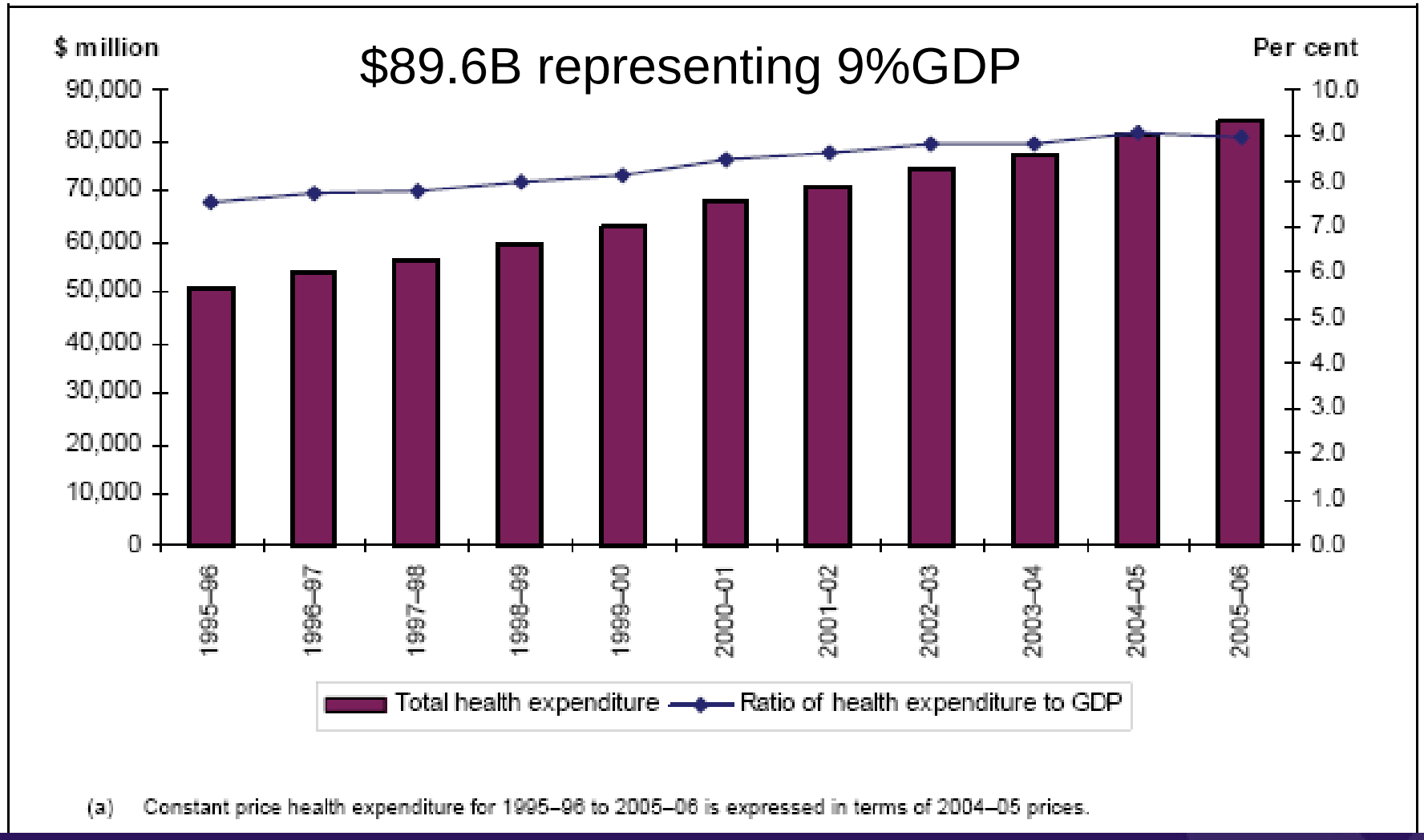
THE GEORGE INSTITUTE
for International Health

Cost-effective chronic disease treatment – targeting global risk to prevent death and avoidable hospitalization

