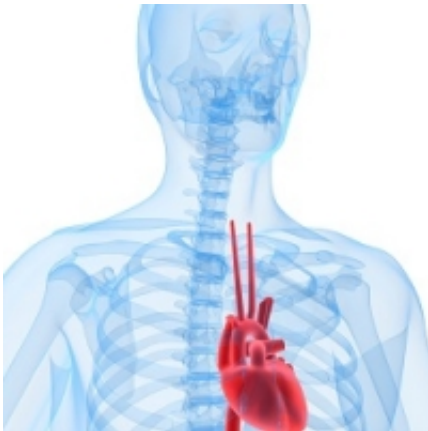


Research helps treatment of heart attacks and angina in Aboriginal people

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Research carried out by The University of Western Australia into the management of Aboriginal heart patients has found that while treatment is improving, more work is needed to ensure that rural patients are getting treatments that match those that are recommended.

Researchers completed two audits that effectively serve as a report card on how one regional WA hospital managed treatment of heart attack and unstable angina (collectively referred to as acute coronary syndrome or ACS).

The study examined medical records from the hospital's emergency department to analyse the differences in treatment and health outcomes

and it also explicitly examined the treatment of Aboriginal patients compared to that of non-Aboriginal patients.

Findings from two periods studied (2011-12 and 2013-14) showed that there were some gaps in the medical assessment and management of [acute coronary syndrome](#). After feedback to the health service managers and clinicians following the first audit, the treatment gap reduced.

Cardiovascular disease is a major cause of death and the leading cause for Aboriginal people in Western Australia, being 4.6 times more frequent (per capita) in Aboriginal people than in non-Aboriginal people.

UWA Professor of Rural Health Sandra Thompson said the research highlighted the importance of looking critically at how health services in WA were performing against best practice guidelines.

"Particularly in rural and remote areas where many Aboriginal populations reside, access to faster diagnosis and the use of effective treatments is important not only in reducing deaths but in stopping damage to the heart muscle and gain better long-term outcomes," Professor Thompson said.

"Patients in rural areas still do not have access to the same cardiology diagnostic assessments and treatment interventions in a timely way as those in metropolitan areas."

Professor Thompson said others factor important for treatment of Aboriginal patients included better communication and understanding of cultural beliefs.

"If the medical outcomes from [cardiovascular disease](#) in Aboriginal people were improved to the level of non-Aboriginal people, Aboriginal life expectancy could be increased by more than six years," she said.

"There are promising changes in response to the initial findings, such as use of emergency medicine specialists in the regional emergency department and training of staff.

"This resulted in better adherence to best practice management guidelines, although there were still some gaps identified where improvements can occur." The research has been published in the *Australian and New Zealand Journal of Public Health* and *SAGE Open Medicine*.

More information: Benjamin Scalley et al. Improving the management of acute coronary syndrome for Aboriginal and non-Aboriginal patients in a regional hospital, *Australian and New Zealand Journal of Public Health* (2016). [DOI: 10.1111/1753-6405.12550](https://doi.org/10.1111/1753-6405.12550)

E. Haynes et al. Knowledge translation lessons from an audit of Aboriginal Australians with acute coronary syndrome presenting to a regional hospital, *SAGE Open Medicine* (2016). [DOI: 10.1177/2050312116661114](https://doi.org/10.1177/2050312116661114)

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