

# A five-point plan to reduce heart attack deaths in Australia

February 4 2013, by Dr. Julie Redfern

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Out of the 10,021 Australian who died of a heart attack in 2010, 5305 were experiencing their second such event. Systematic national reforms are needed to reduce the alarming number of people having a second heart attack and ensure the health-care system isn't failing those who survive the first time.

As well as lives lost, deaths from heart attacks result in enormous costs - over \$8.4 billion annually. And this figure doesn't account for the time lost at work, or financial, emotional and other family costs.

## A failing system

Most repeat heart attacks are preventable but after having their first heart attack many people slip back into old habits. They stop taking medication, don't participate in cardiac rehabilitation programs and don't make or maintain simple [lifestyle changes](#) such as stopping smoking, being physically active and following a [healthy diet](#).

Indeed, many people seem to think a heart attack is a one-off - once it happens, it's past - but heart disease is a lifelong problem that needs to be managed properly. And there's no quick fix. There's also a [misconception](#) that a stent or bypass is as good as a cure, but that's simply not the case.

Unfortunately, our health-care system is not geared towards the

complexity of managing heart disease. Cardiac rehabilitation programs are short, lasting only a few weeks, and are used by less than a third of heart attack survivors.

The risk of dying from a heart attack increases the second time around - 20.7 percent for women and 13.7 percent for men. Given that one in four people who have a heart attack go on to have a second one, it's critical to put an appropriate treatment program into place.

## A five-point plan

Reforming how we care for heart attack survivors should be a national priority. Such reform, along with increasing the utilisation of existing schemes, is achievable through the following five-point plan detailed in today's edition of the [Medical Journal of Australia](#).

1. Develop and implement a national approach to secondary [heart attack](#) prevention that provides a clear and personalised path for all patients including ongoing support for lowering risk and long-term follow up.
2. Bridge the gap between hospital and primary care by implementing a case management approach that's recognised by Medicare. This should provide patients with ongoing support and guidance.
3. Increase awareness and utilisation of existing services by creating a web-based national inventory of prevention services, and potentially a public media campaign. Many health providers and patients are unaware of all relevant services, and the inventory could include a range of programs and schemes including cardiac rehabilitation, Heart Foundation programs, Medicare-rebatable schemes (such as access to allied health and psychology services via chronic disease management plans and home medicines reviews), among others such as Quitline and Aboriginal and Torres Strait Islander services.

4. Develop a system for monitoring and maintaining performance with measures to facilitate clinical practice improvement. These measures should assess service delivery features (access and timeliness, for instance) as well as end health outcomes including hospital re-admissions and coronary heart disease deaths.

5. Implement a National taskforce and a communication strategy involving state and federal government, private health funders, Medicare locals, consumers and health professionals. Such a cohesive and multidisciplinary group is essential to raise the profile of the problem and provide leadership.

Narrowing the evidence-practice gap in secondary prevention for [heart disease](#) will save lives and money. Raising it as a national priority, increasing utilisation of existing schemes and developing similar strategies to those effectively implemented for management of other chronic diseases in Australia offer excellent prospects for progress.

Provided by University of Sydney

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