



HEART HEALTH CHECK

Dr Katherine Kearney

PRESENTATION OUTLINE

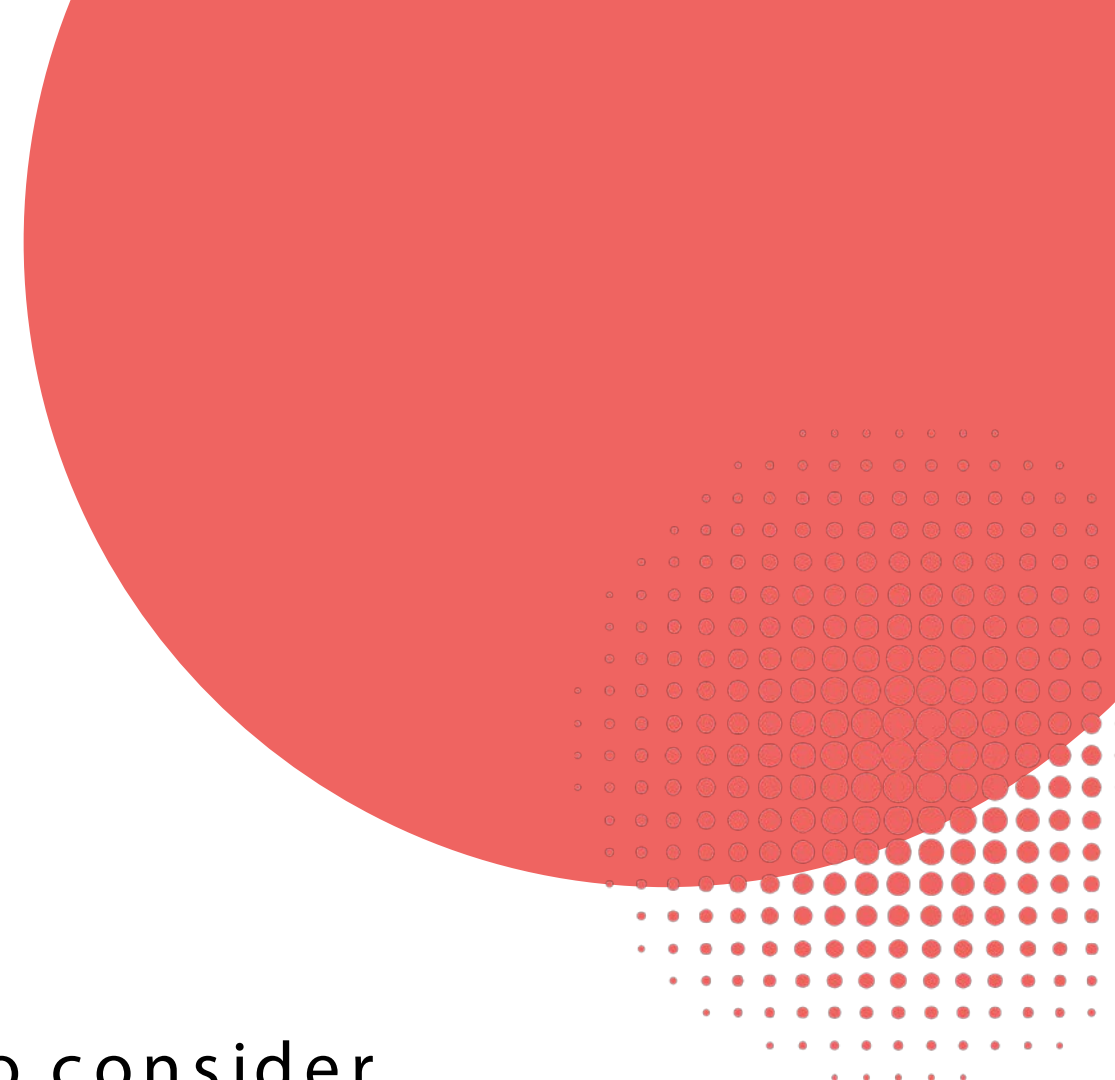
01 What is a HHC

02 Who needs a HHC

03 What to order in a HHC

04 Interventions to consider

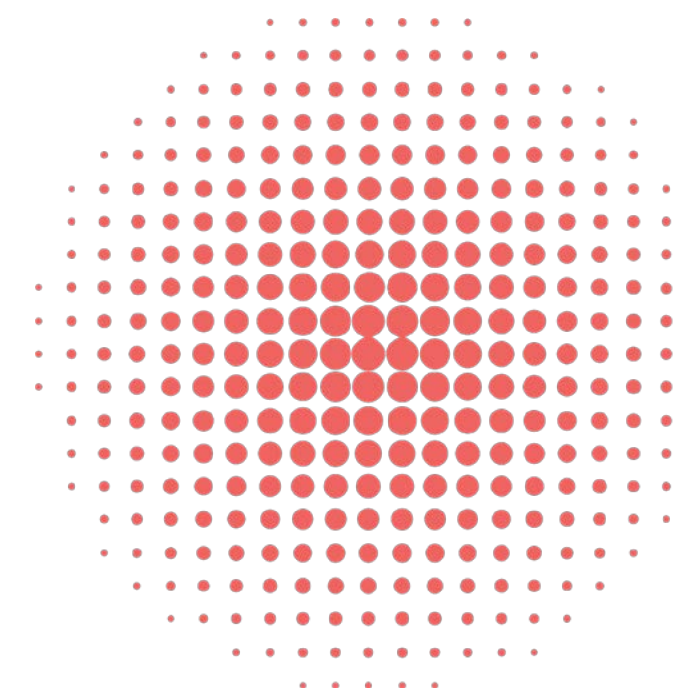
05 When to refer



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WHAT IS A HEART HEALTH CHECK

