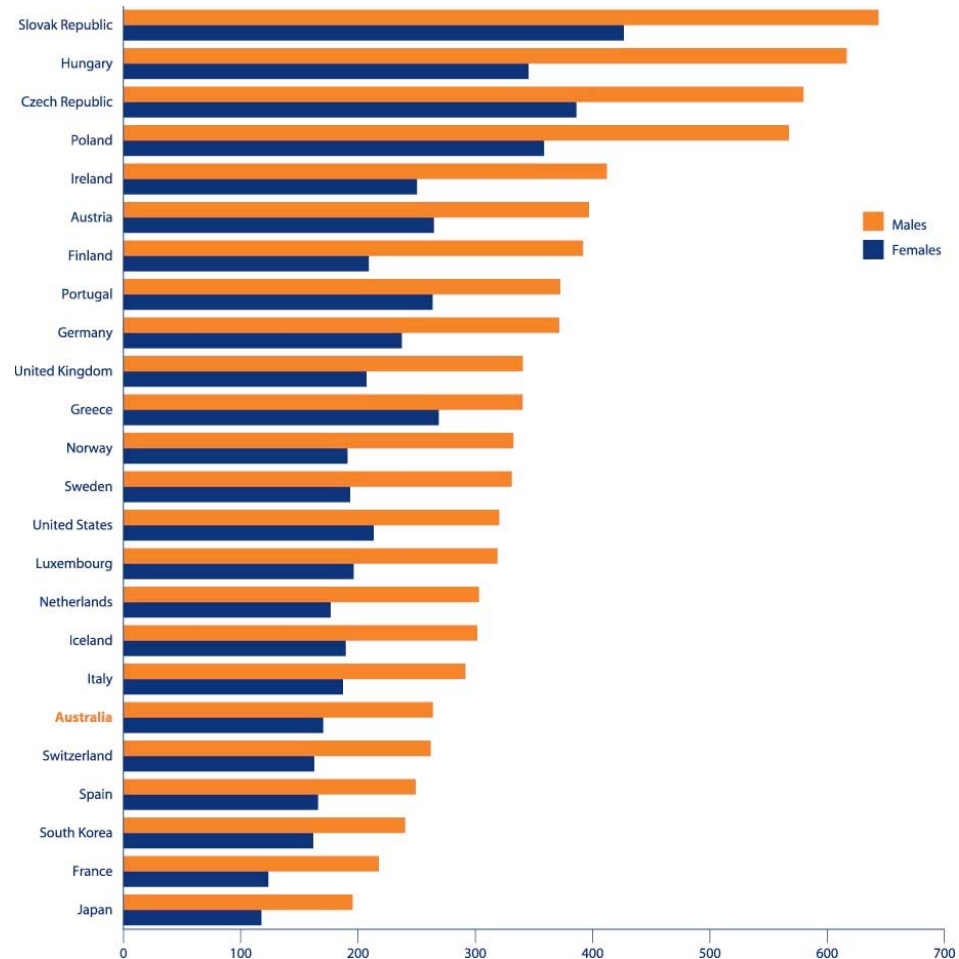


CVD and developing countries: any lessons from Australia?

