

Policy brief: Earlier screening for heart health, chronic kidney disease and diabetes for Aboriginal and Torres Strait Islander peoples

Key Points

- Around 80% of heart attacks and strokes can be prevented with optimal care. Despite large improvements in cardiovascular (CVD) mortality in the past twenty years, Aboriginal and Torres Strait Islander peoples continue to experience very high rates of early CVD.
- High risk of CVD begins early among Aboriginal and Torres Strait Islander peoples, mainly in people with diabetes and/or renal disease.
- The majority of people at high CVD risk are not receiving recommended medications, representing a missed opportunity to reduce CVD burden for Aboriginal and Torres Strait Islander peoples.
- In response to new evidence on early CVD risk in Aboriginal and Torres Strait Islander peoples, new recommendations have been agreed to by the three organisations responsible for preventive health guidelines used within Australian primary care.
- The updated recommendations are for Aboriginal and Torres Strait Islander individuals to receive:
 - Combined early screening for diabetes, chronic kidney disease and CVD risk factors from the age of 18 years at latest;
 - Assessment of absolute CVD risk using a CVD risk calculator from the age of 30 years at the latest.
- The new advice has implications for chronic disease prevention programs, existing Medicare Benefits Schedule items, and the national Key Performance Indicators for Aboriginal and Torres Strait Islander health services.

Purpose

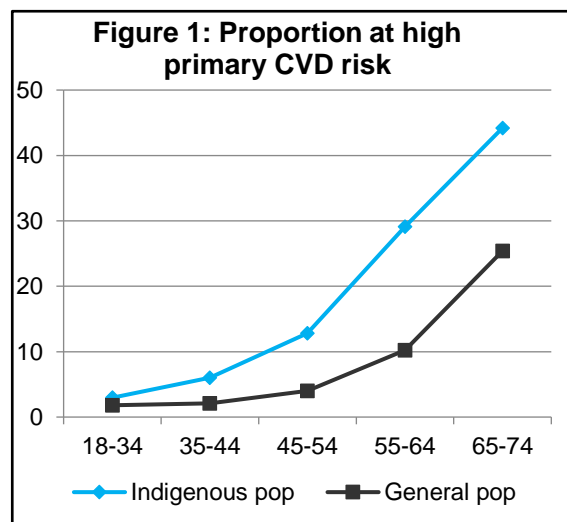
This policy brief outlines updated clinical recommendations and policy implications from a paper to be published on 16th March 2020 in the *Medical Journal of Australia*, titled “**Cardiovascular disease risk assessment for Aboriginal and Torres Strait Islander adults aged under 35 years: a consensus statement**”.

Prior to this statement, guidelines offered conflicting advice on the age to begin screening for CVD risk factors and conducting absolute CVD risk assessment in Aboriginal and Torres Strait Islander peoples. This consensus statement aims to build on recent improvements in CVD mortality by providing consistent advice on screening from 18 years of age and emphasising the link between diabetes, renal disease and CVD risk.

Background

CVD remains the largest contributor to Aboriginal and Torres Strait Islander mortality despite a 40% decrease in deaths in the past two decades and significant decreases in smoking prevalence. High risk of CVD begins early among Aboriginal and Torres Strait Islander peoples (Figure 1) and high CVD risk occurs mainly amongst Aboriginal and Torres Strait Islander people with diabetes and/or renal disease.

One in seven Aboriginal and Torres Strait Islander adults (18–74 y.o.) are at high risk of a heart attack or stroke in the next five years and CVD events occur 10-20 years earlier than in non-Indigenous Australians. While CVD is highly preventable, the majority of those at high risk are not taking recommended medication.



Consensus development process

The consensus statement aligns advice from three major guideline organisations: the *National guide to a preventive health assessment for Aboriginal and Torres Strait Islander people* from the National Aboriginal Community Controlled Health Organisation (NACCHO) and the Royal Australian College of General Practitioners (RACGP), the National Vascular Disease Prevention Alliance *Guidelines for the management of absolute cardiovascular disease risk* and the *Remote Primary Health Care Manuals* incorporating the *CARPA Standard treatment manual*. The approach to early screening was developed in partnership with the Australian National University's Aboriginal Reference Group (*Thiitu Tharrmay*) and other Aboriginal and Torres Strait Islander leaders in CVD prevention.

Recommendations

Alignment across the three guidelines resulted in the following main recommendations for the Aboriginal and Torres Strait Islander population:

- CVD risk factor screening should commence from the age of 18 years at the latest. This should include assessing for diabetes, kidney disease, blood pressure, cholesterol and smoking status.
- Assessment using an Australian CVD risk calculator should commence from the age of 30 years at the latest.
- The risk calculator may underestimate risk in people with high levels of psychological distress or socioeconomic disadvantage. For these people a 5% upward adjustment of calculated CVD risk score should be considered, accounting for local CVD epidemiology, local guideline use, and clinical discretion.
- Assessment should occur as part of an annual Aboriginal and Torres Strait Islander Health Assessment (MBS item 715) or opportunistically. Subsequent review should be conducted according to level of risk.

Implications

The consensus statement promotes a consistent approach to CVD risk assessment in young Aboriginal and Torres Strait Islander adults and emphasises the link between diabetes, kidney disease and CVD risk. To support the implementation of these recommendations into practice there are a number of actions the Australian government and non-government organisations can help facilitate.

Highlighting CVD prevention in the community

There have been large improvements in death and illness due to CVD but within some parts of the Aboriginal and Torres Strait Islander community there remains significant fatalism regarding early heart attacks and strokes. Early assessment and management of CVD risk can be lifesaving.

Aligning CVD risk calculators

Assessing CVD risk requires the use of calculators embedded in general practice software. Currently, these calculators do not consistently reflect the Australian absolute CVD risk assessment guidelines. As a consequence, two out of five Aboriginal and Torres Strait Islander people at high CVD risk may be incorrectly assessed and miss the opportunity for lifesaving preventive treatment. To improve identification of high CVD risk, calculators must include measures of renal function and support absolute CVD risk calculation from age 30.

Aligning the national Key Performance Indicators (nKPIs)

The nKPIs have two indicators related to absolute CVD risk assessment. To align with the new recommendations, nKPI 20 and nKPI 21 should have the age range expanded to include 30 – 74 year olds and nKPI 20 should include measures of renal function. CVD risk calculators also need to be updated for accurate nKPI results. At present nKPI 21 on levels of CVD risk is inaccurate and grossly under reports the true level of high CVD risk in the population.

Aligning the Medicare Benefits Schedule

MBS item 699 is already aligned with CVD risk calculation from age 30 for Aboriginal and Torres Strait Islander peoples. However, the primary MBS item where CVD risk assessment will occur is through MBS item 715. Updates to this item and templates as part of the MBS review should support screening of CVD risk factors from 18 and use of the absolute CVD risk calculator from age 30.

Contacts

For further information: Dr Jason Agostino (jason.agostino@anu.edu.au)