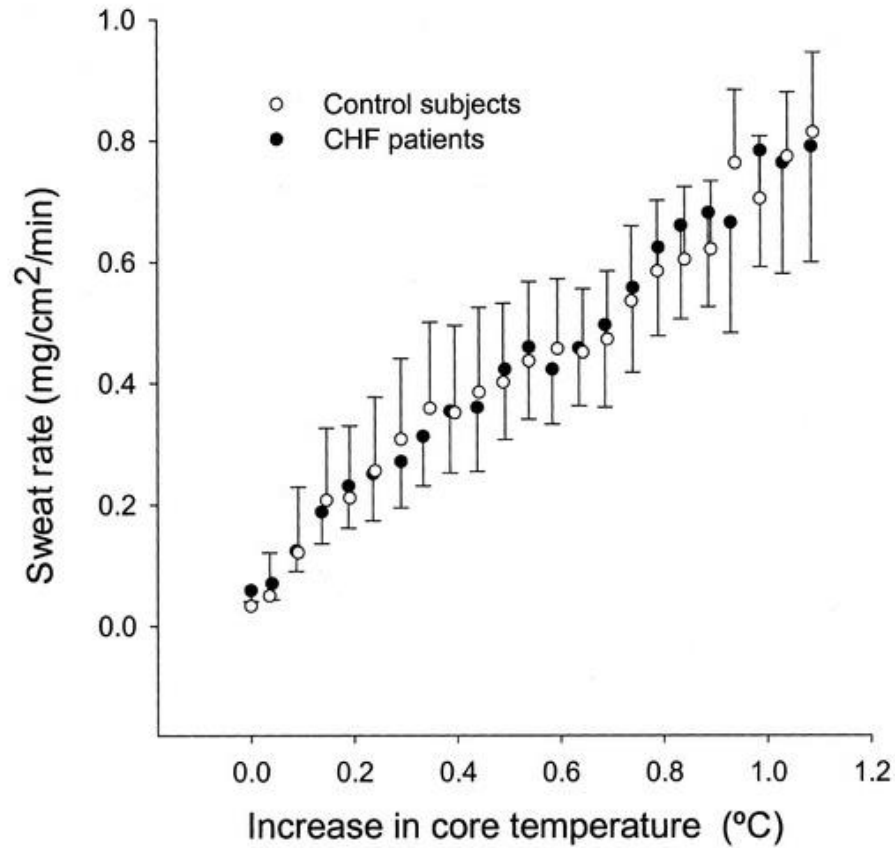


Metabolismus  
(Sport)  
= intern

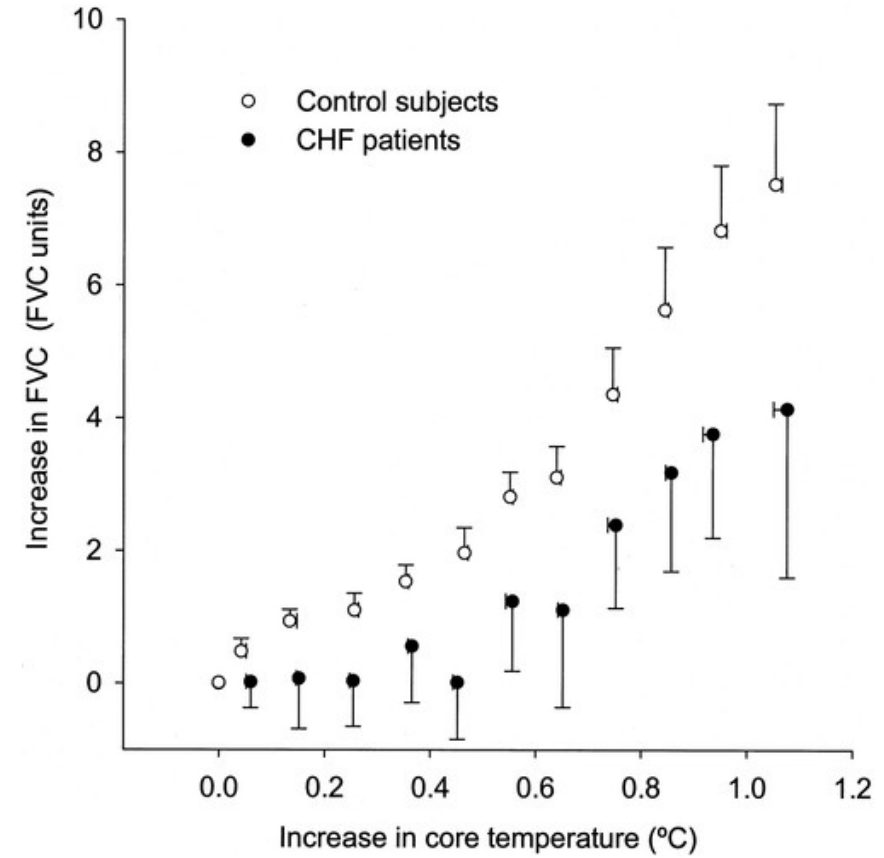




## Schweißproduktion



## Hautdurchblutung





Vor allem die **kutane Vasodilatation** ist bei Herzinsuffizienz **eingeschränkt!**

Authors	Environment/Mode	Sample size	Thermoregulatory Responses*	
			Sweating	Skin Blood Flow
Morgan and Nadas <sup>22</sup>	Pilocarpine iontophoresis	CON = 17; HF = 14	↑	--
Zelis et al., <sup>31</sup>	Cycling exercise in a thermo-neutral laboratory	CON = 12; HF = 9	--	↓
Cui et al., <sup>23</sup>	Water-perfused suit (water temperature ~46°C)	CON = 14; HF = 14	↔	↓
Green et al., <sup>30</sup>	Whole-body chamber heating at 38°C	CON = 7; HF = 7	--	↓
Cui et al., <sup>24</sup>	Water-perfused suit (water temperature ~46°C)	CON = 9; HF = 9	↓	↓
Balmain et al., <sup>37</sup>	Cycling exercise in a 30°C laboratory environment	CON = 8; HF = 10	↔	↓

