## The Medical Journal of Australia • MJA MEDIA RELEASE

## EARLIER CARDIOVASCULAR SCREENING NEEDED FOR INDIGENOUS ADULTS

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ABORIGINAL and Torres Strait Islander adults should undergo cardiovascular disease risk factor screening from the age of 18 years at the latest, according to the authors of a consensus statement published online today by the *Medical Journal of Australia*.

The statement represents the consensus advice of the organisations responsible for the three current sets of guidelines for CVD risk assessment and management for the Indigenous population -- the Australian Chronic Disease Prevention Alliance (incorporating the National Vascular Disease Prevention Alliance), the Royal Australian College of General Practitioners, the National Aboriginal Community Controlled Health Organisation and the Editorial Committee for Remote Primary Health Care Manuals.

The authors also recommended that Indigenous people over the age of 30 years at the latest should be assessed for diabetes, renal disease and other cardiovascular risk factors, with use of an Australian cardiovascular risk factor algorithm, as part of an annual health check "or opportunistically".

Individuals with type 2 diabetes with microalbuminuria, moderate to severe chronic kidney disease, systolic blood pressure of 180 mmHg or greater or diastolic pressure of 110 mmHg or greater, familial hypercholesterolaemia, or total cholesterol greater than 7.5 mmol/L, are automatically considered to be at high absolute risk of a future CVD event.

Agostino and colleagues explained that since the development of the three commonly used guidelines that inform Aboriginal and Torres Strait Islander absolute CVD risk assessment and management, "evidence has since emerged to support lowering the age at which to commence CVD risk assessment in Aboriginal and Torres Strait Islander adults" and that therefore there was "a demonstrable need for agreement on a consistent age to begin CVD risk assessment in the Aboriginal and Torres Strait Islander population".

"Although age-standardised CVD mortality has fallen by 40% over the past few decades, CVD still accounts for a quarter of Aboriginal and Torres Strait Islander deaths overall and 21% of all premature years of life lost," wrote the authors, led by Dr Jason Agostino, a Lecturer in General Practice at the Australian National University.

"CVD events and CVD-related mortality in the Aboriginal and Torres Strait Islander population occur, on average, about 10–20 years earlier than in non-Indigenous Australians.

"Taken together, these findings indicate the need to assess and manage risk at an earlier age in Aboriginal and Torres Strait Islander adults. According to the current risk assessment algorithm, Aboriginal and Torres Strait Islander adults aged 25–34 years have an absolute CVD risk similar to non-Indigenous Australians aged 45–54 years. It also highlights that over three-quarters of this population have at least one vascular risk factor that would prompt screening for all relevant CVD risk factors before the age of 30 years under existing NACCHO/RACGP guidelines, and that all individuals aged under 30 years deemed to be at high risk were classified based on clinical criteria such as diabetes with renal impairment."

The authors concluded that the part two decades had seen large improvements in CVD mortality for Aboriginal and Torres Strait Islander peoples.

"A consistent approach to CVD risk assessment and management from an early age, and with consideration of other risk factors, such as socio-economic disadvantage, will support further improvements in Aboriginal and Torres Strait Islander health."

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