The economic burden of high cholesterol

The economic burden of high cholesterol is comprised of two components: the economic burden associated with diseases caused by high cholesterol, and the economic burden directly caused by high cholesterol.

BURDEN OF DISEASE

Four percent of the total burden of disease in Australia in 2016 can be attributed to high cholesterol.[1] This burden is caused by just two diseases: (ischaemic) heart disease and ischaemic stroke.[2]

High cholesterol accounts for 51 percent of the burden associated with heart disease and 12 percent of the burden associated with ischaemic stroke. This means that 51 percent of the cost of heart disease, and 12 percent of the cost of ischaemic strokes, can be attributed to high cholesterol.

COST OF DISEASES ATTRIBUTABLE TO HIGH CHOLESTEROL

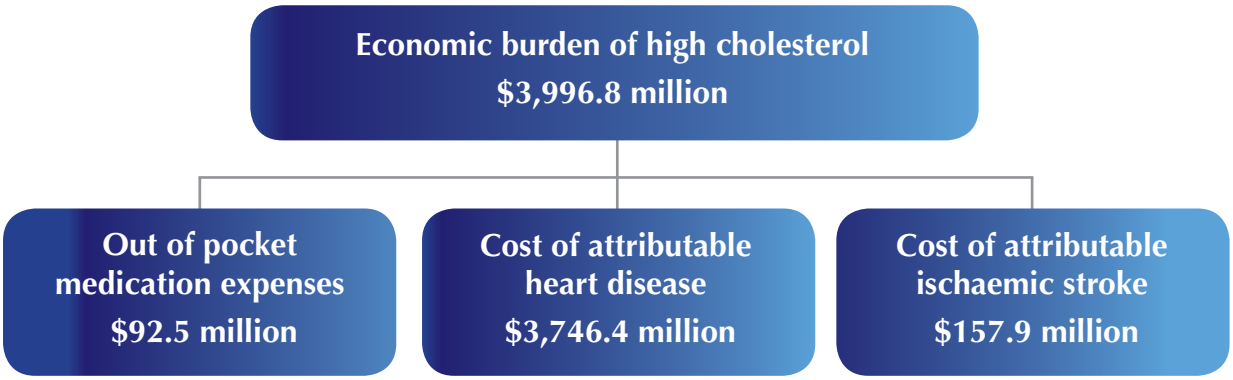
The economic burden, or cost of heart disease was an estimated $7,334.0 million in 2017-18, with a further $1,293.7 million in costs due to ischaemic stroke. This includes healthcare costs associated with these diseases, lost productivity due to premature deaths and absences from paid employment due to these diseases.

COST OF HIGH CHOLESTEROL

As there are no physical symptoms associated with high cholesterol the economic burden associated with the diagnosis and treatment of high cholesterol are the out of pocket expenses associated with lipid lowering medication, an estimated $92.5 million.

ECONOMIC BURDEN OF HIGH CHOLESTEROL

For 2017-18, the economic burden attributable to high cholesterol was $3,996.8 million. This includes $3,746.4 million due to heart disease, $157.9 million due to ischaemic stroke and $92.5 million in out of pocket expenses on cholesterol lowering medication.



[1] Heart Foundation calculations based on Global Burden of Disease 2016, *Global Burden of Disease Study 2016, Results*, Institute of Health Metrics and Evaluation (IHME), available from https://http://vizhub.healthdata.org/gbd-compare/

[2] Ischaemic stroke is a type of stroke which involves the blockage of a blood vessel. This compares to a haemorrhagic stroke, where there is a bleed in the brain. The latter is not attributed to hypercholesterolaemia.