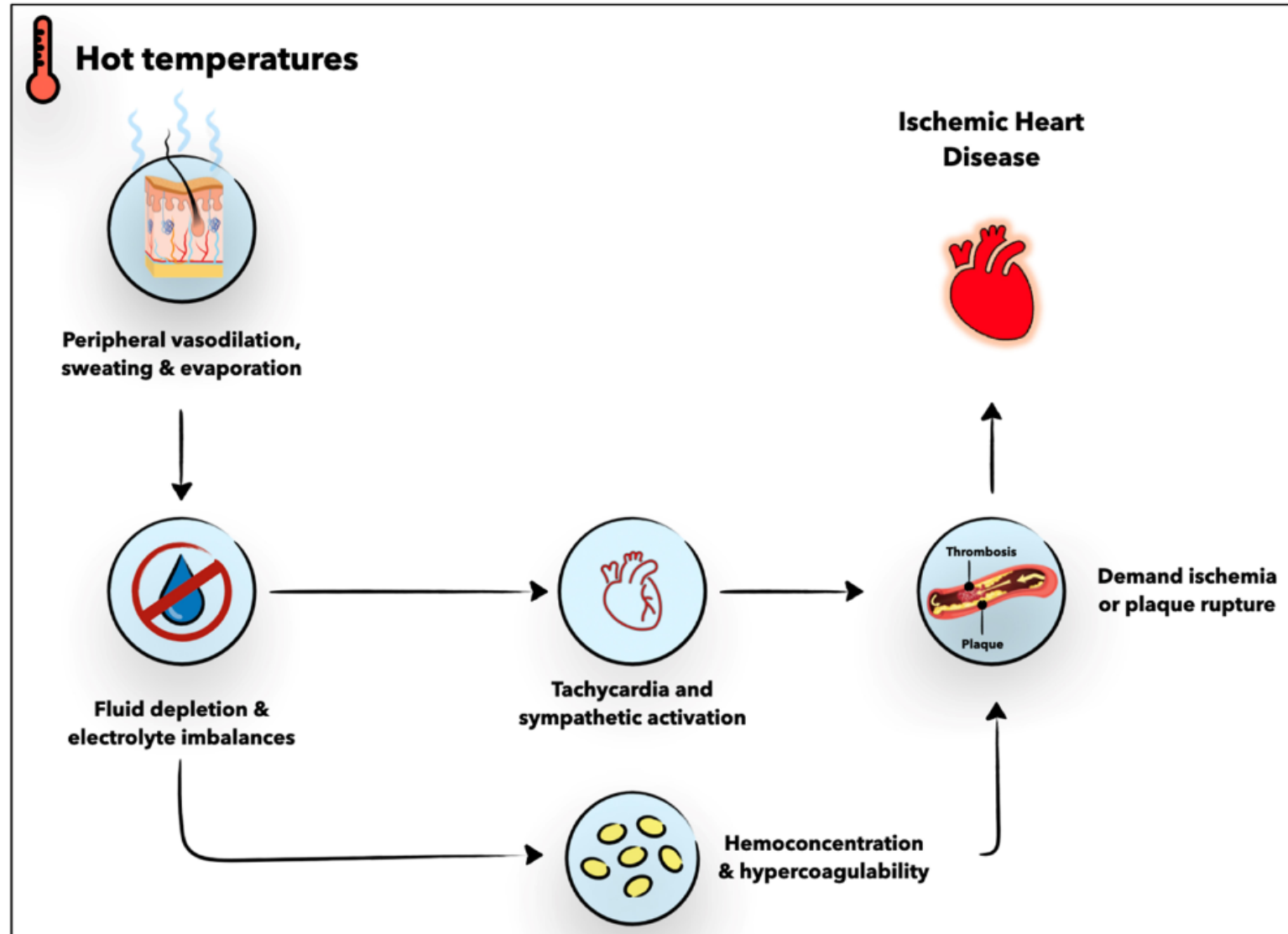
\*arrows indicate the magnitude of response in heart failure patients (HF) compared to age- and gender-matched healthy controls (CON), where: ↔ indicates that there was no significant difference in the response between HF and CON; ↑ indicates a significantly greater increase in HF compared to CON; ↓ indicates a significantly smaller increase in HF compared to CON; -- indicates that the response was not assessed.



