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# **Medicines for cardiovascular health: are they used appropriately?**

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Please note that as with all statistical reports there is the potential for minor revisions of data in this report over its life. Please refer to the online version at <[www.aihw.gov.au](http://www.aihw.gov.au)>.

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# Key points

This report draws on a range of sources to present national information on the use of medicines to prevent and treat heart, stroke and vascular disease (cardiovascular disease). It covers trends in prescription and supply of these medicines, patterns of supply by geographic area and patient socioeconomic level, whether patients take medicines as intended, adverse events associated with these medicines, initiatives to improve the quality of use of medicines and government expenditure on cardiovascular medicines.

## Encouraging news

- Increasing use of 'best practice' is suggested by steady rises between 2000 and 2006 of prescriptions for the following:
  - cholesterol-lowering agents (statins) in coronary heart disease and diabetes
  - certain blood-pressure-lowering medicines (agents acting on the renin-angiotensin system) in hypertension and diabetes
  - clot-preventing medicines in coronary heart disease
  - beta-blocking agents in heart failure.
- People in the most socioeconomically disadvantaged group, who are at greater risk of cardiovascular disease, were dispensed cholesterol-lowering agents (statins) and some clot-preventing medicines at a higher rate than those in the least disadvantaged group.

## Concerns

- Many people stop taking medicines that should be taken long-term to prevent or treat cardiovascular disease.
- Compared with those in major cities, people in rural and remote areas have higher death rates from cardiovascular disease, but are dispensed these medicines at:
  - half the rate in rural areas
  - about one-thirtieth the rate or less in remote areas.
- Adverse effects of these medicines were associated with 301 deaths and almost 28,500 hospitalisations in 2004.

## More work needs to be done

- Some improvements were small and treatment gaps remain in coronary heart disease, stroke, heart failure and hypertension.
- The best data sources available are inadequate to fully assess whether medicines are used appropriately. The capacity to link health records to track information on individuals within and between datasets would support analysis of quality use of medicines and enhance patient safety.