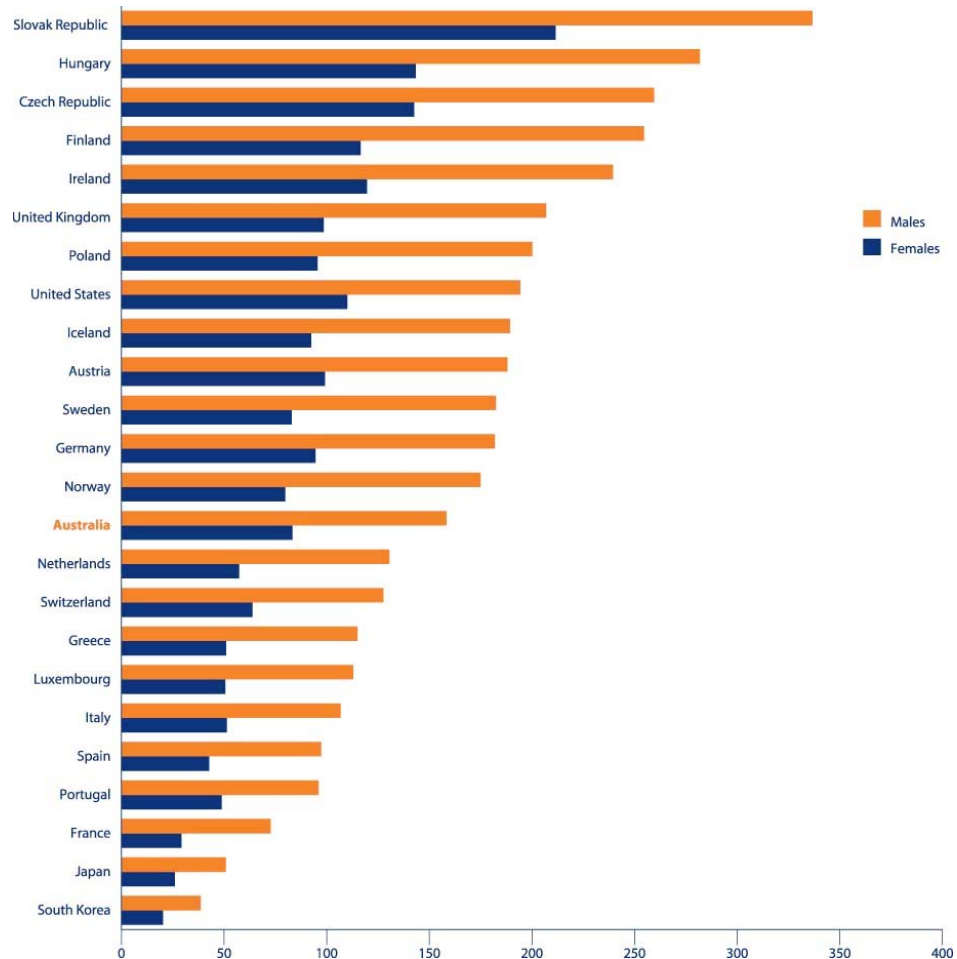
Paul Magnus

AIHW

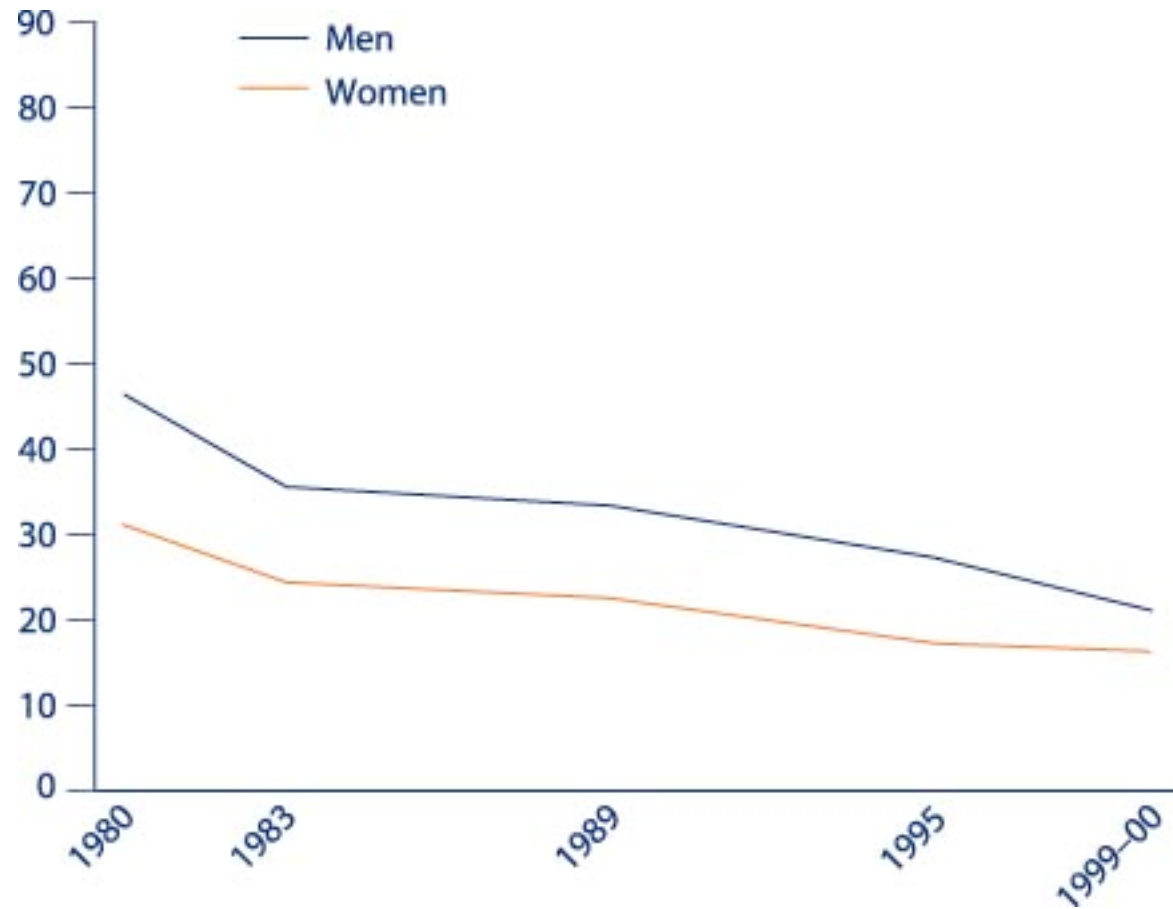
CVD death rates, selected countries, 1999



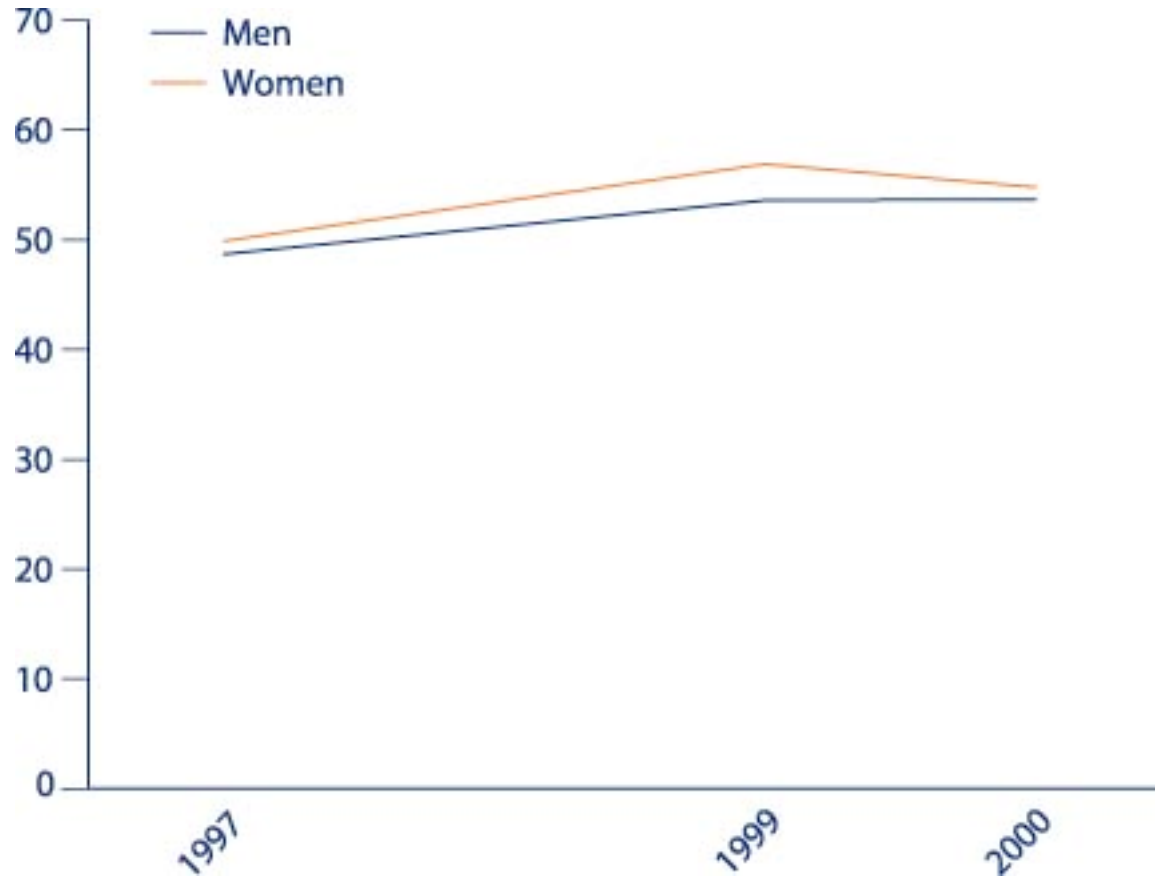
Coronary death rates, selected countries, 1999