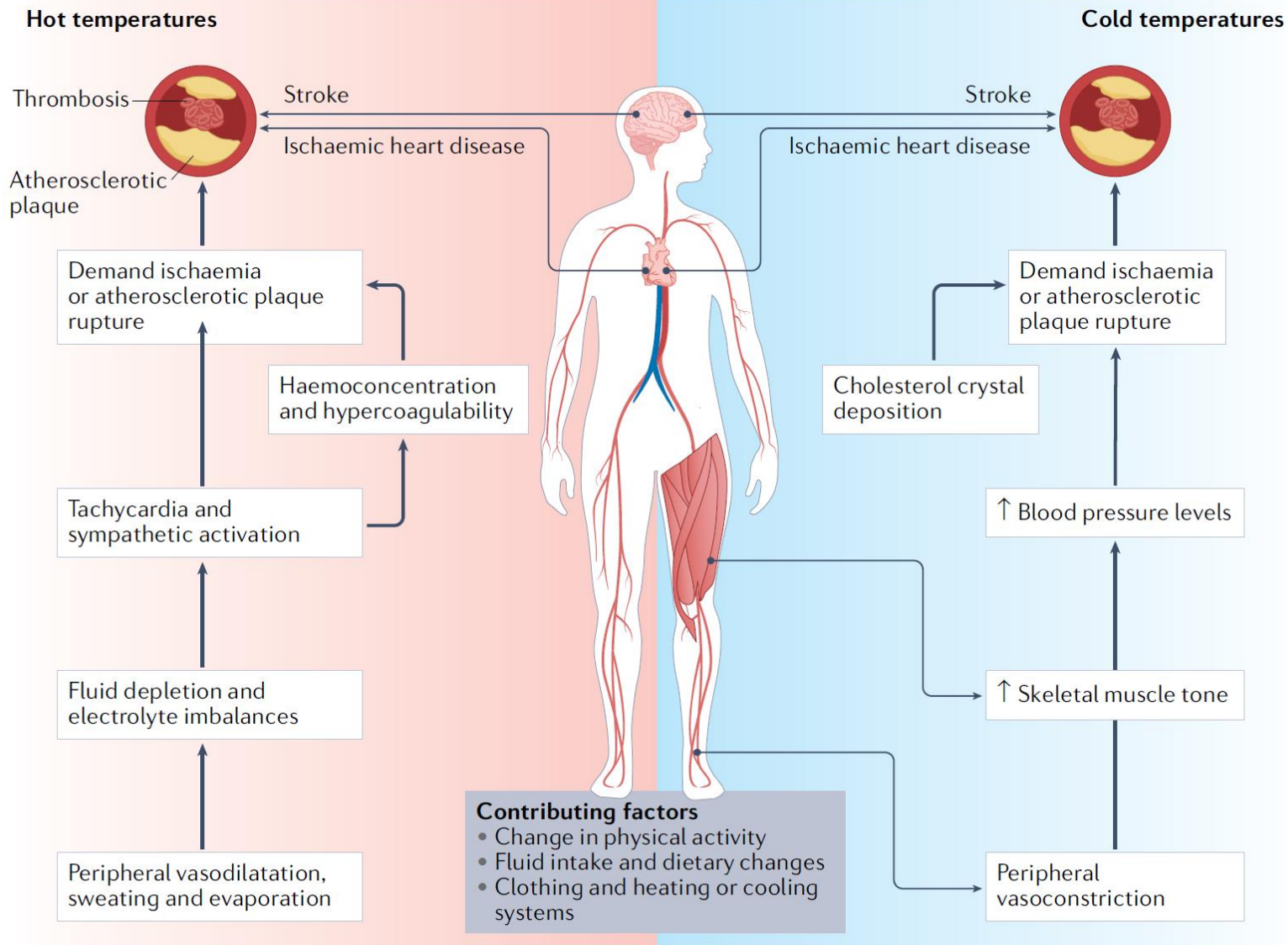
- **Dehydrierung/Hyponatriämie (z.B. Diuretika)**
- Reduzierte Schweißproduktion (Anticholinergika, H1-Blocker 1. Gen, z.B. Clemastin)
- Temperaturregulation/Kognition/Verminderte Aufmerksamkeit (v.a. Neuroleptika, wie z.B. Olanzapin, Risperidon, oder Quetiapin; Opioide)
- **Einfluss auf kutane Vasodilatation (z.B.  $\beta$ -Blocker)**
- **Reduziertes Durstempfinden (z.B. ACE-Hemmer)**
- Verstärkte AM-Wirkung durch rascheres Anfluten (z.B. Insulin, Pflaster i.A.)
- Verstärkte AM-Wirkung durch **reduzierte (renale) Elimination** (alle Medikamente mit renaler Elimination)

