

**Surveillance of
cardiovascular mortality
in Australia
1985–1996**

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Surveillance of cardiovascular mortality in Australia 1985–1996

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Preface

Despite great improvements in death rates in recent decades, cardiovascular disease remains Australia's greatest health problem.

Cardiovascular disease kills almost 54,000 Australians each year, primarily as a result of ischaemic heart disease, cerebrovascular disease and peripheral vascular disease. Ischaemic heart disease and cerebrovascular disease alone claim a life every 12 minutes. The direct costs of health care, which include hospital, nursing home, medical and pharmaceutical costs, amounted to \$3.7 billion in 1993–94. Of particular concern are the demand on health resources for the invasive management of heart disease, and the heavy burden of disability due to stroke. Also, many Australians remain at higher risk of cardiovascular disease through cigarette smoking, high blood pressure, high blood cholesterol, overweight and insufficient physical activity.

For reasons such as these, Australian Health Ministers made cardiovascular health one of five National Health Priority Areas (the others are cancer control, injury prevention and control, mental health and diabetes mellitus). The Commonwealth Department of Health and Family Services also funded the Australian Institute of Health and Welfare to establish a national system to monitor cardiovascular disease, its risk factors and management. The system was set up in 1996 and comprises a National Centre for Monitoring Cardiovascular Disease (based at the Institute), an Advisory Committee and a number of collaborative projects with other centres.

This report on cardiovascular disease mortality, prepared within the National Centre, addresses one of the important functions of the monitoring system: to monitor and report on trends and differentials in cardiovascular mortality. It is the sixth in the Institute's Cardiovascular Disease Series. Patterns and trends in cardiovascular disease mortality among Aboriginal and Torres Strait Islanders and urban, rural and remote areas have been included for the first time in this series, in addition to national and State and Territory data.

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The invaluable assistance of other colleagues within the Institute is also gratefully acknowledged, particularly that of Dr Stan Bennett, Head of the National Centre for Monitoring Cardiovascular Disease, who originally designed the mortality surveillance system and critically reviewed draft versions of this report. Other staff from the National Centre are also acknowledged for their constructive comments and editorial suggestions, in particular Melinda Petrie.

Summary

This report on surveillance of cardiovascular disease mortality, prepared within the National Centre for Monitoring Cardiovascular Disease, addresses one of the important functions of the monitoring system: to monitor and report on trends and differentials in cardiovascular mortality. It provides a detailed statistical profile of patterns and trends in cardiovascular disease mortality for Australia, each State and Territory, Indigenous and non-Indigenous people and people living in urban, rural and remote areas of Australia. The main findings of the report are:

Australia

Cardiovascular disease continues to be the leading cause of death in Australia, although death rates are falling in all ages for males and females.

- In 1996, cardiovascular disease accounted for 53,990 deaths or 42% of all deaths among Australians.
- Cardiovascular mortality has been declining over recent decades, with current annual rates of decline at 3.7% for males and 3.6% for females, over the period 1985–1996. The decline in cardiovascular mortality is more rapid than that for total mortality.
- Death rates from cardiovascular disease are declining in all age groups, but the decline is most rapid in the 45–59 age group (over 6% per year).
- Ischaemic heart disease remains the major cardiovascular cause of death (55% of such deaths), and is declining at a rate of 4% per year for males and 3.6% for females.
- If current trends continue, Australian death rates for premature mortality (25–74 years) from ischaemic heart disease will be very close to national targets for the year 2000.

States and Territories

Age-standardised death rates for cardiovascular disease vary between States and Territories within 20% of the national average. Death rates are falling in all States and Territories but more slowly in the Northern Territory. This slower rate of decline is attributed to the large proportion of Indigenous people in the Territory, among whom rates of decline in the 25–64 age group are considerably lower.

- Cardiovascular disease death rates are higher than the national average in the Northern Territory (20% higher in males and 15% higher in females) and in Tasmania (12% and 10%). Rates are lower than the national average in the Australian Capital Territory (8% lower in males) and Western Australia (6% in males and 7% in females).
- Rates of decline for cardiovascular disease are generally around 3% per year or more except for the Northern Territory where rates of decline are slower.
- Death rates for ischaemic heart disease are highest in Tasmania (9% higher than the national average for males and 5% for females) and Queensland (5% and 7% respectively). Death rates in the Northern Territory and the Australian Capital Territory are about 10% below the national average. Again, rates of decline are slower in the Northern Territory.
- Death rates from cerebrovascular disease are highest in the Northern Territory and Tasmania, and are declining in every State and Territory, except the Northern Territory, where mortality rates are increasing for males and females.

Indigenous people and other Australians

Indigenous people clearly experience greater death rates for cardiovascular disease than other Australians, but female death rates are falling in both populations.

- Cardiovascular disease death rates are six times higher for Indigenous males and nine times higher for Indigenous females for the 25–64 age group, compared with other Australians.
- The greatest difference in cardiovascular disease death rates between the Indigenous and non-Indigenous populations occurs in the younger age groups.
- Among the Indigenous population, cardiovascular mortality is declining at the rate of 5.2% for females over the period 1991–1996, while for males there is no change.



Urban, rural and remote areas

There have been no marked differentials in cardiovascular mortality between people living in the urban, rural and remote areas of Australia.

- Death rates from cardiovascular disease are slightly higher in rural and remote areas for males but not for females.
- Declines in cardiovascular mortality between 1986 and 1996 are comparable for urban, rural and remote areas.