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MEDIA RELEASE

ABORIGINAL AUSTRALIANS WITH ATRIAL FIBRILLATION THREE TIMES MORE LIKELY TO HAVE A STROKE THAN NON-ABORIGINAL PATIENTS WITH AF

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THE incidence of stroke in Aboriginal Australians under 60 hospitalised with atrial fibrillation (AF) was three times as high as for non-Aboriginal patients, and that of fatal stroke almost six times as high, according to the authors of research published online today by the Medical Journal of Australia.

Atrial fibrillation (AF), a common type of irregular heartbeat, is often undiagnosed and can put people at greater risk of having a stroke.

Dr Lee Nedkoff, a Research Fellow at the University of Western Australia, and colleagues analysed statewide linked data from people aged 20–84 years who were hospitalised with AF in Western Australia during 2000–2012.

During the follow-up period, they found that in 20–59-year-old Aboriginal patients, the incidence of stroke was over three times higher than for non-Aboriginal patients. The risk of a fatal stroke was nearly six times higher in Aboriginal patients, and death rates from any cardiovascular disease were four times higher than among non-Aboriginal patients. Stroke incidence was higher for 60–84-year-old patients, but the difference between Aboriginal and non-Aboriginal patients was smaller. The higher risk of stroke and cardiovascular mortality in Aboriginal AF patients remained, even after taking into account higher levels of risk factors and comorbid diseases.

“Cardiovascular risk factors like high blood pressure and smoking, and the prevalence of comorbidity are higher among Aboriginal people than other Australians, and these differences are even greater in people with AF, which can account for some of the higher risk of stroke in Aboriginal Australians with AF,” Nedkoff and colleagues wrote.

“Oral anticoagulants (blood-thinning medications) reduce the risk of ischaemic (caused by blood clots) stroke and all-cause mortality despite the increased risk of major bleeding,25 but data on their use by Aboriginal Australians are limited.

“The incidence of stroke and cardiovascular mortality are higher among Aboriginal than non-Aboriginal people with AF, and the difference increases with time from hospitalisation, despite evidence of the effectiveness of oral anticoagulants for reducing thrombo-embolic stroke risk.

“The availability of novel oral anticoagulants provides an opportunity for reducing the risk of stroke for Aboriginal people with AF,” Nedkoff and colleagues concluded.

“Increased screening for cardiovascular disease risk factors and AF in primary care, incorporating new models of ongoing care that recognise the importance of cultural factors in providing that care, could improve primary and secondary stroke prevention for Aboriginal people.”

The authors suggested that “a committed effort from government, health service providers and communities has the potential to greatly reduce the stroke and cardiovascular risk of our Aboriginal population”.

Please remember to credit *The MJA*.

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