A Heart Health Check is a comprehensive CVD risk assessment and ongoing management plan for people who have not previously been diagnosed with CVD



WHY ASSESS CVD RISK

Absolute cardiovascular disease (CVD) risk assessment brings together multiple risk factors to give an estimate of combined risk of heart attack or stroke in the next five years.

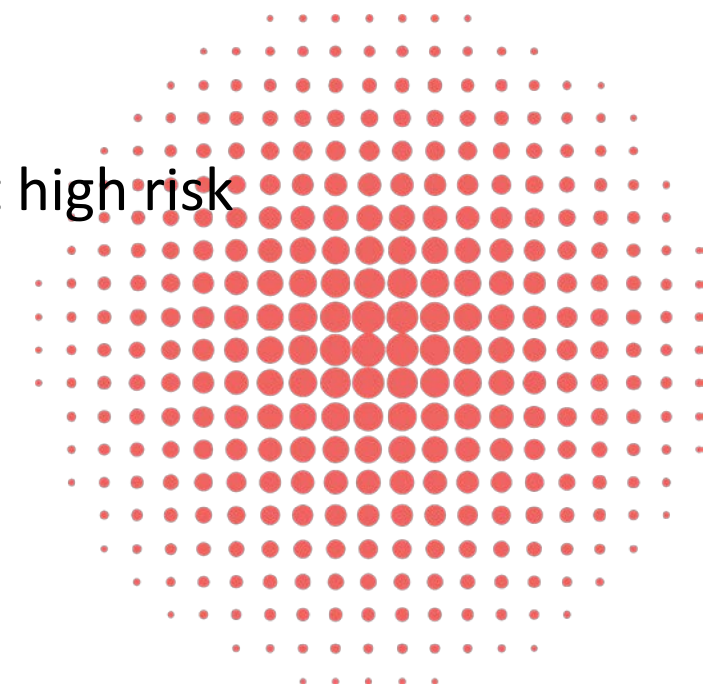
The burden of CVD remains high. CVD in Australia:

- causes one in four of all deaths
- claims the life of one person every 13 minutes
- accounts for 1,600 hospitalisations per day.

Two-thirds of Australian adults are living with at least three CVD risk factors, such as elevated blood pressure, cholesterol and diabetes.

It is estimated that one-fifth of Australian adults aged 45 to 74 years – or 1.4 million people – are at high risk of having a heart attack or stroke in the next five years.