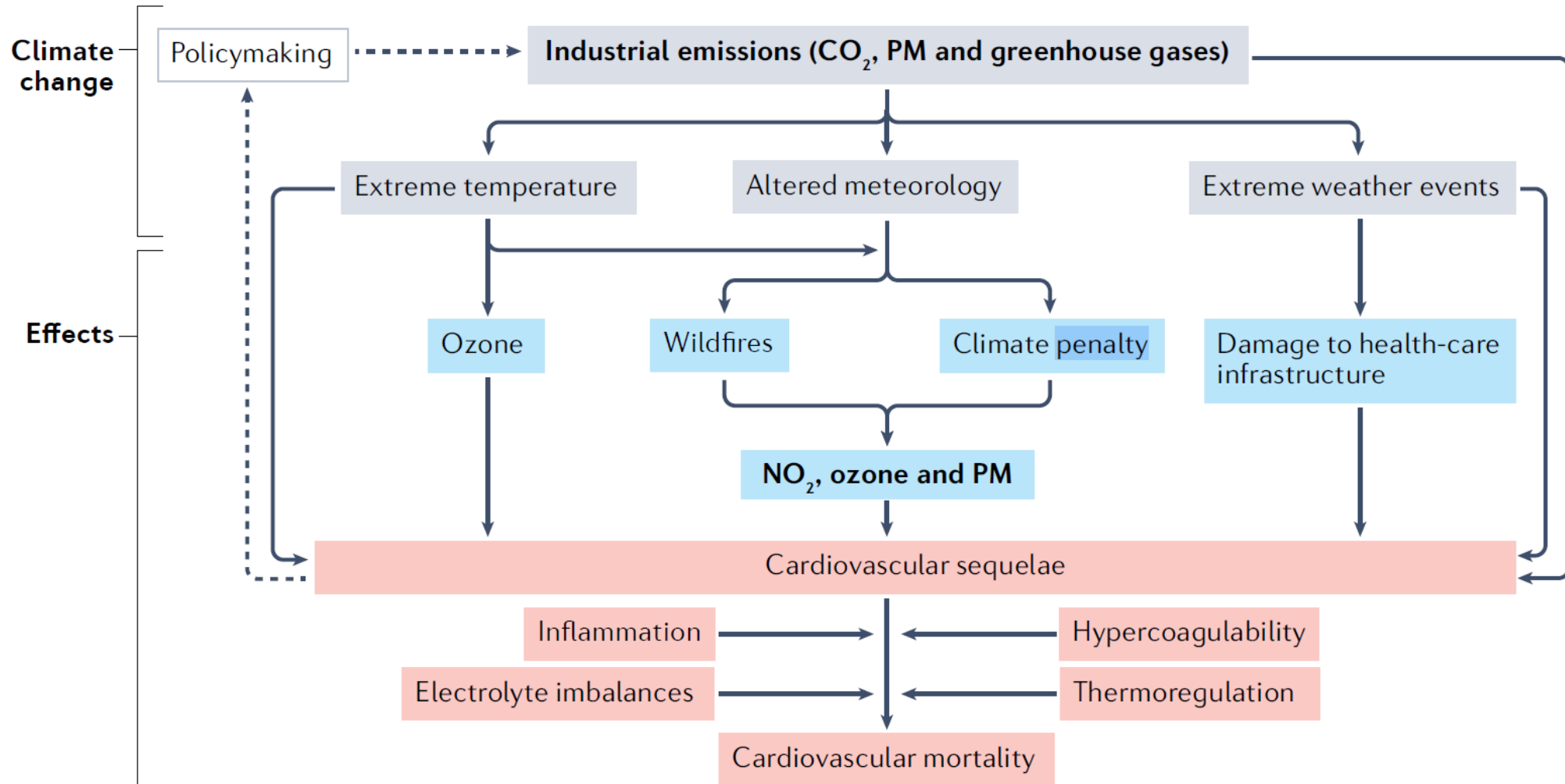


# Pathophysiologie hitze-bedingter kardiovaskulärer Mortalität



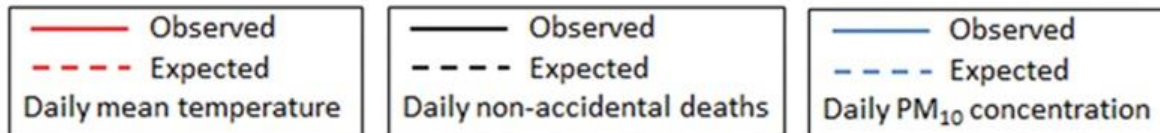
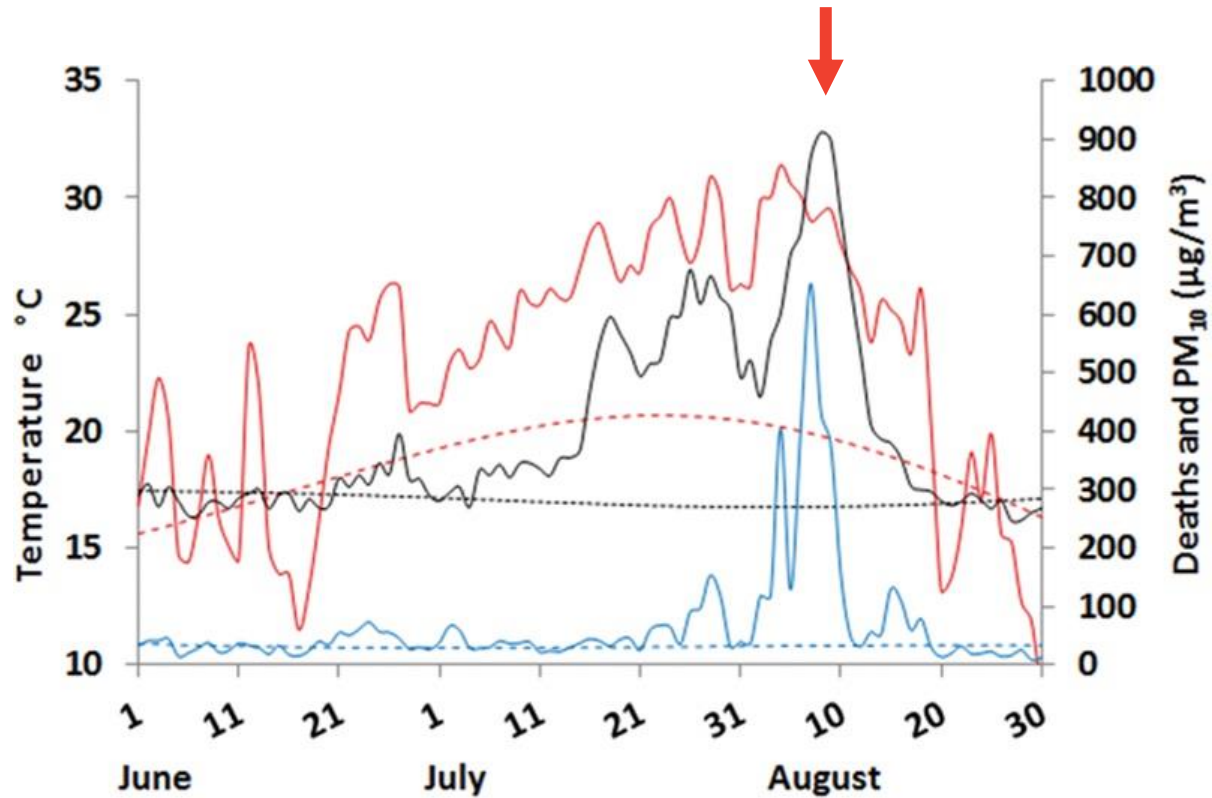
# Pathophysiologie hitze-bedingter kardiovaskulärer Mortalität







## Mortality Related to Air Pollution with the Moscow Heat Wave and Wildfire of 2010



Quelle: Shaposhnikov et al, *Epidemiology* (2014), [www.spiegel.de](http://www.spiegel.de)



# Vielen Dank für Ihre Aufmerksamkeit!

