# Prevalence of CVD in First Australians: a literature review

Mr Alex M Sher
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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 RRs
- 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.



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## [extra] 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 antiepileptic tablets at-least twice weekly (p<0.05)</li>
  - 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 noncompliance?
- 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.

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