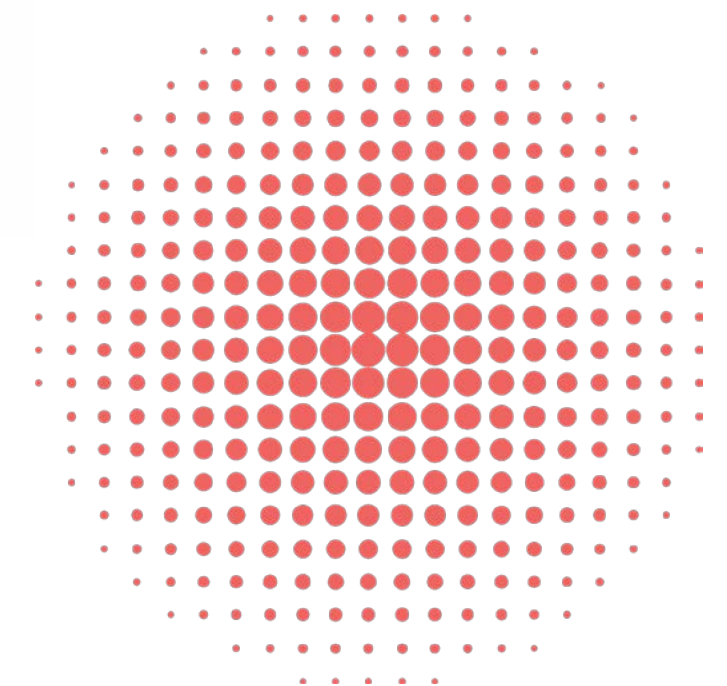
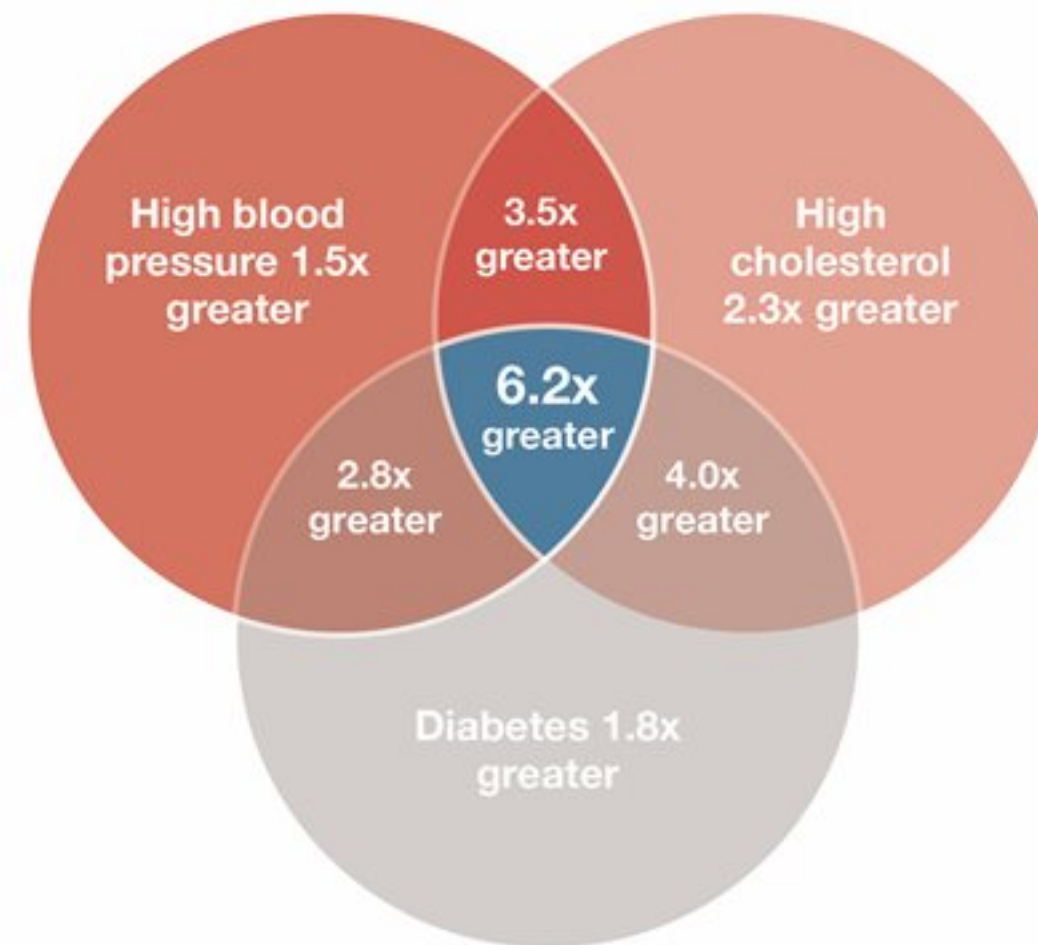
Modifiable CVD risk factors such as those mentioned above account for 90% of risk of heart attack, reinforcing the fact that CVD is largely preventable.



THE ABSOLUTE CVD RISK APPROACH

Absolute CVD risk takes an integrated approach. It brings together multiple cardiovascular risk factors to give an estimate of the combined risk of experiencing a heart attack or stroke in the next five years.

Creating even a moderate reduction in several risk factors is more effective in reducing overall CVD risk than a major reduction in a single risk factor alone.



WHO IS ELIGIBLE

- Adults, not already known to have CVD, aged 45 and over
- Aboriginal and Torres Strait Islander people, not already known to have CVD, aged 30 and over

*not had another health assessment in the last 12 months e.g. MBS items 701, 703, 705, 707 or 715.

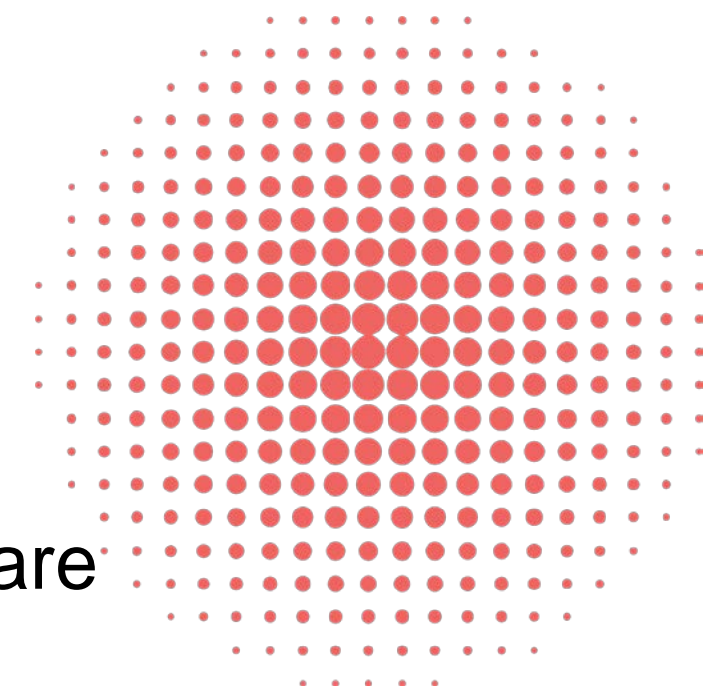


WHAT IS A HEART HEALTH CHECK?

