Prevalence of CVD in First Australians: a literature review

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Acknowledgement of Country

I respectfully acknowledge the traditional owners and custodians of the Kulin Nation, a place now known by its European name of Melbourne. I pay respect to Elders past, present and emerging.
Introduction

Thank you for this opportunity.
CVD burden

- 13% First Australians
- 5% non-Indigenous Australians
- Slow progress in closing this gap
- Women, elderly
Prevalence of Modifiable Risk Factors

- Daily smoking (rate ratio 2.6)
- Obesity (rate ratio 1.6)
- Inadequate daily fruit and vegetable intake (rate ratios 0.9 and 0.8)
- High blood pressure (rate ratio 1.2)
- Abnormal HDL (rate ratio 1.8)
- High triglycerides (rate ratio 1.9) and dyslipidaemia (rate ratio 1.1).
CVD in First Australian children

- Larkins, Pinto & Craig (2017): 5.8% of all children had HTN and 6.8% pre-HTN
- Larkins et al (2017): 15.6% of First Australian children had HTN and 12.3% pre-HTN (N=657)
- Care-giver BP and BMI strongest predictors
- More common in urban
RHD in First Australian children

- 4.7/1000 in Far North Qld to 15.0/1000 in the Top End of the NT
- Undetected disease substantial
- SES
Rehabilitation Framework

- For children: check BP with adjusted RR
- Family and community based health promotion and intervention.
- Broad strategies tackling risk factors for MI
- Employ cultural sensitivity & a holistic approach
- Community engagement
- Inter-professional tailored approach
- Promote self-management and health promotion
SEWB Framework

• Community engagement
• Improve social determinants of health
Challenges & Successes

• Rural & remote.
• Socio-economic disadvantage
• Food security.
  – Success story: community engagement reverses local market pricing
Conclusion

A holistic, multi-disciplinary, socially integrated approach to health promotion is required to reduce CVD burden in First Australians.

Health promotion and community engagement are essential, as is early intervention.
References

CVD in First Australians

• Undiagnosed in many people (Brown et al., 2014)

• Elizabeth Penm (2008): First Australians have
  – 1.3x more CVD
  – 3x as many major coronary events
  – 2x as likely to die in hospital from CVD
  – 19x more likely to die from ARF and chronic RHD
Prevalence of Epilepsy in First Australians: a literature review

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Outline

• Introduction
• Literature/Statistics
• Analysis
• What does this mean for practitioners?
• Next steps
• Limitations of data
• Conclusion
Plummer et al. (2014)

NT, QLD, SA, WA

- 5.6x greater seizure hospitalisation rate
- 3x higher seizure hospitalisation rate associated with an additional diagnosis
- Males aged 15-64 years over-represented
Archer & Bunby (2006)

CBH/Far North QLD

First Australians comprised:

- 30% (146/486) ED presentations with seizure
- 31% (130/418) epilepsy inpatient admissions
- 44% (28/63) of patients admitted with epilepsy

❖ Under-representation
Wilson, Hawkins, Green & Archer (2012)

Far North QLD ED presentations

• 15 month prospective cohort study, N=260
• 50% non-Indigenous and 45% First Australians completed the questionnaire
  – 47% of those First Australians (compared to 19% non-Indigenous patients) reported missing anti-epileptic tablets at-least twice weekly (p<0.05)
  – First Seizure hospitalisation for 12% First Australians and 26% non-Indigenous patients
Common threads

Lengthier admissions (5.1x longer)
More severe conditions
First Australians

- 53% of adult patients with most severe forms of epilepsy (Archer & Bunby, 2006)
- Emergency vs elective admissions 3x greater (Plummer et al, 2014)
- Higher self-discharge (9.4% vs 1.4%) (Plummer et al, 2014)
- SES & admission rates (Plummer et al., 2014)
Why…?

- Inequitable health care utilisation
- Social disadvantage restricting access
- Inadequate health education causing non-compliance?
- Alcohol?
For practitioners

• Cultural awareness & sensitivity
• Health promotion & patient education
• First Australians in Healthcare
• Webster packs to assist with compliance?
• Find out any reasons for non-compliance
Limitations of data

• Limited
• Under-representation
Conclusion

• Possible that at a community level, there is an increased incidence of epilepsy amongst First Australians.

• Thus, efforts directed to increasing patient education, increasing First Australians in health care roles in rural areas and increasing access to health care may be beneficial.
References

Thank You!

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