

The campaign against heart disease must keep ticking

by cardiologist Tom Marwick

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IN recent months, several high-profile celebrities are believed to have succumbed to heart disease, the swift and seemingly unexpected nature alarming many of us. For many people the first symptom of heart disease is death.

Cardiovascular disease, which includes heart attack, heart failure and stroke, is the most expensive group of diseases in our hospital system and the leading cause of death and disability in Australia. Worryingly, our grip on tackling this disease appears to be slipping.

A new report into the state of cardiovascular disease in Australia reveals that the gains made in controlling cardiovascular disease across the past 50 years cannot be assumed to continue.

For a half-century there has been a steady decline in the number of Australians dying from cardiovascular disease. However, recent data shows death rates are rising.

And Australia is not alone. Just last month, US mortality rates sent shockwaves around the world, with *The Wall Street Journal* revealing that Americans are dying from heart disease at a faster rate, driving up the mortality rates.

For many health experts, it was a disturbing revelation. The decline in heart-related deaths in the US had been so precipitous that until 2011 heart disease was poised to drop below cancer as the leading cause of death in the US. But then the downward trajectory suddenly slowed at that point and remained slow until the heart disease death rate rose in 2015.

And researchers believe one of the main reasons behind these startling trends, here and in the US, are the growing levels of obesity and type-2 diabetes.

Currently, cardiovascular disease affects more than 3.7 million Australians — a number almost equivalent to the entire population of Melbourne — and accounts for more than 45,000 deaths each year. What's more, the manifestations of the disease are changing.

Fifty years ago, large numbers died from blocked arteries and heart attacks, something we typically think of when we hear of heart disease.

Now, cardiologists are seeing more cases of heart failure, atrial fibrillation (irregular heartbeat) and valve disease. These are all chronic and recurrent diseases and lead to multiple hospital admissions.

The prevalence of atrial fibrillation — which increases the risk of stroke fivefold — is projected to increase by 60 per cent across the next 15 years.

Heart failure, which is already a leading cause of hospital admission in Australia, will also become more frequent as the population ages.

As a cardiologist, I anticipate that within the next 10 to 15 years Australia's already strained health system will struggle to deal with these consequences of

an out-of-control obesity and diabetes epidemic. We will need to identify and support more effective strategies to keep those who do have cardiovascular disease at home, without the disruption of repeated admissions to the hospital system.

Heart failure is a chronic disease that occurs when the heart is unable to keep up with pumping sufficient blood to sustain the demands of the body. Because of the repeated admission of these patients to hospital, it ranks among the most costly diagnoses in the health system.

The best solution isn't more hospital beds, it is approaches that support people who have cardiovascular disease so they are able to manage their disease at home.

Strategies for dealing with this problem have been introduced elsewhere. With the Affordable Care Act, the US established the Hospital Readmission Reduction Program in 2012. Under this program, hospitals are financially penalised if they have higher than expected 30-day readmission rates for conditions including heart failure and heart attack.

In response, many US hospitals have invested time and money to implement interventions that are applied after a patient with heart failure is first discharged, such as arranging early discharge follow-up, reconciling medications, partnering with other local hospitals or care facilities, and making follow-up phone calls.

The interventions are simple but have proved effective.

Other interventions also have proved effective. For decades governments, health professionals and researchers have worked to reduce smoking rates (smoking is a major risk factor for cardiovascular disease), introduced interventions such as heart surgery and stents, and made available medications such as statins for lowering cholesterol levels. All of these have led to a decline in deaths due to cardiovascular disease. But in the face of the epidemics of obesity and diabetes, and the ageing of our population, it's no longer enough.

New approaches, such as financial penalties for higher hospital readmission rates for heart conditions, should form part of a national strategy that also addresses the underlying causes of cardiovascular disease: smoking, lack of exercise, obesity and type-2 diabetes.

We can't expect the problem to get better by doing more of the same, and history shows us that strategic intervention does work. I urge the Australian government to show leadership through the introduction of measures that discourage people's consumption of sugar and salt while encouraging physical exercise. This, as part of a strategy to overcome Australia's deadliest disease, is what is needed if we are to be a healthy community with a well-functioning health system.

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He is also the co-author of the report Change of Heart — Time to End Cardiovascular Complacency.

PDFs available

John Bell forwarded this article to Vetrin. He points out that six informative pdf's on the Baker Heart and Diabetes Institute website are - 'generally good stuff, though they are advising too much dairy and processed food, not enough leaves, fresh food, and not enough salt. If you live in a hot place and exercise heaps, then you need salt.'

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