

CVD in Australian Indigenous adolescents: A large burden of risks, an early onset of disease, and excess preventable mortality

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Background: Cardiovascular disease (CVD) is a leading cause of the excess mortality and morbidity experienced by many Indigenous populations. However, CVD measurement and health system response has typically been focused on adults and little is known about the burden among adolescents. Understanding CVD during this developmental stage provides opportunities to improve the health of young people now, to modify trajectories across the life-course, and mitigate inter-generational transmission of risk.

Aim: To profile CVD risks and outcomes in Indigenous Australian adolescents.

Method: A comprehensive reporting framework of sociocultural determinants, health risks and outcomes was defined that included indicators of CVD risk, disease outcomes and mortality.¹ Indicators were populated using available survey and administrative data, disaggregated by Indigenous status, age, gender and remoteness.

Findings: Indigenous adolescents are at excess risk of components of the metabolic syndrome. 0.7% of Indigenous adolescents in Australia report a history of rheumatic heart disease (>100 times the rate of non-Indigenous adolescents), Indigenous adolescents also 3 times more likely to be hospitalised with ischaemic heart disease and 6 times so with endocarditis than their non-Indigenous peers. There is also excess mortality from CVD in young people, with rates of death due to rheumatic heart disease 40 times that of non-Indigenous adolescents, and ischaemic heart disease 5 times so.

Implications: The excess burden of risk, disease outcomes and preventable mortality underscores the urgent need to bring a focus to adolescents in national CVD responses.

1. Azzopardi PS,..., Brown AD. Health and wellbeing of Indigenous adolescents in Australia: a systematic synthesis of population data. *Lancet* 2018; **391**(10122): 766-82.