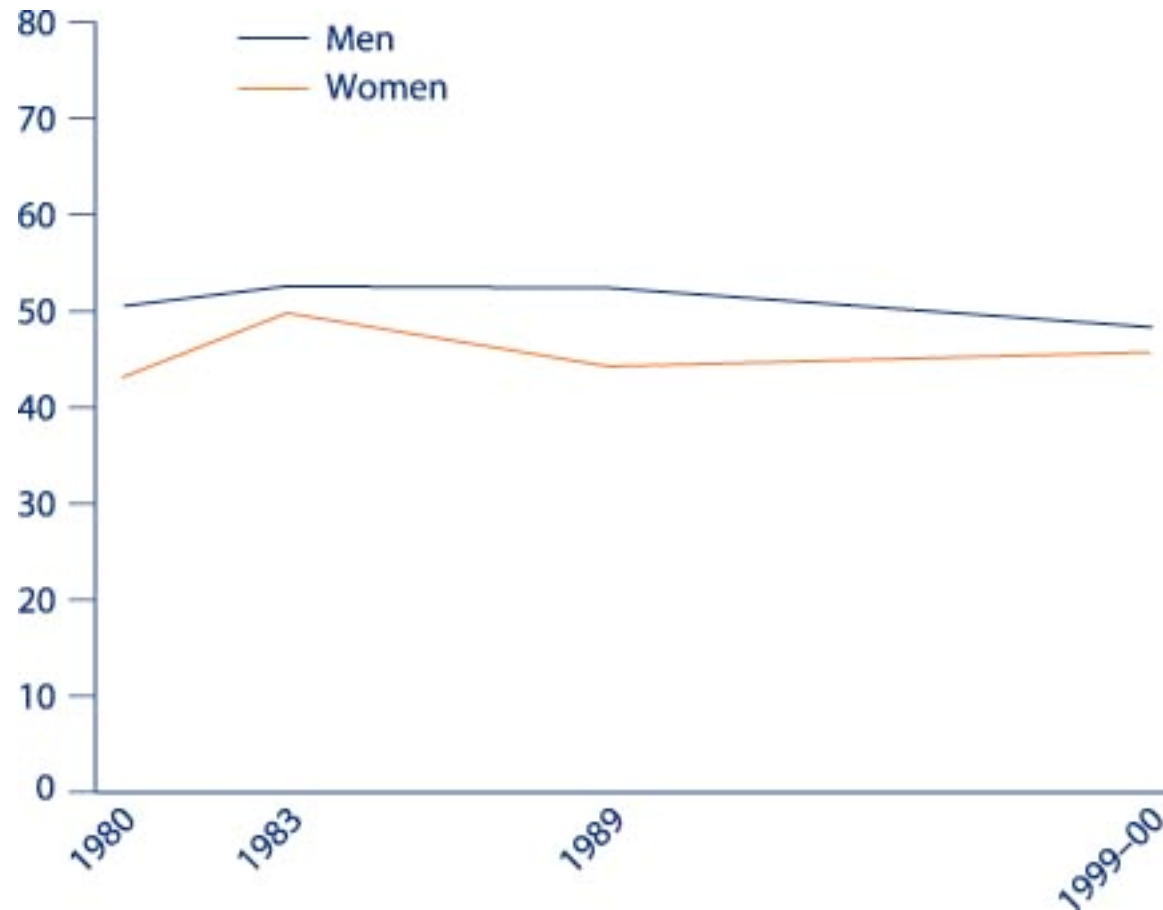
'High BP' (%), aged 25–64 1980–2000



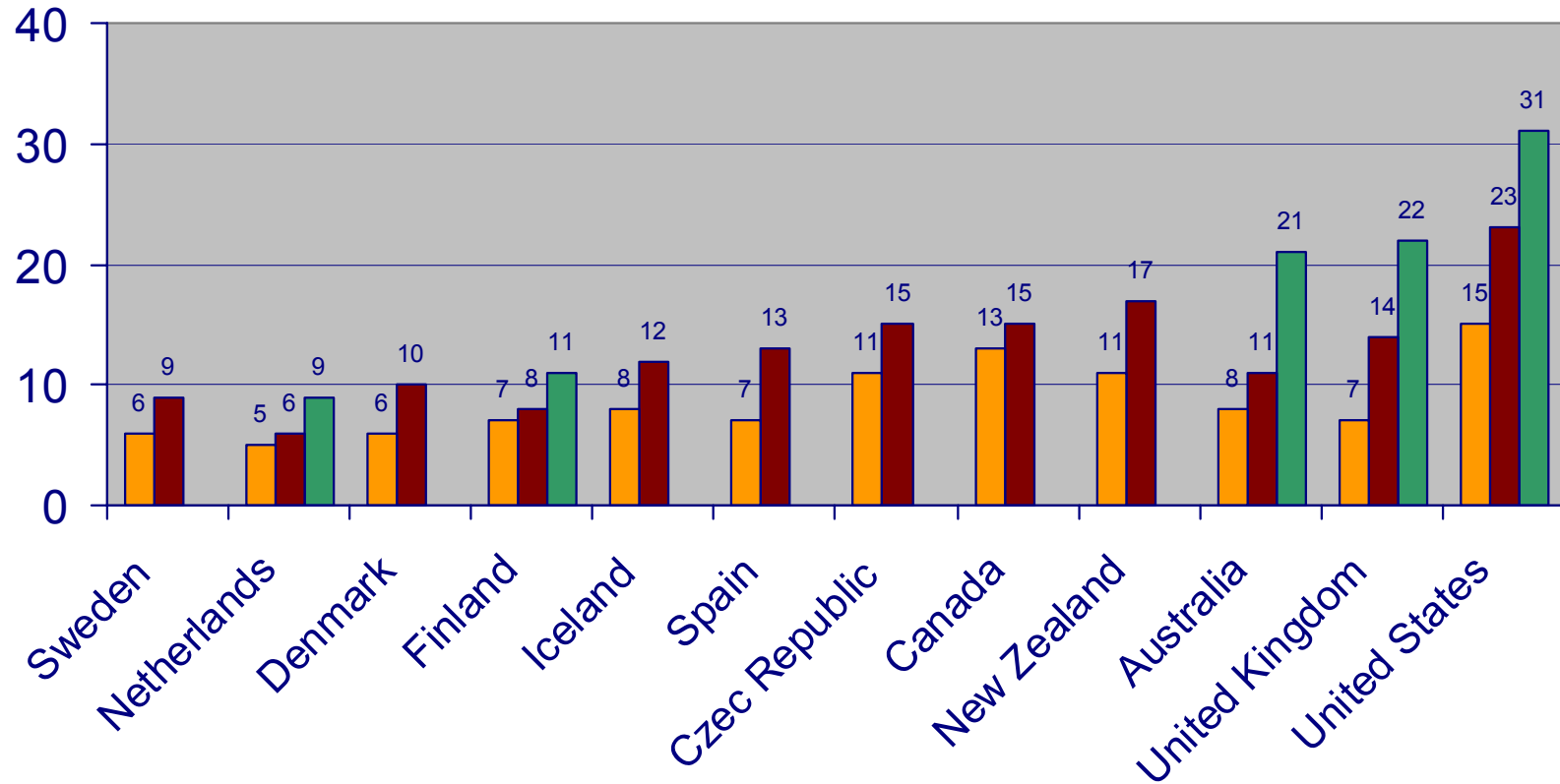
'Insufficiently active', 18–75 yrs 1997–2000