Risk assessment

- Blood pressure
- Smoking status
- Cholesterol
- Diabetes status
- Chronic kidney disease (CKD)
- Family history of CVD
- Alcohol intake

Absolute CVD risk must be calculated and recorded using the online calculator at cvdcheck.org.au OR via calculators built in to practice software



CVD RISK CALCULATOR

<https://www.cvdcheck.org.au/>

Enter patient information below

GENDER

| | |
|------------------------------|----------------------------|
| <input type="radio"/> Female | <input type="radio"/> Male |
|------------------------------|----------------------------|

AGE ?

Between 35 - 74 years

SYSTOLIC BLOOD PRESSURE

75 or more mmHg

SMOKING STATUS

Smoker is defined as currently smoking or quit within last year

| | |
|---------------------------|--------------------------|
| <input type="radio"/> Yes | <input type="radio"/> No |
|---------------------------|--------------------------|

TOTAL CHOLESTEROL

2 or more mmol/L

HDL CHOLESTEROL

Between 0.2 - 5 mmol/L

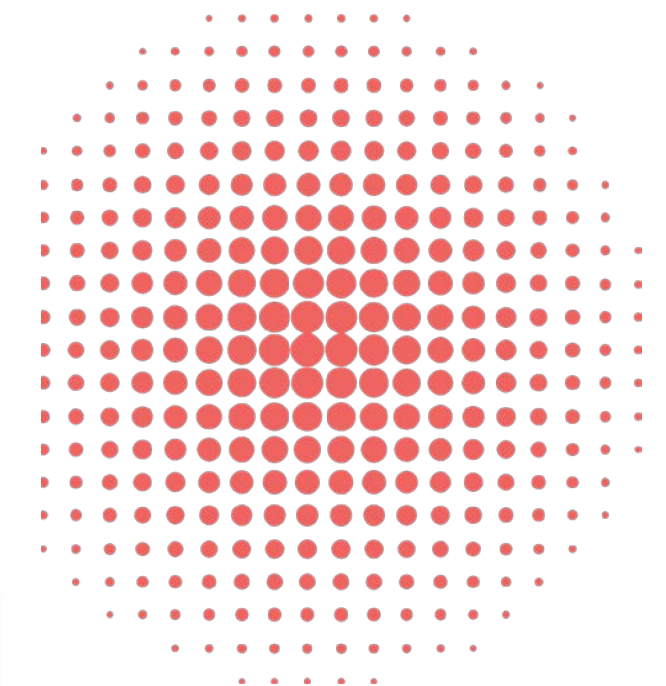
DIABETES

| | |
|---------------------------|--------------------------|
| <input type="radio"/> Yes | <input type="radio"/> No |
|---------------------------|--------------------------|

ECG LVH

| | | |
|---------------------------|--------------------------|-------------------------------|
| <input type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> Unknown |
|---------------------------|--------------------------|-------------------------------|

CALCULATE

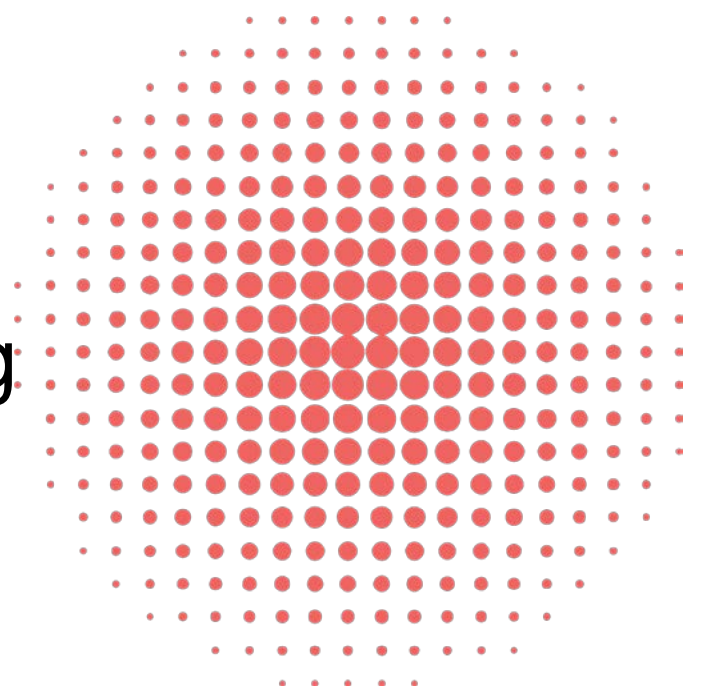


HYPERTENSION

- If clinic BP > 140/90mmHg, ambulatory BPM or home monitor recommended
- Clinic BP to be used in CVD risk scores

Treatment

- Lifestyle advice for all
- Low CVD risk (<10% 5 year risk), pharmacotherapy when BP > 160/100
- Moderate CVD risk (10-15% 5 year risk) , treat when BP > 140/90
- Target < 140/90mmHg unless very high risk, then SBP < 120mmHg
- ACEi, ARBs, calcium channel blockers and thiazide diuretics all firstline treatment

