

Aboriginal and Torres Strait Islander people with coronary heart disease

Further perspectives on health status and treatment

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Aboriginal and Torres Strait Islander people with coronary heart disease

Further perspectives on health status and treatment

**Sushma Mathur
Lynelle Moon
and
Sharon Leigh**

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Penny Allbon

Any enquiries about or comments on this publication should be directed to:

Sushma Mathur

Australian Institute of Health and Welfare

GPO Box 570

Canberra ACT 2601

Phone: (02) 6244 1067

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Summary

The issues

It is well known that Aboriginal and Torres Strait Islander people have much higher death rates from 'major coronary events' (often known as heart attacks) than other Australians. But what has not been known is whether this is because they: are much more likely to have a heart attack in the first place; have much lower survival; are more complex cases; or receive less treatment – or some combination of these and other factors.

The study

This study used 2002–2003 hospital and mortality records to examine some of these questions for Indigenous Australians. Data were considered adequate for inclusion in the analysis from Queensland, Western Australia, South Australia and the Northern Territory. The study is the first of this scale to take aspects of Indigenous case complexity into account and to measure Indigenous hospital procedure rates in terms of need.

The findings

The study found that, compared with other Australians, Aboriginal and Torres Strait Islander people were considerably more likely to suffer a heart attack, to die from it without being admitted to hospital, and to die from it if admitted to hospital. In hospital they were less likely to receive key medical investigations or common procedures such as coronary bypass surgery or angioplasty.

It was also found that Indigenous Australians admitted to hospital for coronary heart disease (CHD) were more complex cases, but this does not appear to account for differences in procedure rates.

Specifically, compared with other Australians, Indigenous Australians had:

- 3 times the rate of major coronary events such as heart attack
- 1.4 times the out-of-hospital death rate from CHD.

and when in hospital:

- more than twice the in-hospital CHD death rate
- a 40% lower rate of being investigated by angiography
- a 40% lower rate of coronary angioplasty or stent procedures
- a 20% lower rate of coronary bypass surgery.

The study also outlines some limitations in its underlying data and some other possible reasons for the findings that could not be explored in this report.

The message

Even allowing for the study's limitations, the disparities it found still show a strong pattern that expands the picture of Indigenous disadvantage and poor health. They make a compelling case that ways must be found to eliminate the disparities.