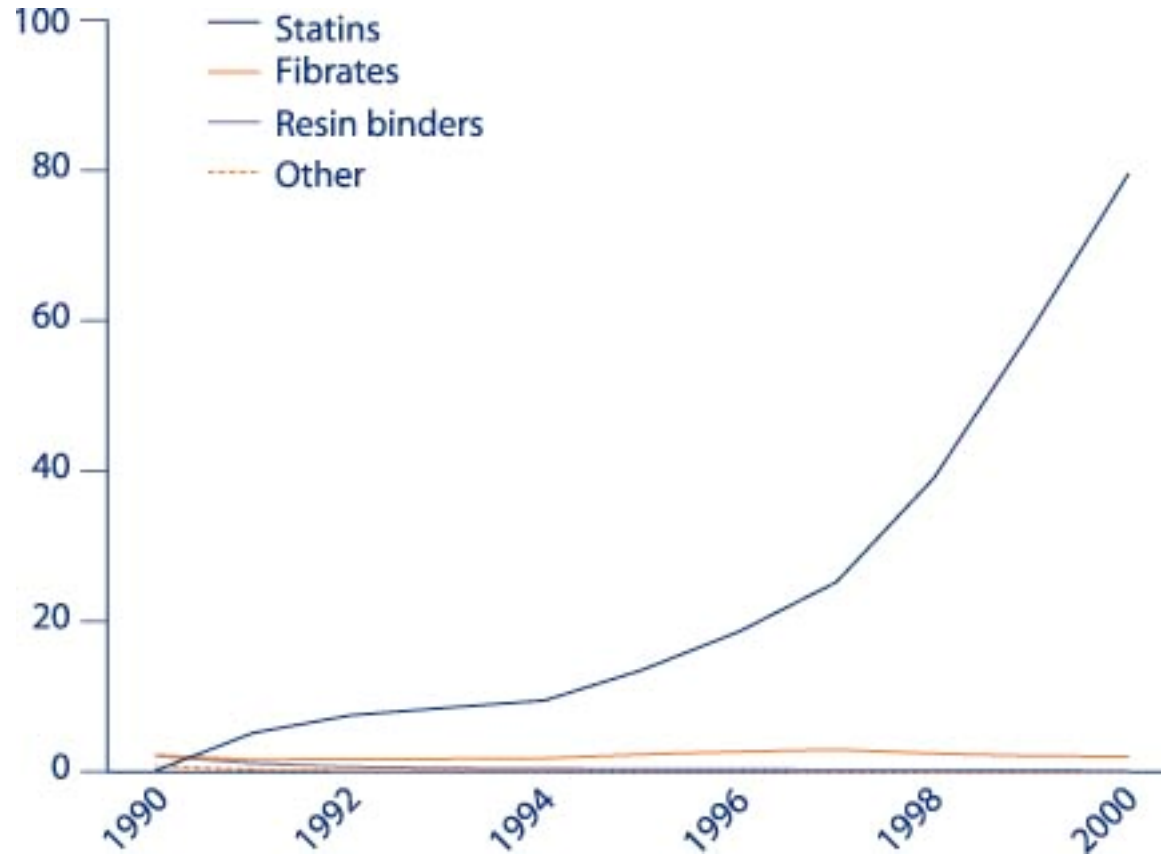
'High blood cholesterol' (% \geq 5.5) 25–64 yrs, 1980–2000