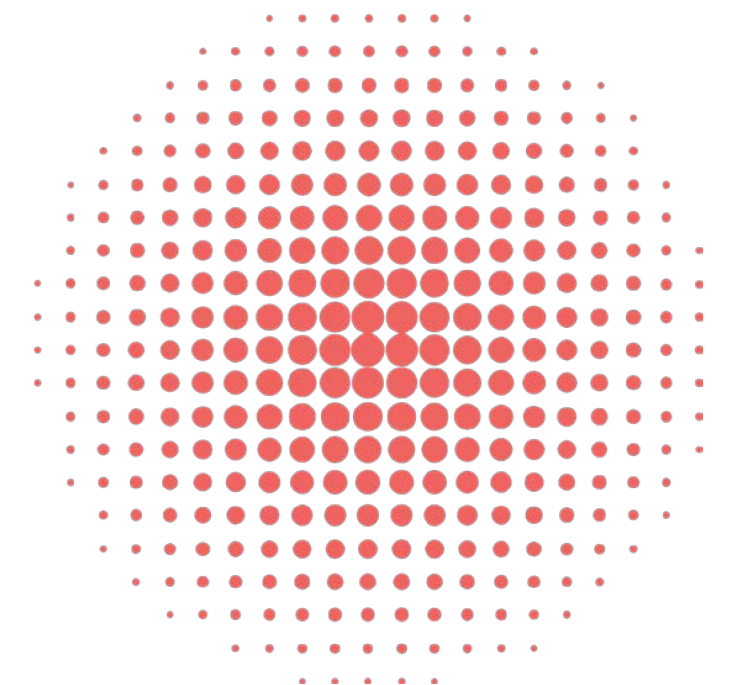


SMOKING CESSATION

- Ask about tobacco use
- Advise quitting
- Assess readiness to quit
- Assist smokers ready to quit
- Arrange follow-up

Treatment

- Combination behavioural and pharmacotherapy most effective
- First line: varenicline, NRT or bupropion



CHOLESTEROL

Low risk patients:

TC < 4.0, LDL < 2.0mmol/L

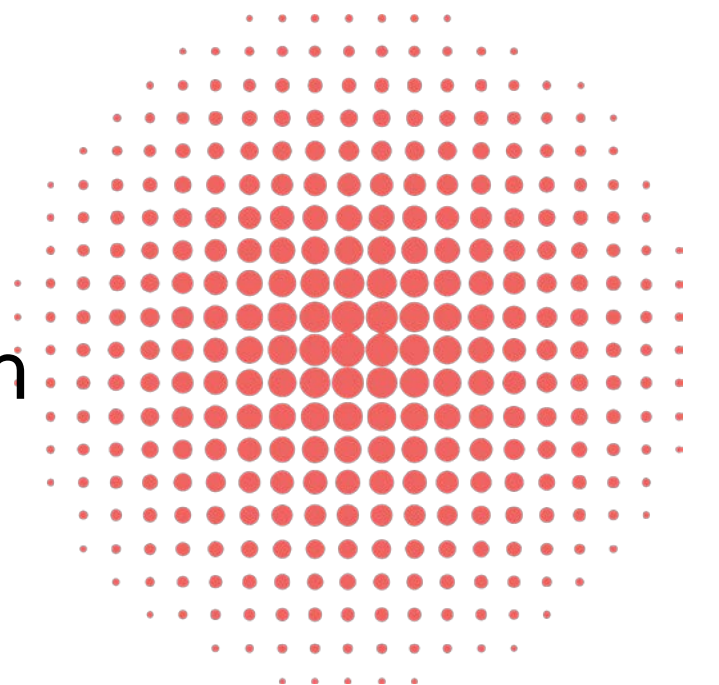
| | Magnitude of the effect | Level | Reference |
|---|-------------------------|----------|-----------|
| Lifestyle interventions to reduce TC and LDL-C levels | | | |
| Avoid dietary trans fats | ++ | A | 129,138 |
| Reduce dietary saturated fats | ++ | A | 129,139 |
| Increase dietary fibre | ++ | A | 140,141 |
| Use functional foods enriched with phytosterols | ++ | A | 140,143 |
| Use red yeast rice nutraceuticals | ++ | A | 144 – 146 |
| Reduce excessive body weight | ++ | A | 147,148 |
| Reduce dietary cholesterol | + | B | 149,150 |
| Increase habitual physical activity | + | B | 151 |
| Lifestyle interventions to reduce TG-rich lipoprotein levels | | | |
| Reduce excessive body weight | + | A | 147,148 |
| Reduce alcohol intake | +++ | A | 152,153 |
| Increase habitual physical activity | ++ | A | 151,154 |
| Reduce total amount of dietary carbohydrates | ++ | A | 147,155 |
| Use supplements of n-3 polyunsaturated fats | ++ | A | 156,157 |
| Reduce intake of mono- and disaccharides | ++ | B | 158,159 |
| Replace saturated fats with mono- or polyunsaturated fats | + | B | 129,137 |
| Lifestyle interventions to increase HDL-C levels | | | |
| Avoid dietary trans fats | ++ | A | 129,160 |
| Increase habitual physical activity | +++ | A | 151,161 |
| Reduce excessive body weight | ++ | A | 147,148 |
| Reduce dietary carbohydrates and replace them with unsaturated fats | ++ | A | 147,162 |
| Modest consumption in those who take alcohol may be continued | ++ | B | 153 |
| Quit smoking | + | B | 163 |

