

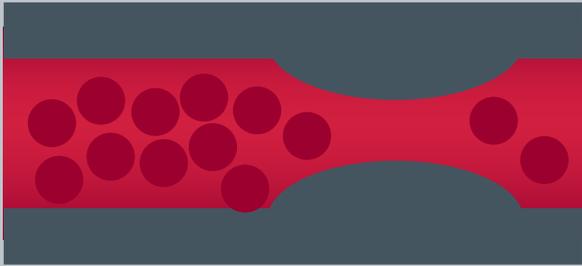


CODE RED:

Overturning Australia's
cholesterol complacency

THIS REPORT CONTAINS

*New data to paint a picture of
Australia's silent cholesterol burden*



CARDIOVASCULAR DISEASE HAS NOT BEEN SOLVED. ONE OFTEN NEGLECTED **RISK FACTOR IS ELEVATED CHOLESTEROL**



IN 2017, LOST PRODUCTIVITY DUE TO DEATHS OF WORKING-AGE AUSSIES FROM CONSEQUENCES OF HIGH CHOLESTEROL WAS ESTIMATED AT

\$1.55 BILLION



NEW DATA SHOWS THAT NEARLY ONE IN TWO HIGH-RISK PEOPLE WHO HAVE HAD A CARDIOVASCULAR EVENT MAY NOT MEET THE RECOMMENDED TARGET FOR **LDL-C OR 'BAD' CHOLESTEROL**



56%

OF WOMEN WHO HAVE HAD A CARDIOVASCULAR EVENT ARE NOT BEING OPTIMALLY MANAGED FOR LDL-C OR 'BAD' CHOLESTEROL. THIS COMPARES TO 42% OF MEN.



WHEN IT COMES TO CHOLESTEROL WE NEED GREATER EDUCATION FOR CLINICIANS AND PATIENTS ABOUT THE IMPORTANCE OF TREATING HIGH-RISK PEOPLE TO TARGET



THROUGH OPTIMAL CHOLESTEROL MANAGEMENT

3,738

LIVES COULD BE SAVED



13,742

CARDIOVASCULAR EVENTS PREVENTED

\$66.6m

SAVED IN HEALTHCARE COSTS OVER THE NEXT FIVE YEARS



FIRST NEW CHOLESTEROL DATA IN A DECADE EXAMINING AUSTRALIAN ADULTS MOST AT RISK OF CARDIOVASCULAR DISEASE SHOWS **WE ARE FAILING MANY OF THESE PEOPLE**

Executive summary

Cardiovascular disease has not been solved.

The shadow of cardiovascular disease (CVD) continues to be troublesome for Australia despite survival rates from CVD improving over the past 50 years due to new devices, medical procedures and effective drug discovery. Death rates have also declined. Whilst this is good news, CVD remains our biggest killer and the most expensive disease group to treat.

In Australia, more than one in four deaths in 2017 was due to CVD, which claims the life of one Australian every 12 minutes. CVD affects one in six Australians or 4.2 million people, and its impact is far reaching.

One risk factor for CVD is elevated cholesterol. Many of us are aware of it, particularly given the impact of medicines such as statins in the past few decades. But while we are familiar with the topic, community knowledge about cholesterol and optimal management could be improved.

Managing high cholesterol, which includes healthy eating and lifestyle modification, medications, general practice attendances, cholesterol testing and attributable hospital admissions, is already costing the Australian community \$1.5 billion in direct healthcare costs each and every year.

Difficulties in controlling elevated cholesterol occur in the context of a challenging backdrop of more Australians living with heart disease than ever before. This means more people are living with disability and their risk of further cardiovascular events, such as another heart attack or stroke, is significantly higher. Effective management of these high-risk Australians is essential.

That is why we have focussed this report on the magnitude of elevated cholesterol in high-risk 'secondary prevention' patients with prior CVD. We also know that elevated LDL cholesterol levels (LDL-C) or 'bad' cholesterol levels are a major risk factor for the occurrence of significant cardiovascular events.

For the first time in nearly a decade, the *Code Red* report provides new data highlighting the potential extent of the cholesterol problem amongst high-risk patients in Australia.

This report, which is based on the examination of MedicineInsight data of more than 107,000 patients with prior CVD attending general practice over a 10-year period from 2010, shows that 79% of secondary prevention patients had a prescription recorded for recommended

lipid-lowering therapy. Of the 85,352 patients who were prescribed recommended treatment, 40% or 33,857 had a result recorded that did not meet the recommended target for LDL-C or 'bad' cholesterol.

There were also likely gender differences, with women recording higher levels of LDL-C or 'bad' cholesterol than men. LDL-C levels were consistently above Australian guidelines over time and 56% of women had a record of not meeting the recommended target, compared to 42% of men.

Importantly, the report reveals that more than 3,738 lives could be saved, over 13,740 CVD events like heart attacks and strokes prevented, and \$66.6 million could be saved in healthcare costs over the next five years through optimal cholesterol management.

With the availability of effective therapeutics and cholesterol management guidelines to implement them, significant potential for optimising cholesterol management has been identified in individuals with prior CVD.

This should be cause to take action. The *Code Red* report clearly identifies the critical and timely opportunity to invest in greater awareness and support for cholesterol management in high-risk patients.

baker.edu.au

Melbourne

75 Commercial Road
Melbourne
Vic 3004 Australia

T +61 3 8532 1111
F +61 3 8532 1100

PO Box 6492 Melbourne
Vic 3004 Australia

Alice Springs

W&E Rubuntja Research and
Medical Education Building
Alice Springs Hospital Campus
Gap Road, Alice Springs
NT 0870 Australia

T +61 8 8959 0111
F +61 8 8952 1557

PO Box 1294, Alice Springs
NT 0871 Australia



Amgen Australia Pty Ltd provided funding for this research and procured the services of VentureWise Pty Ltd, who contracted Baker Heart and Diabetes Institute to produce this Report. VentureWise is an independently run, wholly owned commercial subsidiary of NPS MedicineWise. None of these companies were involved in the design, analysis or interpretation of the data but they were given the opportunity to review this Report prior to it being placed in the public domain.