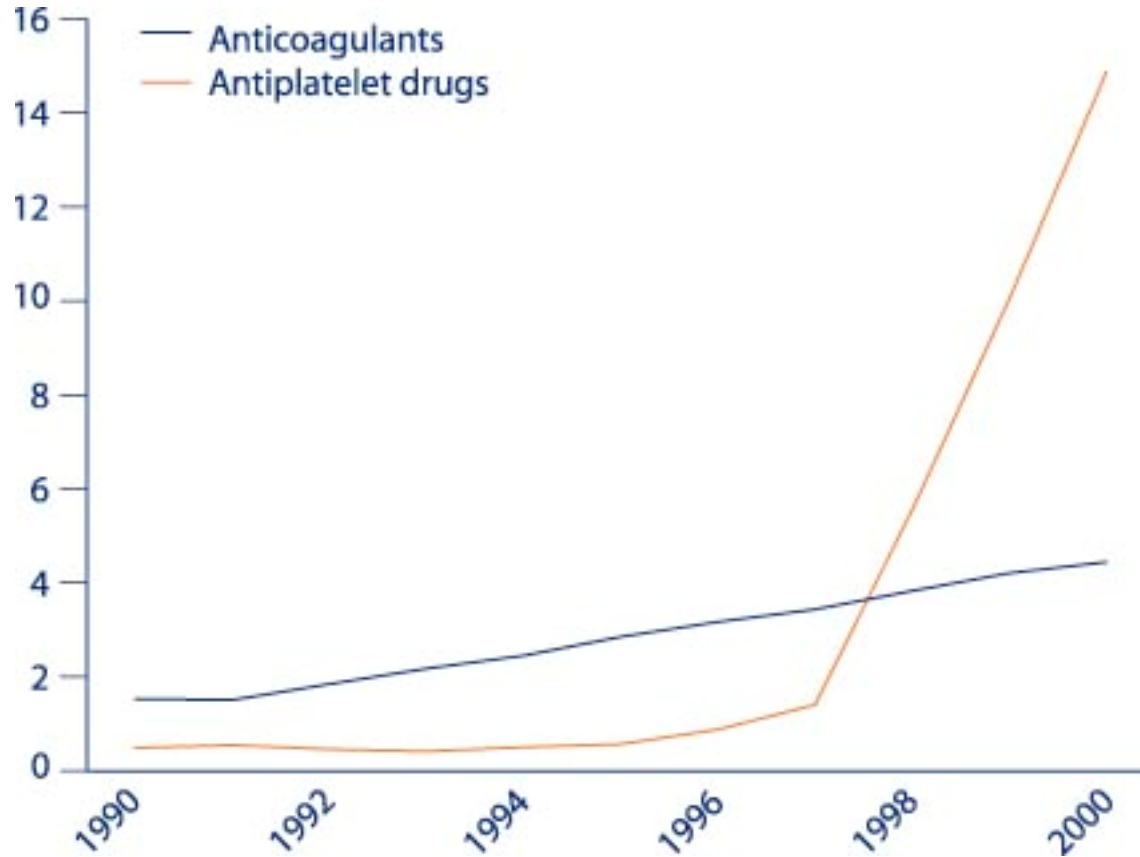
Obesity in selected OECD countries



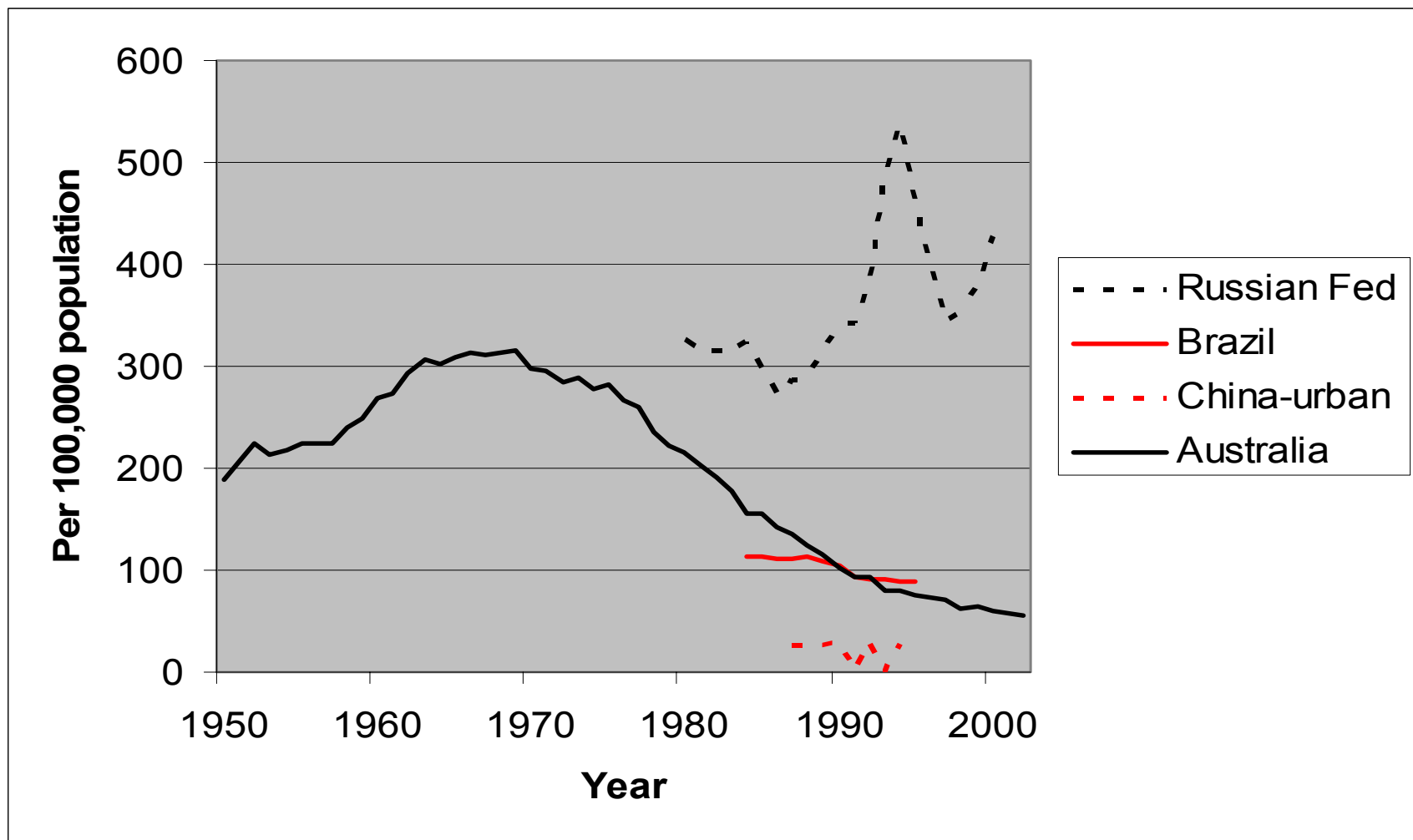
Use of lipid lowering drugs 1990–2000



