

Heart, Lung and Circulation (2018) xx, 1–11
1443-9506/04/\$36.00
<https://doi.org/10.1016/j.hlc.2018.03.003>

An Overview of Indigenous Australian Disadvantage in Terms of Ischaemic Heart Disease

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Received 6 June 2017; received in revised form 18 October 2017; accepted 1 March 2018; online published-ahead-of-print xxx

Background

Indigenous Australians experience poorer health outcomes than non-Indigenous Australians and a significant life expectancy gap exists. Ischaemic heart disease (IHD) represents the leading specific cause of death in Indigenous Australians and is a significant, if not the most significant, contributor to the mortality gap. With this narrative review we aim to describe the burden of IHD within the Indigenous Australian community and explore the factors driving this disparity.

Methods

A broad search of the literature was undertaken utilising electronic search of the PubMed database along with national agency databases—the Australian Institute of Health and Welfare (AIHW) and the Australian Bureau of Statistics (ABS).

Results

A complex interplay between multiple factors contributes to the excess burden of IHD in the Indigenous Australian population:

- Socioeconomic/psychosocial disadvantage
- Excess 'traditional' risk factors for development of IHD
- Relatively high proportion of Indigenous Australians residing in rural and remote areas
- Inequitable access to relevant diagnostic and therapeutic procedures
- Increased morbidity and mortality in the longer term following revascularisation procedures

Conclusions

In terms of IHD, Indigenous Australians experience comparative disadvantage at multiple stages of the disease process. Ongoing efforts are needed to continue to inform clinicians of both this disadvantage and strategies to assist negating it. Further research is needed to develop evidence based practices which may help reduce this disparity in outcomes.

Keywords

Indigenous Health • Coronary disease • Cardiovascular risk factors • Rural Health

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Introduction

For the purpose of this review the term Indigenous Australians is used to encompass both Aboriginal Australians and/or Torres Strait Islander peoples.

Indigenous Australians experience poorer health outcomes than non-Indigenous Australians. Life expectancy at birth was estimated to be 69.1 years and 73.7 years for Indigenous Australian males and females respectively compared to 79.7 years and 83.1 years for non-Indigenous males and females born 2010–2012 [1]. This represents a life expectancy gap of 10.6 years for Indigenous Australian males and 9.4 years for Indigenous Australian females.

As calculated by the Australian Institute of Health and Welfare (AIHW) national mortality database, ischaemic heart disease (IHD) represents the leading specific cause of death in both Indigenous Australian males and females. Between 2008 and 2012, IHD was the specific underlying cause of death in 16.3% of Indigenous Australian male and 11.2% of Indigenous Australian female deaths (Figure 1) [2]. IHD is estimated to represent the greatest contributor to the disparity in life expectancy between Indigenous and non-Indigenous Australian males accounting for 18.8% of the mortality gap [2]. It also accounted for 9.5% of the mortality gap between Indigenous and non-Indigenous Australian females with diabetes accounting for 21.4% [2].

Within this narrative review we aim to explore the general disadvantage that Indigenous Australians face in regards to ischaemic heart disease. Factors potentially contributing to this disadvantage are discussed in detail.

Materials and Methods

A broad search of the literature was undertaken utilising an electronic search of the PubMed database along with national agency databases—the AIHW and the Australian Bureau of Statistics (ABS). Search terms utilised to identify all relevant

studies included ‘Indigenous’ or ‘Aboriginal’ or ‘Torres Strait Islander’ and ‘Australia’ combined with ‘ischaemic heart disease’ or ‘coronary artery disease’ or ‘coronary artery bypass grafting’ (CABG) or ‘percutaneous intervention’ (PCI). Following initial screening based on abstracts, the full texts of potentially relevant articles were obtained. The reference lists of all retrieved articles and documents were examined in order to identify additional potentially relevant studies for inclusion in this review.

Results

As detailed below, along with review of the burden of IHD within the Australian Indigenous community, drivers of this disadvantage were explored. Particular focus was placed upon series reporting on the cardiovascular risk profiles of Indigenous Australians, the influence of geographical remoteness and access to relevant diagnostic and therapeutic procedures. A brief summary of results of series reporting on coronary revascularisation in the Indigenous Australian population is also presented along with a review of data reporting on cardiac rehabilitation and secondary prevention strategies. Particular disadvantage in regards to Indigenous Australian females in terms of IHD is also discussed.

Burden of Ischaemic Heart Disease in the Australian Indigenous Community

Ischaemic heart disease remains the greatest single contributor to the fatal burden of disease in the general Australian population [3]. The 2003 burden of disease data reported by Vos and Colleagues also demonstrated this to have been the case in the Indigenous Australian population [4]. In this study, IHD was identified as the disease contributing most

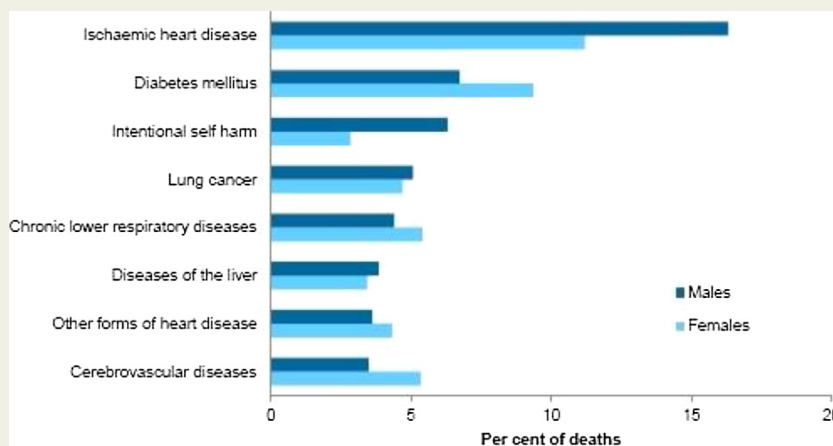


Figure 1 Leading specific causes of death, by sex, Indigenous Australians, NSW, Qld, WA, SA & NT combined, 2008–2012. Source: Australian Institute of Health and Welfare 2014. Mortality and life expectancy of Indigenous Australians: 2008 to 2012. Cat. no. IHW 140. Canberra:AIHW.

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