

Getting a heart check early can prevent heart attack and stroke in Indigenous Australians

June 25 2018, by Ellie Paige, Sandra Eades, Vicki Wade,

Most heart attacks and strokes can be prevented with appropriate treatment. Yet heart disease, including heart attacks, [causes 13%](#) of deaths among Australia's Aboriginal and Torres Strait Islander peoples and is a major contributor to the gap in life expectancy with non-Indigenous Australians.

New findings from a study published today in the [Medical Journal of Australia](#) show vast room for improvement in [heart](#) health among Aboriginal and Torres Strait Islander peoples.

Who is at risk?

This [new research](#) found 10% of Aboriginal and Torres Strait Islander people aged 35-74 years old have heart disease ([compared to 9%](#) aged 45-74 in the general population). Another 16% are at [high risk](#) of getting heart disease ([compared to 11%](#) aged 45-74 in the general population), defined in Australia as a greater than 15% chance of getting heart disease in the next five years.

A heart check involves calculating how likely a person is to develop heart disease over a specific time period (five years in Australia). This involves gathering information from multiple factors including a person's age, sex, smoking status, whether they have diabetes and their blood pressure and cholesterol levels.

[Australia's national guidelines](#) recommend all Aboriginal and Torres Strait Islander peoples aged 35-74 have a heart check. But this [new research](#) found the "high risk" category starts much earlier than this.

Around 1.1% of Aboriginal and Torres Strait Islander 18-24 year olds and 4.7% of 25-34 year olds were at high risk of heart disease. This is around the same as the proportion of [non-Indigenous Australians](#) aged 45-54 who are at high risk.

Potential to prevent events through medication

Heart disease risk can be lowered through lifestyle changes, including giving up smoking, losing weight and exercising more, as well as using medications that lower blood pressure and cholesterol levels. Generally, all people who have heart disease and those at high risk should be prescribed [preventative medications](#).

Yet this latest evidence shows only 53% of Aboriginal and Torres Strait Islander peoples with existing heart [disease](#) and 42% of those at high risk were using cholesterol-lowering medications. We don't know the exact reasons for this. It could be due to a number of things including people not getting a heart check in the first place, and not continuing to use medications when they have been prescribed.

We don't know the exact number of Aboriginal and Torres Strait Islander people receiving a heart check, but we do know overall numbers are low and it varies by region. [Estimates](#) among Aboriginal and Torres Strait Islander people with diabetes found rates of heart checks ranged from about 3% of people in participating health centres in Queensland, South Australia and Western Australia to around 56% in the Northern Territory.

This highlights the huge potential to prevent future heart attack and

stroke in these communities by improving treatment in people at high risk.

What can we do?

These findings highlight multiple actions that can be taken to improve [heart disease](#) prevention. First, this new evidence suggests the age to start doing heart checks should be lowered in Australian guidelines. This decision would need to be jointly undertaken with Aboriginal and Torres Strait Islander communities.

GPs and nurses should be proactive in identifying Aboriginal and Torres Strait Islander patients, providing heart and overall health checks, and following up with patients.

The Northern Territory is a good example. There, the number of Aboriginal and Torres Strait Islander peoples receiving a heart check [more than doubled](#) after improvements in reporting, monitoring and follow-up. Improving the rate of health checks for adolescents and young adults is particularly important so discussions and treatment decisions can take place early.

Programs aimed at prevention should also be co-designed with Aboriginal and Torres Strait Islander peoples, taking into account social and cultural barriers that impact access and ongoing treatment.

The good news is, we know heart attacks and strokes can be prevented and we have effective treatments to achieve this. Within Aboriginal and Torres Strait Islander communities there is huge potential to prevent heart attacks and stroke.

Many people don't receive a heart check and could be at high risk without knowing it. Prevention starts with getting a heart [check](#) and

continuing to use any medications prescribed to you by your doctor to lower your risk.

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