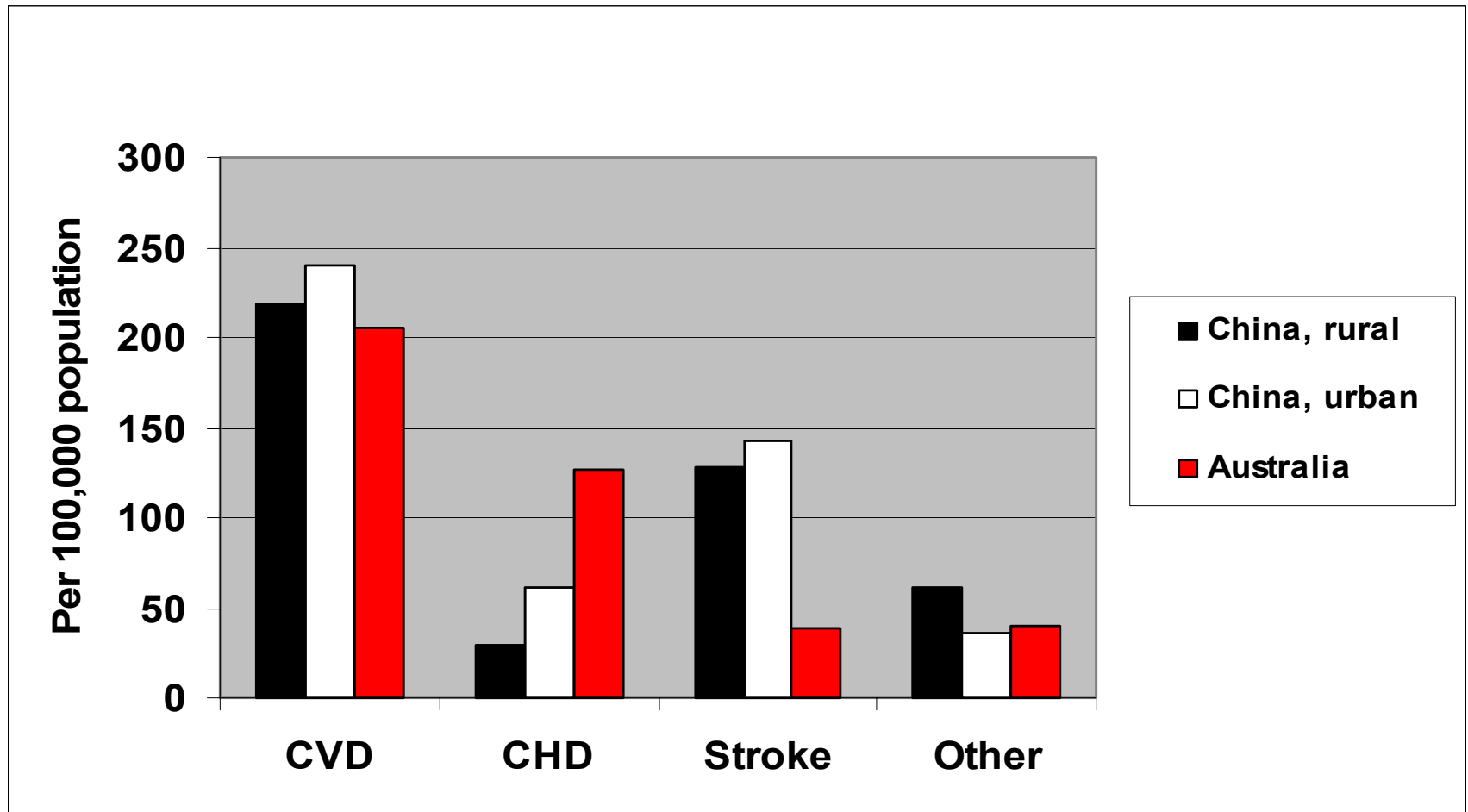
Antiplatelets and anticoagulants



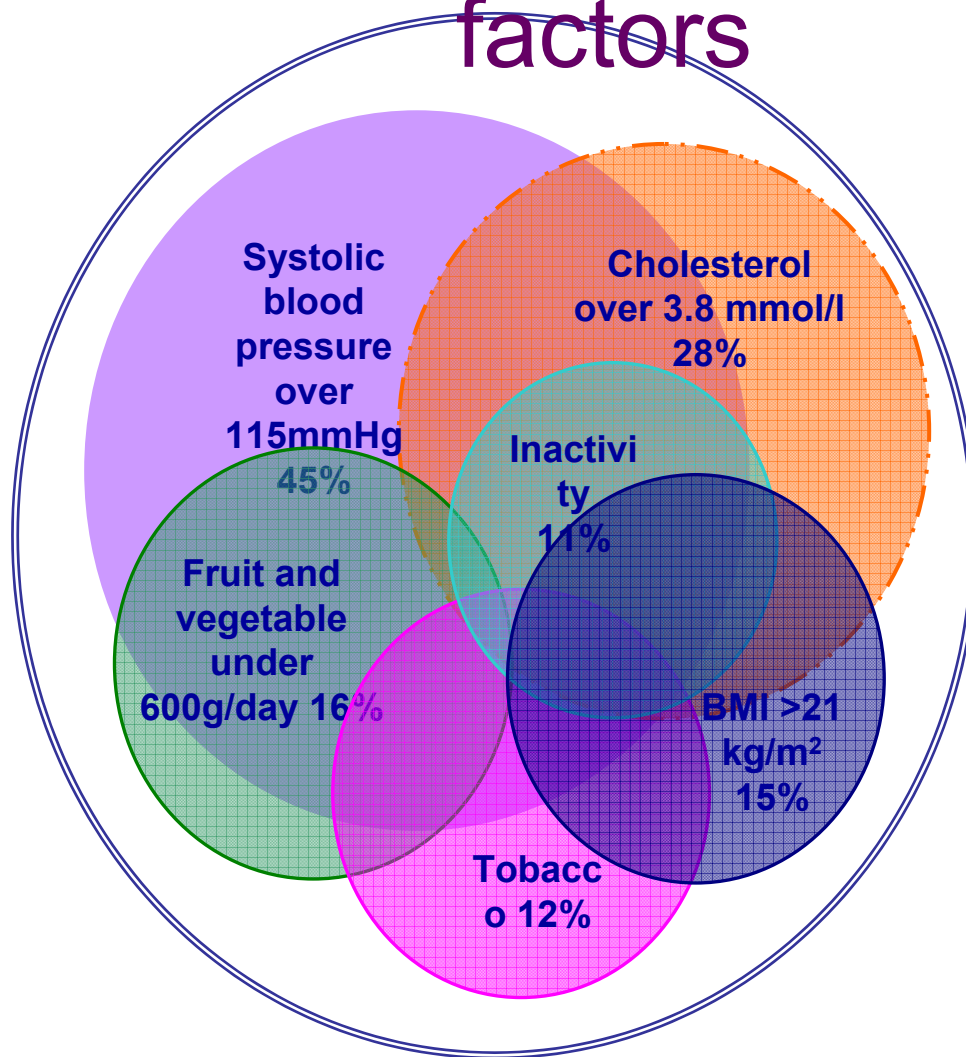
Ischaemic heart disease, males aged 45–54



