

EPIDEMIOLOGY FOR POLICY AND PRACTICE GROUP
NATIONAL CENTRE FOR EPIDEMIOLOGY AND POPULATION HEALTH
RESEARCH SCHOOL OF POPULATION HEALTH

POLICY BRIEF: OPPORTUNITIES TO PREVENT CARDIOVASCULAR DISEASE IN ABORIGINAL AND TORRES STRAIT ISLANDER AUSTRALIANS

KEY POINTS

- Heart attacks and strokes are highly preventable with timely optimal care. Aboriginal and Torres
 Strait Islander Australians experience very high rates of premature cardiovascular disease.
- The new findings show that around one-quarter of Aboriginal and Torres Strait Islander people aged 35-74 are at high risk of having a heart attack or stroke in the next 5 years.
- Many people at high risk are not aware of it and the majority are not receiving recommended therapy to lower their cholesterol.
- Current national guidelines recommend that Aboriginal and Torres Strait Islander people have a
 heart check from age 35 onwards based on expert opinion. This new direct evidence shows high
 risk begins from the age of 25 years or younger.
- Recent changes to the Pharmaceutical Benefits Schedule will likely facilitate better access to cholesterol-lowering therapy for people at high risk.
- There is a massive missed opportunity of preventing heart attacks and strokes, saving tens of thousands of lives and millions of dollars through improved preventative health care.

PURPOSE

This policy brief outlines findings from a paper to be published on the 25th June 2018 in the *Australian Medical Journal*, titled "Absolute cardiovascular disease risk and use of lipid-lowering therapy among Aboriginal and Torres Strait Islander people: evidence to optimise prevention". Prior to the release this paper there was no empirical evidence on CVD risk levels among the Aboriginal and Torres Strait Islander population or among any Indigenous population internationally. Nor was there evidence on what age high risk starts and on the potential to improve prevention through the use of preventive medications.

BACKGROUND

Cardiovascular (CVD) events can be prevented with timely optimal care. CVD is the main contributor to the Indigenous/non-Indigenous life expectancy gap. Coronary heart disease hospitalisation rates in Aboriginal and Torres Strait Islander people aged 25-44 are 7-8 times those of the general population.² To prevent CVD events Australian guidelines recommend assessing absolute CVD risk from 35 years in Aboriginal and Torres Strait Islander people. For those who have more than a 15% chance of having a CVD event over the next five years ('high' risk), best practice involves lifestyle interventions and treatment with blood pressure and cholesterol-lowering therapies, where appropriate.

THE STUDY

The study comprehensively examined CVD risk in a representative sample of 2800 Aboriginal and Torres Strait Islander Australians, by considering together multiple risk factors, according to current recommended national guidelines.

¹ Calabria et al. Absolute cardiovascular disease risk and use of lipid-lowering therapy among Aboriginal and Torres Strait Islander people: evidence to optimise prevention. The Medical Journal of Australia. 25 June 2018

² Australian Institute of Health and Welfare 2015. Cardiovascular disease, diabetes and chronic kidney disease—Australian facts: Aboriginal and Torres Strait Islander people. Cat. no. CDK 5. Canberra: AIHW.

EPIDEMIOLOGY FOR POLICY AND PRACTICE GROUP NATIONAL CENTRE FOR EPIDEMIOLOGY AND POPULATION HEALTH RESEARCH SCHOOL OF POPULATION HEALTH

KFY FINDINGS

High risk of CVD is common among Aboriginal and Torres Strait Islander people. Overall, 16% of Aboriginal and Torres Strait Islander people aged 35 to 74 years old - the age group currently targeted for assessment and treatment under national guidelines - had high risk of a first-time CVD event and 10% had previous CVD. By the age of 55-64, almost half of the population (47%) were at high risk (see Figure 1).

The majority of those at high risk of having a CVD event in the next five years were not using cholesterol-lowering therapies. 42% of those at high risk of a first-time event and 53% of those who had previously experienced a CVD event were using lipid-lowering therapies.

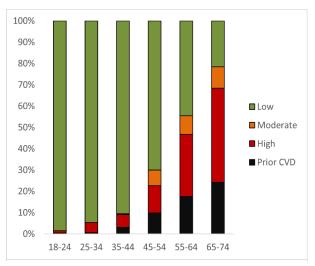


Figure 1: distribution of five-year CVD risk in the Aboriginal and Torres Strait Islander population, by age group.

CVD risk starts at a young age in Aboriginal and Torrs Strait Islander peoples. Even those younger than 35 years were at risk; 5% of those aged 25-34 years - who are not targeted for assessment or treatment under the current national guidelines - were at high risk of a first-time CVD event. This is equivalent to the proportion at high risk in the general population aged 45-54 years, who are routinely targeted for assessment and treatment. All those aged 18-34 at high risk were due to pre-existing conditions such as diabetes with microalbuminuria, chronic kidney disease or extremely elevated systolic blood pressure or cholesterol levels.

IMPLICATIONS

Improvements to CVD prevention have the potential to have a large impact on the health of Aboriginal and Torres Strait Islander people. These findings present the first direct representative data on the level of CVD risk by age in Aboriginal and Torres Strait Islander people and the use of preventive medications. This new evidence shows that one-quarter of Aboriginal and Torres Strait Islander people 35 – 74 are at high CVD risk and high CVD risk exists in a significant proportion of the population less than 35 years – the age currently recommended to commence screening. Improvements in preventative therapy have the potential to have large scale impacts on morbidity and mortality. Recent changes to the Pharmaceutical Benefits Scheme will support improved CVD prevention

RECOMMENDATIONS

- Continue investment in cardiovascular disease prevention programs to target smoking and support for clinicians to provide best practice CVD prevention.
- Increase public awareness of CVD risk and the opportunity to prevent CVD among the Aboriginal and Torre Strait Islander community, particularly using heart checks.
- Integrate this new evidence in Australia's national guidelines on absolute cardiovascular disease risk assessment, including due consideration of lowering the age at commencing CVD risk assessment.
- Encourage Aboriginal and Torres Strait Islander adults to have a heart check from an early age.

CONTACTS

For more information, contact Professor Emily Banks (E: Emily.Banks@anu.edu.au, T: 02 6125 0328) or Dr Jason Agostino (E: Jason.Agostino@anu.edu.au, T: 02 61745592).