

Introduction

Heart, stroke and vascular disease comprises all diseases and conditions involving the heart and blood vessels. This includes coronary heart disease, stroke, peripheral vascular disease, reno-vascular disease and chronic heart failure. The main underlying problem in these diseases is atherosclerosis, a process that forms abnormal build-ups of fat, cholesterol and other substances in the inner lining of the arteries. It is most serious when it affects the blood supply to the heart (causing angina, heart attack or sudden death) or to the brain (which can lead to a stroke).

Why is a national strategy for heart, stroke and vascular disease important?

Heart, stroke and vascular disease imposes the major burden of ill health in Australia, accounting for 38 per cent of all deaths and 22 per cent of the burden of disease (through premature mortality, ill health, impairment and disability) (AIHW 2004). This burden is proportionately greater than that in many other OECD countries (AIHW 2002).

Heart, stroke and vascular diseases also account for the largest proportion of Australian health system costs, comprising \$3.7 billion (12 per cent) of total costs in 1993–94 (AIHW 2002). In 2002–2003 around \$1.4 billion was spent through the Pharmaceutical Benefits Scheme (PBS) on heart, stroke and vascular drugs, representing around 30 per cent of total PBS expenditure in that year¹. In 2002–03, 16 per cent of visits to a general practitioner were for the treatment of heart, stroke or vascular disease or its risk factors (AIHW: Britt, Miller, et al 2003). In 2001, an estimated 90 per cent of the adult Australian population had at least one risk factor for heart, stroke and vascular disease - tobacco smoking, physical inactivity, overweight or obesity, high blood cholesterol, high blood pressure, heavy alcohol consumption, and diabetes - and 24 per cent of people had three or more risk factors.

Heart, stroke and vascular disease is a major contributor to differences in health status within the Australian population. Of particular concern is the considerable impact of heart, stroke and vascular disease and end-stage renal disease on the health of Aboriginal and Torres Strait Islander peoples, which is much greater than in the general population (ABS & AIHW 2001). Rates of risk factors for heart, stroke and vascular disease and of rheumatic heart disease are also considerably higher among Aboriginal and Torres Strait Islander peoples.

People in the most disadvantaged areas also experience considerably higher death rates from heart, stroke and vascular disease than their counterparts from the least disadvantaged areas—17% higher for males and 16% higher for females (AIHW 2004).

Documented trends and projections demonstrate that, to a large extent, heart, stroke and vascular disease is preventable and better outcomes can be achieved with improved care (Commonwealth Department of Health and Aged Care & AIHW 1999). Age-standardised mortality from coronary heart disease and stroke has fallen by about 70 per cent over the last 35 years. Reductions in tobacco smoking and high blood pressure, as well as improved management and treatment, have contributed to these improvements. Indeed, progress in heart, stroke and vascular disease has contributed more than any other area to health gains in the Australian community over this period (AIHW 2002). However, given the enormous burden attributed to heart, stroke and vascular disease on the Australian community, there is great potential for further gain. The overall burden of these diseases is still considerable,

¹ Based on Health Insurance Commission data, ATCC Codes only.

because of factors such as ageing of the population, increased prevalence of diabetes and unfavourable trends in some risk factors (such as overweight, physical inactivity and poor nutrition). Very importantly, heart, stroke and vascular health gains have not been experienced to the same extent by disadvantaged groups in the population, particularly Aboriginal and Torres Strait Islander peoples, but also those from lower socio-economic groups.

Opportunities provided by a national strategy

The area of cardiovascular health offers particular opportunities for further health gains as outlined below:

- Heart, stroke and vascular disease related to atherosclerosis and other major causes such as rheumatic heart disease could be largely prevented, provided there is effective implementation of proven strategies both at the community level and among individuals.
- Many heart, stroke and vascular diseases have a common aetiology, namely atherosclerosis, and are therefore amenable to shared preventive approaches.
- Many successful interventions, including smoking cessation, improved nutrition and physical activity will have a favourable impact on other National Health Priority Areas, such as cancer control and diabetes.
- The evidence base for effective interventions in those who are known to have or are at high risk of atherosclerosis is extremely strong. Despite this, there is good evidence that effective measures are not being implemented generally and in particular in relevant subgroups of the population.
- There are strong opportunities through the quality use of medicines to optimise appropriate therapeutic interventions aimed at reducing visits for heart, stroke and vascular disease events.
- Strategies developed and implemented to address heart, stroke and vascular disease can model approaches to broader chronic disease prevention and management, and should dovetail with strategies at a national and state level to address the needs of people with chronic and complex conditions.

Dedicated funding from a range of sources for a heart, stroke and vascular health strategy will be required if Australia is to improve its cardiovascular status to be among the best in the world.

Approach to the strategy

The strategy focuses on areas that contribute to the largest absolute burden of ill health and includes areas for which there is evidence for potential gains in health outcomes. Within the strategy, the following have been identified as the key arenas for action and are considered individually:

- heart, stroke and vascular disease in Aboriginal and Torres Strait Islander peoples;
- consumer engagement and information;

- prevention of heart, stroke and vascular disease for:
 - the general population;
 - people and groups identified as being at high risk; and
 - people who have heart disease or stroke;
- cardiac emergency treatment and acute care;
- stroke emergency treatment and acute care;
- heart failure; and
- rehabilitation for patients with heart, stroke and vascular disease.

Within each arena for action:

- the magnitude of the problem is considered;
- opportunities and the evidence for measurable and sustainable improvement in cardiovascular health are highlighted; and
- strategic approaches are identified as priorities for national action.