The problem

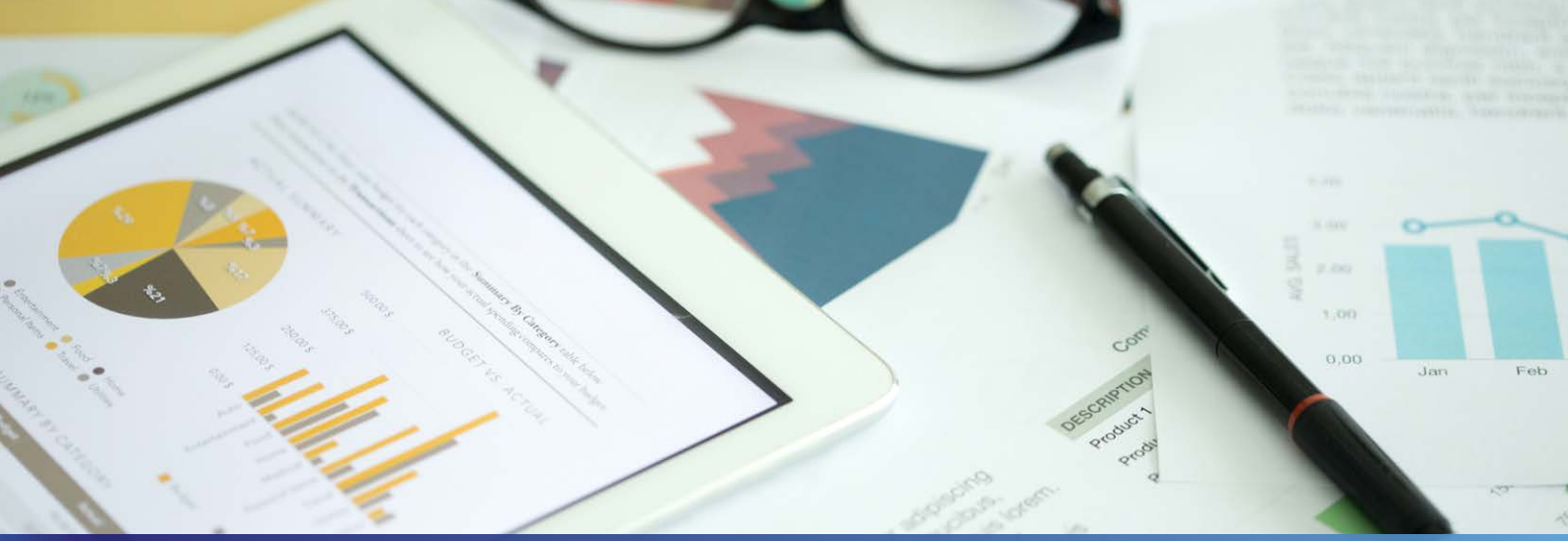
DETECT AND MANAGE THOSE AT RISK

More than 100,000 Australians have a heart attack or stroke each year, taking an immense social and economic toll on the community. And yet, much of this toll is avoidable if Australians at high risk are detected early and are then well-managed.

Disturbingly, over 1.4 million Australians aged 45 to 74 have a high-risk of a heart attack or stroke within the next five years, with most not receiving the recommended treatment for hypercholesterolaemia.

Thousands of heart attacks and strokes could be averted if people aged 45–74 had an absolute cardiovascular risk assessment (heart health check) and those at high risk had their risk factors well-managed according to existing guidelines.

Undertaking heart health checks and ensuring ongoing management of patients at high risk should be incorporated into the proposed Quality Improvement Incentive payment. A full heart health check allows therapy to be targeted to those who would most benefit. Not only is this good clinical practice, it makes sound economic sense.



Call to action

1. Establish a national target for population-wide absolute cardiovascular disease risk assessments, with the aim of having 90% or more of the eligible population assessed for risk within five years.
2. Provide financial support for Primary Health Networks to build capacity in general practice for undertaking risk assessments, for on-going management of those found to be at risk, and to support data collection.
3. Establish a new Medicare Benefits Schedule (MBS) item to support greater uptake of absolute cardiovascular disease risk assessment in general practice and to support on-going management of those found to be at risk.
4. Inclusion of absolute cardiovascular disease risk assessment in existing health assessment MBS items and the proposed Quality Improvement Incentive Payment.
5. Change MBS items, including chronic disease management plans, to support evidence-based, on-going management of those at risk of cardiovascular events, or those with existing cardiovascular disease.
6. Provide financial assistance to update the National Vascular Disease Prevention Alliance guidelines for the management of absolute cardiovascular disease risk.

National Heart Foundation of Australia. Economic Report into High Cholesterol (Summary): National Heart Foundation of Australia, 2018.

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