DIABETES STATUS

Screening

- Fasting plasma glucose ≥ 7.0 mmol/L was greater than 95 percent and the sensitivity was approximately 50 percent
- HbA1C ≥ 6.5 percent were reported as sensitivity 79 and specificity 44 percent

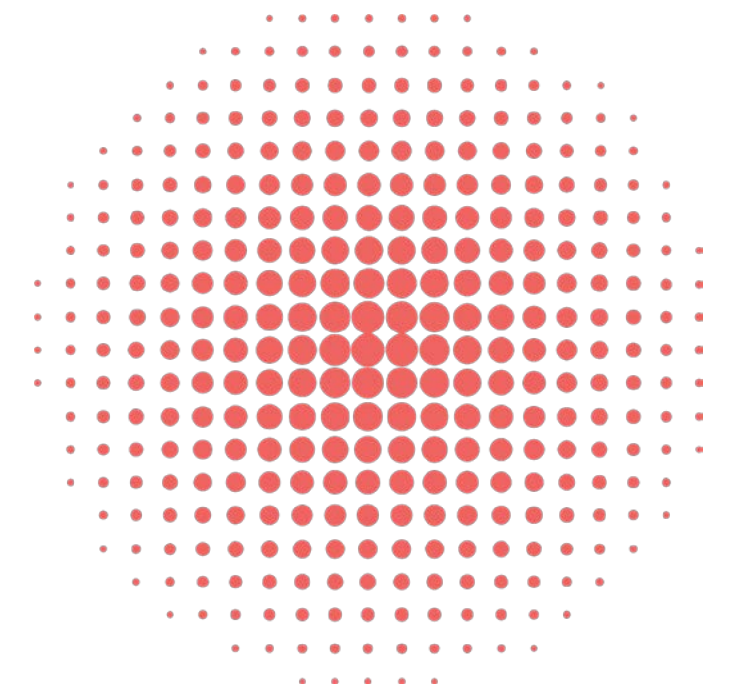
HbA1C more convenient, more standardised, strongly correlated with microvascular complications of diabetes. However more expensive, and may be falsely low in those with anaemia or recent blood loss/high RBC turnover



CHRONIC KIDNEY DISEASE

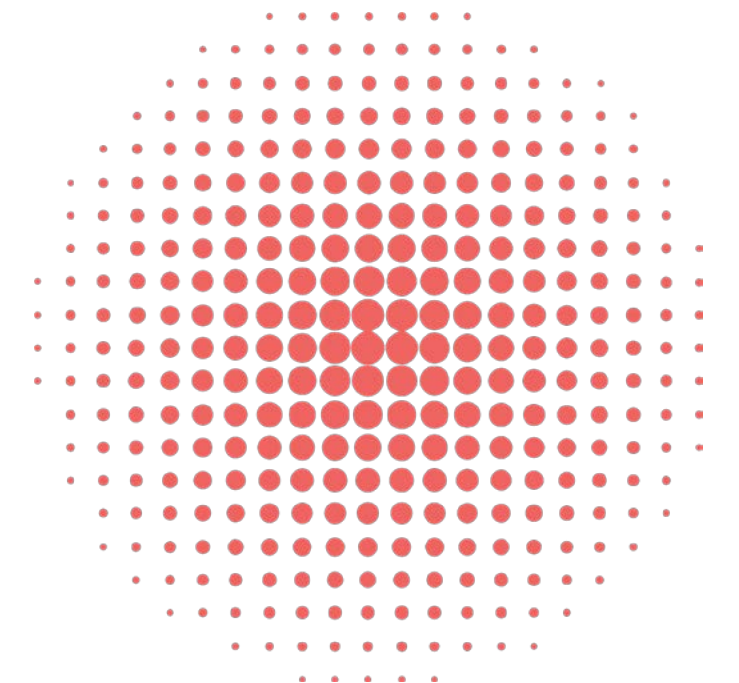
Screening

- Serum creatinine and eGFR (eGFR < 60ml/min)
- Urine albumin/creatinine ratio (ACR > 3.5)