Cardiovascular diseases, China and Australia, 1994



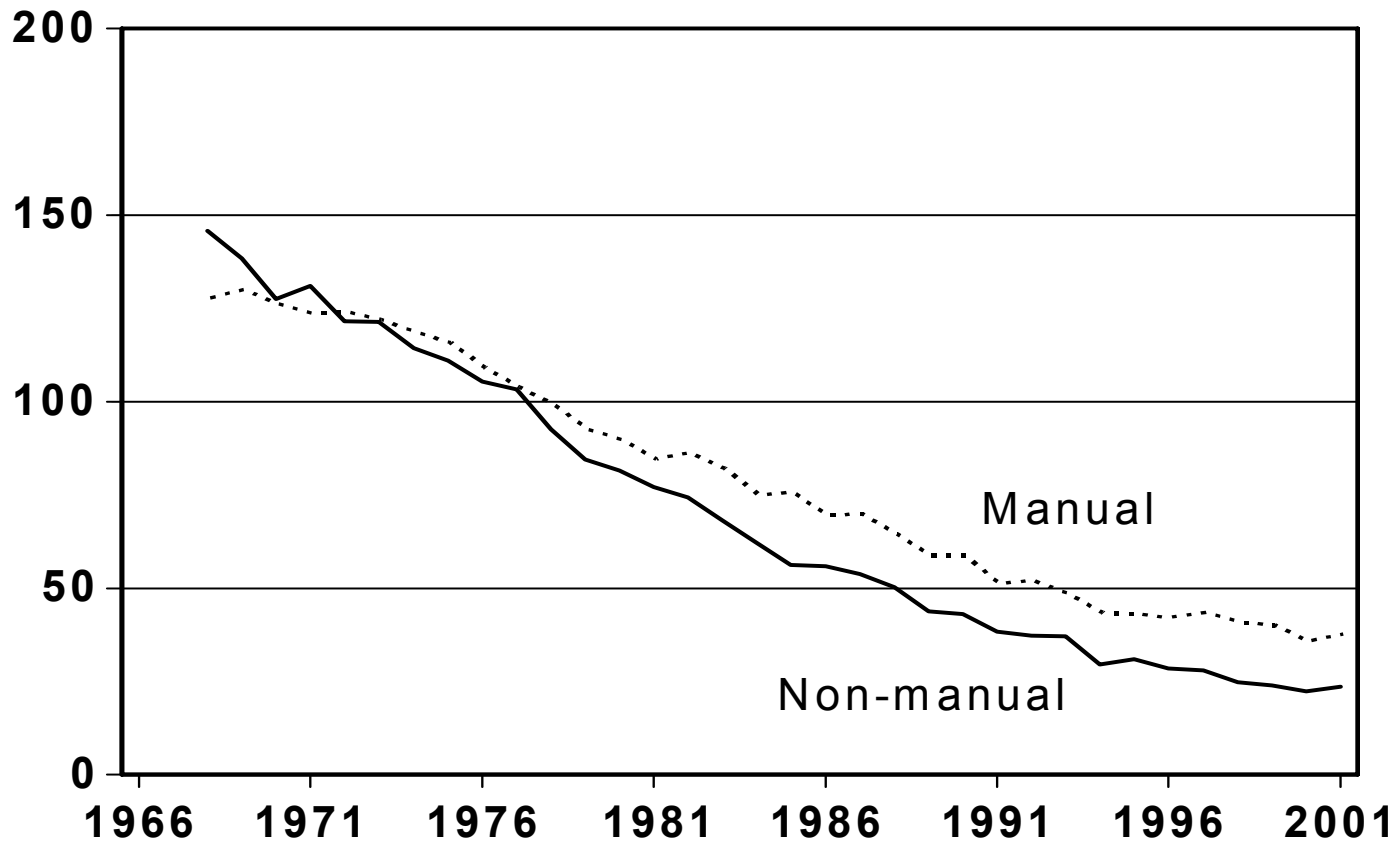
Global cardiovascular disease burden due to 6 major risk factors



