

Clinical Outcomes Associated With Changes in a Chronic Disease Treatment Program in an Australian Aboriginal Community

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Medical Journal of Australia 2005; 183 (6): 305–309.

ABSTRACT

In late 1995, a treatment program for renal disease and hypertension was introduced into a remote Aboriginal community. Over the next 3.5 years, mean blood pressure levels were markedly reduced, renal function stabilised, and rates of both renal and non-renal deaths declined significantly.

In 1999–2000, responsibility for the program was passed to the community's local Health Board, which subsequently faced deficiencies in clinical information systems and a shortfall in funding.

After the handover, the intensity of the program declined, and compliance with medicines fell. Blood pressures in the treatment cohort increased, renal function deteriorated, and rates of deaths from natural causes subsequently rose. From 2002 to mid-2003, the adjusted risks of renal and non-renal deaths in the treatment cohort were three and 9.5 times the respective risks of people during the first 18 months of treatment in the systematic phase of the program.

Sustained vigorous activity, both in treatment of people already identified and in community screening for treatment eligibility, is required to maintain good results in any chronic disease program. Adequate resources and well supported staff are essential, and constant evaluation is needed to follow outcomes and modify strategies.

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