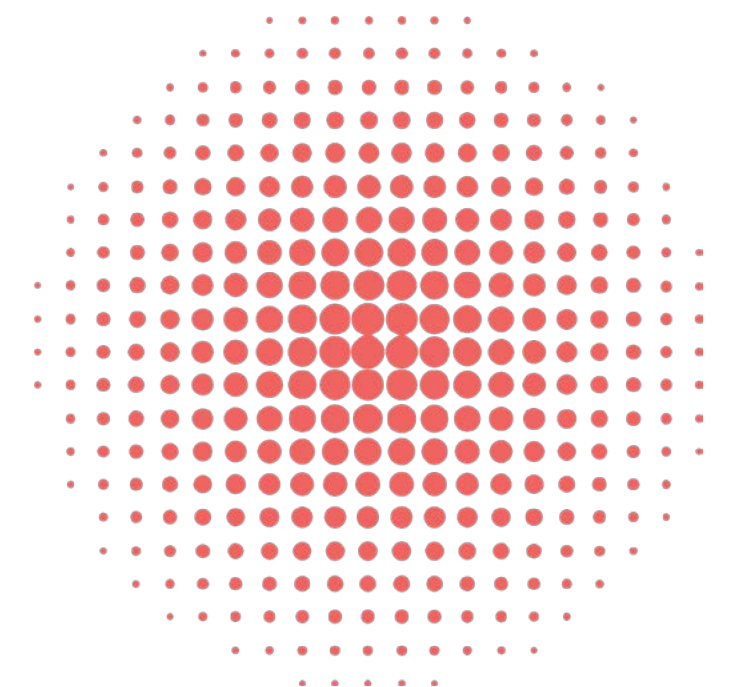
ALCOHOL INTAKE

- Otherwise healthy men and women should drink no more than 10 standard drinks a week and no more than 4 standard drinks on any one day



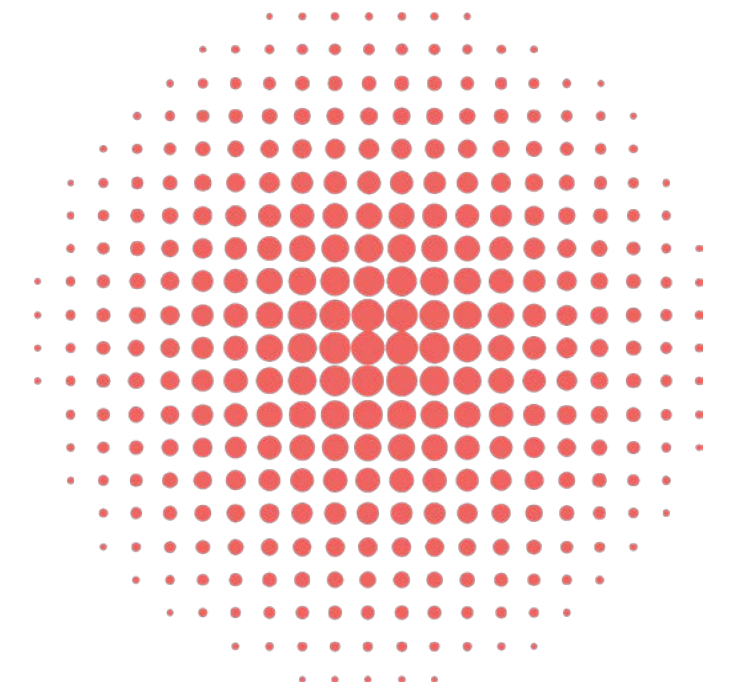
INTERVENTIONS

- Discuss risk and options for management with patient
- Provide lifestyle advice to address modifiable risk factors
- Recommend interventions and referrals to support lifestyle changes
- Initiate blood pressure and cholesterol lowering medication for high-risk patients where appropriate
- Implement a plan for ongoing management and assessment of CVD risk



FOLLOW UP

- Implement reminder system to recall patients where clinically necessary - 12 months unless implementing interventions
- Can be claimed once every 12 months, cannot be claimed with other health assessments e.g. items 701, 703, 705, 707 & 715





Search & recall

Identify eligible patients via systematic records search or opportunistically.



Collect CVD risk factor information

Clinical team (nurse or GP) records BP, smoking status, cholesterol, diabetes and CKD status, family history, alcohol intake and other lifestyle risk factors.



Complete risk assessment

GP uses cvdcheck.org.au or practice software.



Provide lifestyle advice and management plan

Clinical team (nurse or GP).



Recall and follow-up

Every 12 months or as clinically necessary to monitor risk factors and adherence to medications or other interventions.

REFERRAL PROGRAMS

Heart Foundation Walking

Information about networks of free community walking groups. All walks are led by volunteers. The location of the closest groups can be found by entering your postcode into the website, or by phone.

