

# Time for Action

## Australia needs a national action plan to combat our biggest killer – cardiovascular disease

Each year, 46,000 Australians die from heart, stroke and blood vessel diseases, collectively known as cardiovascular disease or CVD.

But there is no national action plan to improve prevention, treatment and management of people with, or at risk of CVD.

Other major disease groups have well-established and well-funded action plans. The Heart Foundation and the National Stroke Foundation are calling for a national action plan to help reduce death and suffering caused by CVD.



### Cardiovascular disease deaths (2006)

Coronary heart disease:	23,000
Stroke:	11,500
Heart failure:	2,900
Peripheral vascular disease:	2,200
Hypertensive diseases:	1,500
Cardiac arrhythmias:	1,300
Total cardiovascular disease:	45,700

*(Australian Bureau of Statistics, Leading causes of death 2006)*



strokefoundation



Heart  
Foundation

# Why we need an action plan

The need for action is clear. Cardiovascular disease is:

- Australia's biggest killer, causing around 46,000 deaths in 2006, or 34% of all deaths
- a major cause of disability – 1.4m Australians have a disability linked to cardiovascular disease
- an immense problem – responsible for 18% of the total burden of disease and injury in Australia
- the most costly disease to treat – direct health system costs of CVD were estimated at \$7.6bn in 2004 – about 11% of total health spending.

If prevalence is left unchecked, total health costs for CVD are projected to rise to \$11.5bn by 2011.

And while mortality rates have been steadily declining since the late 1960s, prevalence of CVD is set to soar as the population ages and some risk factors become more prevalent.

By 2051, some 6.4m Australians are expected to suffer some form of CVD.

While CVD continues to have a major impact on the general population, it takes a particularly high toll on Aboriginal and Torres Strait Islander people, with Indigenous Australians developing CVD and dying from it at much higher rates than the rest of the population.

Yet CVD is largely avoidable with much of the burden attributable to modifiable risk factors. For example:

- Half of all Australian adults over 25 have high blood cholesterol
- 54% of adults do not exercise enough and 60% are overweight, with a doubling in obesity since 1980
- 30% of adults have high blood pressure and 17% of Australians smoke daily

## What needs to be done?

The Heart Foundation and the National Stroke Foundation call for comprehensive action to address gaps and improve patient outcomes across the full spectrum of CVD services:

prevention

early detection and intervention

management and clinical care

end-of-life care

data and research

A set of 34 policy proposals have been outlined in Time for Action, a joint plan developed by the two Foundations.

[See Time for Action at [www.heartfoundation.org.au](http://www.heartfoundation.org.au) or [www.strokefoundation.com.au](http://www.strokefoundation.com.au)]



Cardiovascular disease – or heart, stroke and blood vessel disease – affects 3.7m Australians. More than one-in-three deaths is caused by CVD. Of these, half are caused by coronary heart disease (heart attack and unstable angina) and about one quarter by stroke. Other forms of CVD include heart failure, rheumatic heart disease, peripheral vascular disease and congenital heart diseases.

*“A core challenge of the new century is dealing with the rise in chronic diseases and the management of chronic diseases.”*

Kevin Rudd, 28 June 2007

# Key areas for action

## ▶ Prevention

More action is needed to prevent CVD from developing in the first place.

Too many Australians are at higher risk because they:

- smoke
- have high blood pressure
- are overweight or obese
- do not exercise enough
- eat a diet high in saturated fats
- have high blood cholesterol.

### Australia needs to:

- Fund a program to detect people at high risk of CVD and make sure they get the interventions needed to avoid having heart attacks and strokes
- Increase funding for community education campaigns focussing on lifestyle risk factors for CVD
- Increase awareness about the danger of high blood pressure
- Increase tax on cigarettes and other tobacco products to reduce smoking rates (there has been no real increase in tax in almost a decade)
- Support campaigns to help people recognise the warning signs of heart attack and stroke and the need to get help fast

## ▶ Management and Clinical Care

There are significant gaps in management of patients with CVD both in primary and acute care.

### Australia needs to:

- Establish a general practice program to provide comprehensive management of patients with coronary heart disease
- Improve management and treatment of people presenting to hospitals with heart attack and stroke
- Improve access to cardiac rehabilitation programs
- Establish a national cardiac procedures register
- Increase the number of heart failure multidisciplinary teams
- Close the gap in treatment of Indigenous Australians in hospitals by introducing protocols and supporting change through incentive payments and performance indicators

- Fund and enhance stroke units at every hospital admitting more than 200 acute stroke patients per year and in relevant smaller hospitals
- Fund national audits of stroke services in both acute clinical care and post-acute care every two years
- Establish stroke liaison officers across Australia and improve access to support mechanisms and services for stroke survivors

*“The need for greater investment in prevention of cardiovascular disease is self-evident.”*

Nicola Roxon, 30 September 2007

One in two stroke patients do not receive stroke unit care. Many lives could be saved from death and disability through the delivery of evidence-based treatments such as thrombolytic agents and stroke care units.

## ▶ Clinical performance indicators

The Heart Foundation and the National Stroke Foundation call on all governments to adopt a robust set of performance indicators for cardiovascular disease. In addition to population health performance indicators, CVD clinical performance indicators should include:

Time from first medical contact to:

- thrombolysis for both stroke and heart attack
- angioplasty/stent implantation for heart attack.

Proportion of stroke patients admitted to a stroke unit.

Proportion of patients admitted to hospital with coronary heart disease who, on discharge, receive:

- appropriate medications, or
- are referred to a cardiac rehabilitation/secondary prevention program

Proportion of general practices using electronic register recall systems for people with a history of coronary heart disease and stroke or transient ischaemic attack (TIA – a ‘mini-stroke’)

Proportion of people without CVD aged 45-74 who have had a CVD ‘absolute risk’ assessment within the past five years.

# Australia needs a national CVD action plan

The Heart Foundation and National Stroke Foundation call on all governments to work together to fund and implement a national CVD action plan.

A national action plan will:

- ease pressure on hospitals and reduce avoidable hospital admissions
- improve the quality of life for the 3.7m people with CVD
- further reduce death rates and limit the damage caused by heart attack and stroke
- improve prevention of other chronic diseases as well as CVD.

## Further information:



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