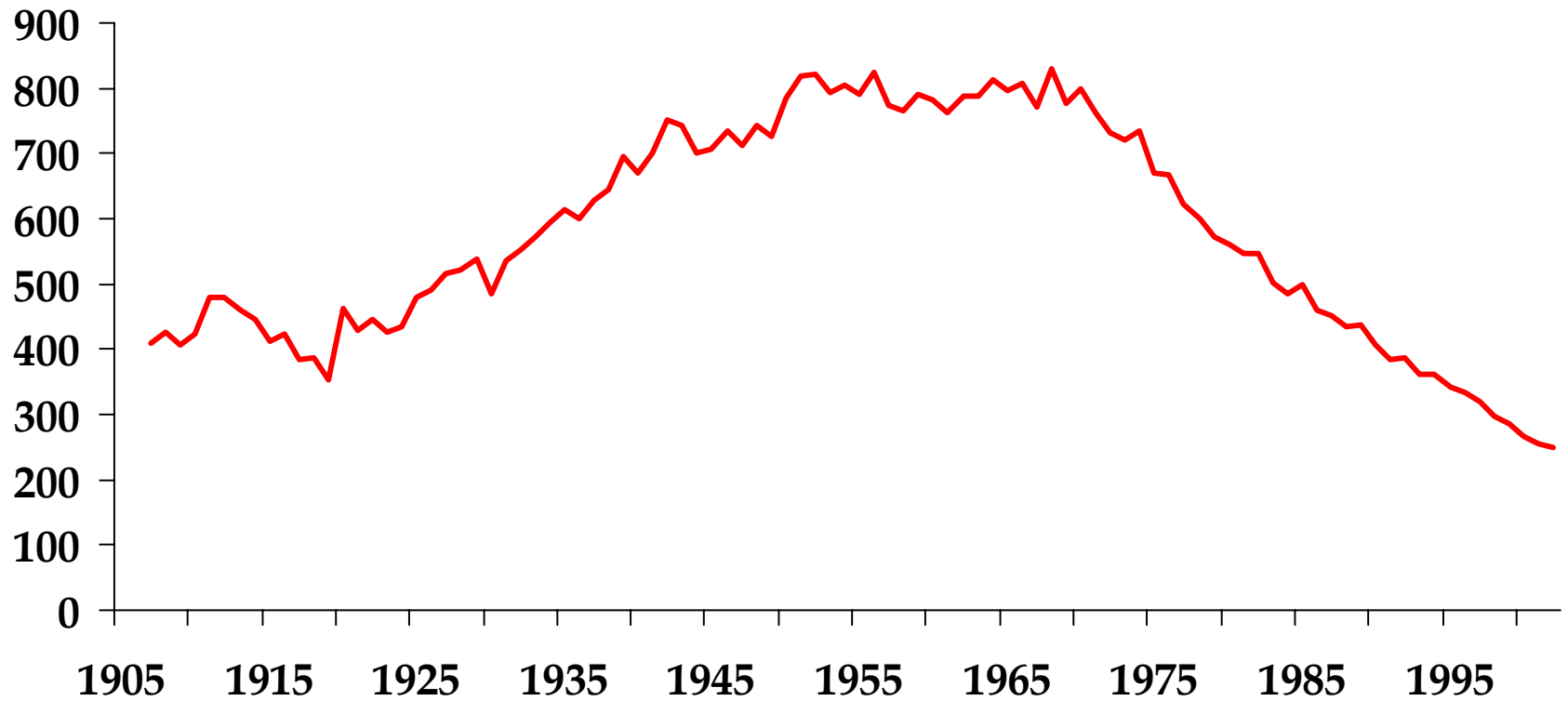
Area proportional to population attributable fraction for global DALYs, overlap not proportional to joint effects

Ischaemic heart disease, Australia, males aged 20–59 in manual and non-manual occupations

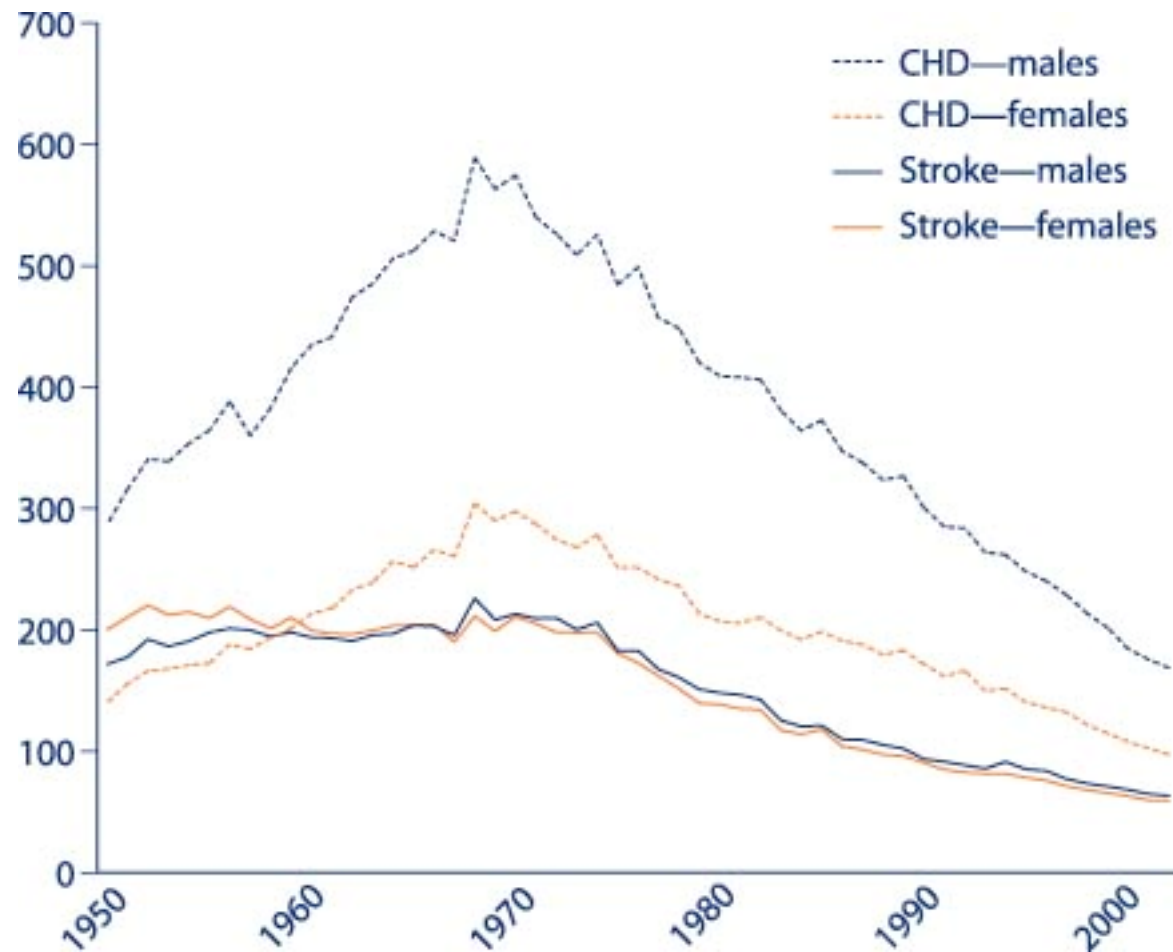
Per 100,000 population



CVD death rates over 20th C



CHD and stroke death rates 1950–2002



Summary of points (1)

- CVD epidemics true epidemics
- In Australia, CVD epidemic towered over others
- Picture can change dramatically but at great price
- Australia et al. show some major risk factor improvements possible

Summary of points (2)

- Developing countries don't have to repeat the underlying science
- The causes of CVD are first and foremost **society-wide**
- Overall societal factors influence what we **all** might put in our mouths and how much we move our bodies
- But within that overall societal setting, lower SES will in time signify the greater burden