Website: <https://walking.heartfoundation.org.au/>

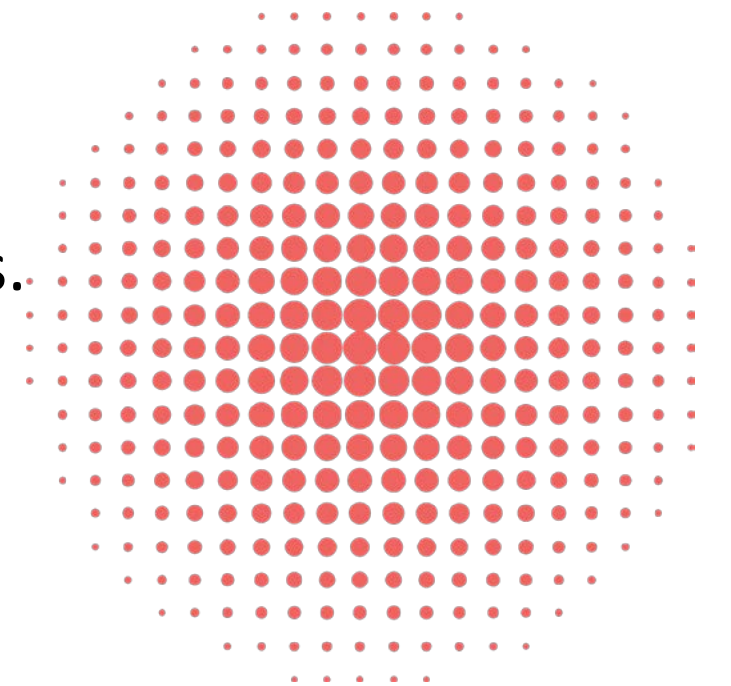
Phone: 13 11 12

Quitline

A confidential telephone information and support service to help patients quit smoking. Quitline counsellors provide tailored support to suit each patient's needs.

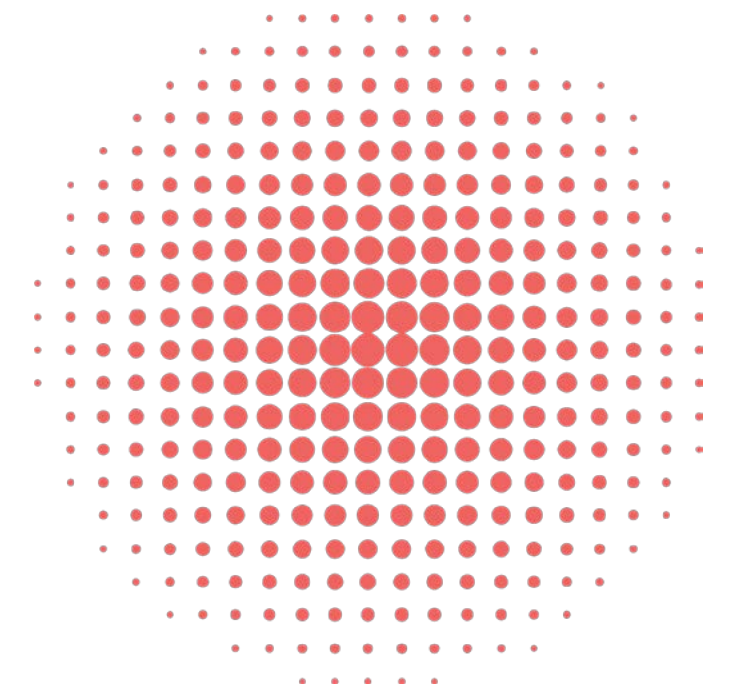
Website: <https://www.quit.org.au/>

Phone: 13 78 48



WHEN TO REFER

- Concerning symptoms
- Very high absolute CVD risk
- Difficult to achieve BP or cholesterol targets
- Doesn't seem right...



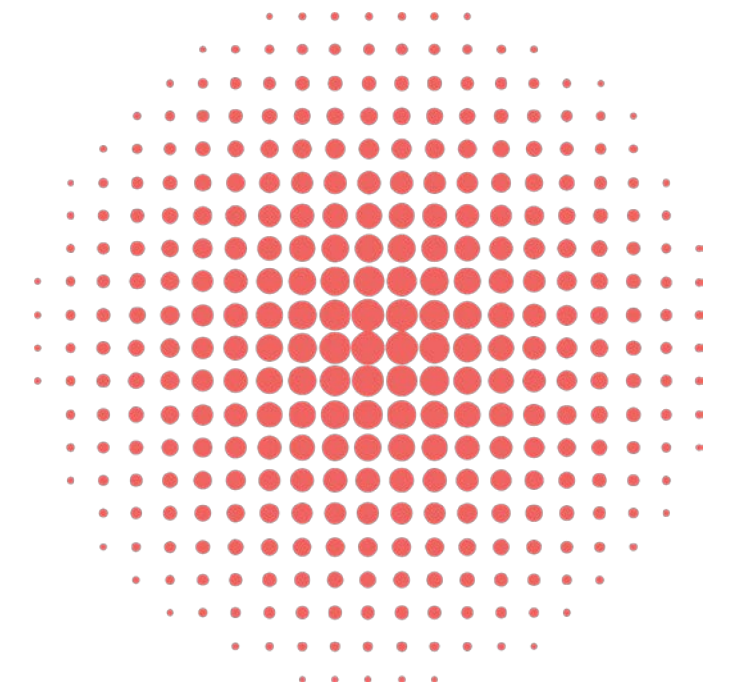
CALCIUM SCORING

Who benefits

- Asymptomatic patients > 40 with at least moderate CVD risk
 - Men with diabetes: 35 to 38 years
 - Women with diabetes: 49 to 52 years
 - Men without diabetes: 41 to 44 years
 - Women without diabetes: 56 to 60 years
- Borderline risk but strong family history

Who should be referred for CTCA or functional testing

- Symptomatic patients
- Very high CVD risk



CALCIUM SCORING

What to do with the result

- Calcium score = 0
 - Not indicated for statin for 5 years
- Calcium score > 1 but < 75th percentile
 - Shared decision making but functional testing and referral can help
- Calcium score > 75th percentile
 - Statin therapy, should have functional testing and referral

