



Over 80 percent of prolonged, bad health is due to non-communicable diseases in NZ. Photo: Lynn Grieveson.



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HEALTH & SCIENCE

Health strategy misses 80 percent of people

An impressive collection of top doctors and research scientists attended the Global Burden of Disease Summit at the Auckland University of Technology this week. Health Minister David Clark also made a special address. Teuila Fuatai reports.

When Health Minister David Clark addressed this week's Global Burden of Disease Brain Summit, he said all the things a public health doctor or research scientist would want to hear.

Drawing from the newly-released Global Burden of Disease study, Clark pointed out the significant shortfalls in current health approaches targeting illnesses like heart disease.

“Over 80 percent of health loss in New Zealand is attributable to non-communicable diseases.

“The study includes a range of risk factors and their contribution to health loss. In New Zealand, the leading risk factors are smoking, unhealthy diet, high BMI [body mass index], high blood pressure, high fasting plasma glucose and alcohol

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use.

“Taken together, over a third of health loss is potentially avoidable by addressing modifiable risk factors in our population, Clark said.

“That is a big opportunity in my view to make a considerable difference.”

For experts like Professor Valery Feigin, head of the Auckland University of Technology’s National Institute of Stroke and Applied Neurosciences, achieving that “considerable difference” involved smarter spending of New Zealand’s health dollar.

Like Clark, he believed the key lay in addressing “modifiable risk factors” like poor diet and high blood pressure. However, using cardiovascular disease and stroke prevention, Feigin presented a thorough argument showing why the current approaches failed the majority of people.

“Over the last seven years, there was an increase in incidence and prevalence of stroke globally,” he said.

“The absolute number of people affected by stroke and dying from stroke has increased dramatically over the last 30 years.

“What is particularly worrisome, is that in people of young age, 15 to 49 years old, the trend is almost linear – it has increased since 1990.”

To combat that trend, Feigin believed a “population-wide” approach to stroke and cardiovascular disease prevention needed to be taken immediately.

Currently, doctors tended to wait until patients had an “absolute high-risk” of stroke or heart attack to initiate prevention strategies like a low-salt diet or blood pressure control.

But all the research showed it didn’t work, Feigin said.

“Eighty percent of people have low or moderate risk ... so it is not applicable to the majority of people who are at low to moderate risk of stroke or cardiovascular disease.

“[However], 80 percent of strokes and myocardial infarction come exactly from these low to moderate risk people.”

Raising awareness around an individual’s risk of stroke or cardiovascular disease relative to a healthy person of their age, sex and ethnicity, was a much more effective prevention strategy because it made it applicable to almost everyone, he said.



AUT's Professor Valery Feigin. Photo: Supplied.

But despite the research and numbers showing “the status quo” didn’t work, Feigin pointed out one of the main obstacles to implementing a broader prevention strategy was the medical fraternity itself.

“Doctors are used to thinking about risk of stroke in absolute terms and absolute risk - that your risk in the next five to 10 years is five percent or 10 percent.

“That’s what we used to communicate to the patient - but it’s not motivational at all, and it’s hard to understand for lay-people,” he said.

“The main point is that the absolute risk for the majority of people is low, but relative risk - by definition - it’s always higher compared to someone without risk factors.”

Changing how risk of stroke and heart disease were discussed at the doctor’s office would require a paradigm shift in thinking, Feigin said.

Traditionally, medical practitioners have not been bothered with low-risk patients, because by “targeting high risk people, it more more efficient and less money is spent”.

“But all the evidence we currently have shows opposite. It has no effect on the incidence or mortality, at least in reducing the number of people affected by stroke or myocardial infarction. This number is only growing.”

For Feigin, the best way to tackle stroke and heart disease - as well as a raft of other health problems - was through shifting how people monitored and dealt with modifiable risk factors like high blood pressure and unhealthy diets. A large part of that involved changing not only the way family doctors addressed stroke and heart disease risk, but also their patients.

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