Alan Cass Director Renal Division

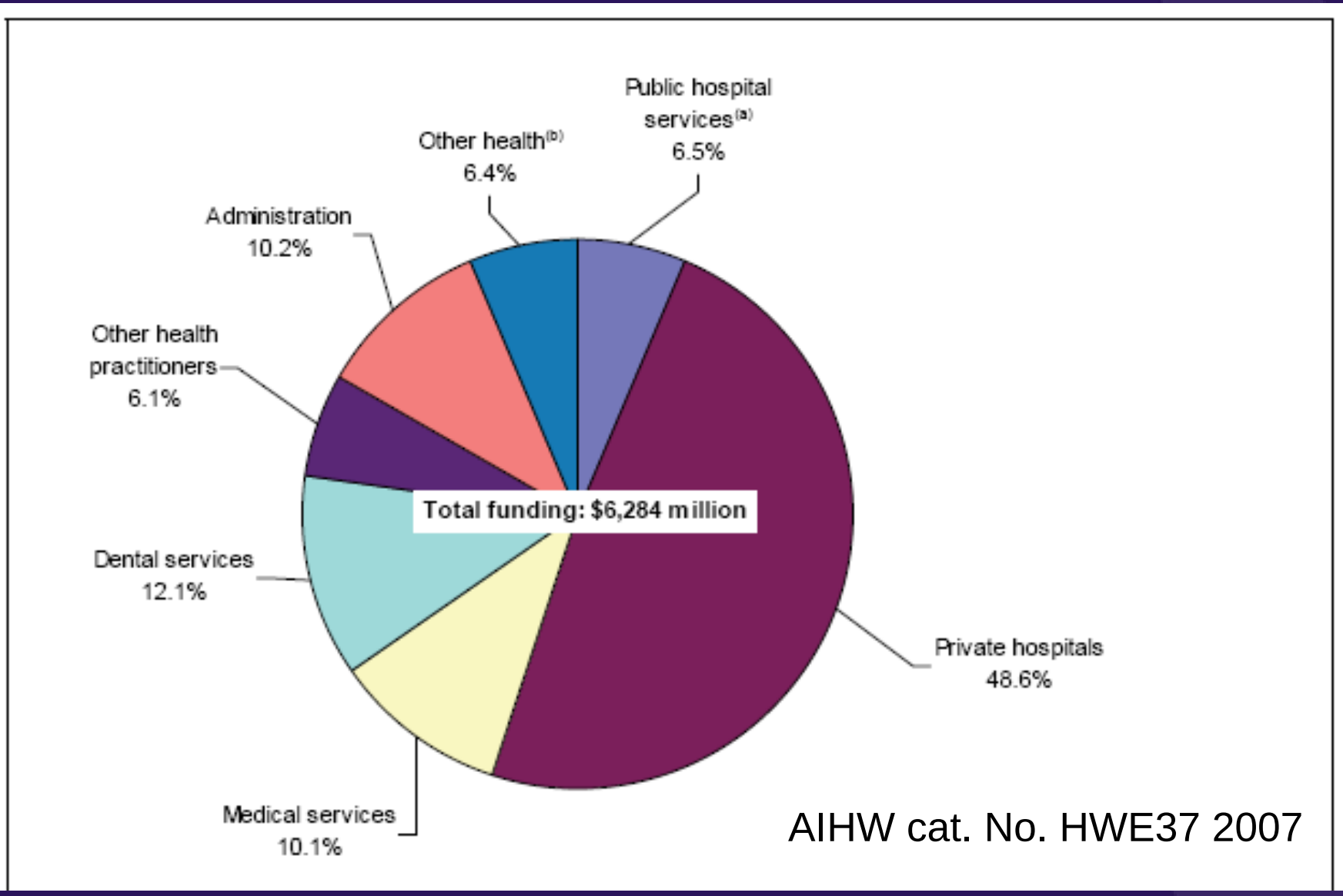
acass@george.org.au

Total health expenditure and GDP



AIHW cat. No. HWE37 2007

Private Health Insurance Expenditure

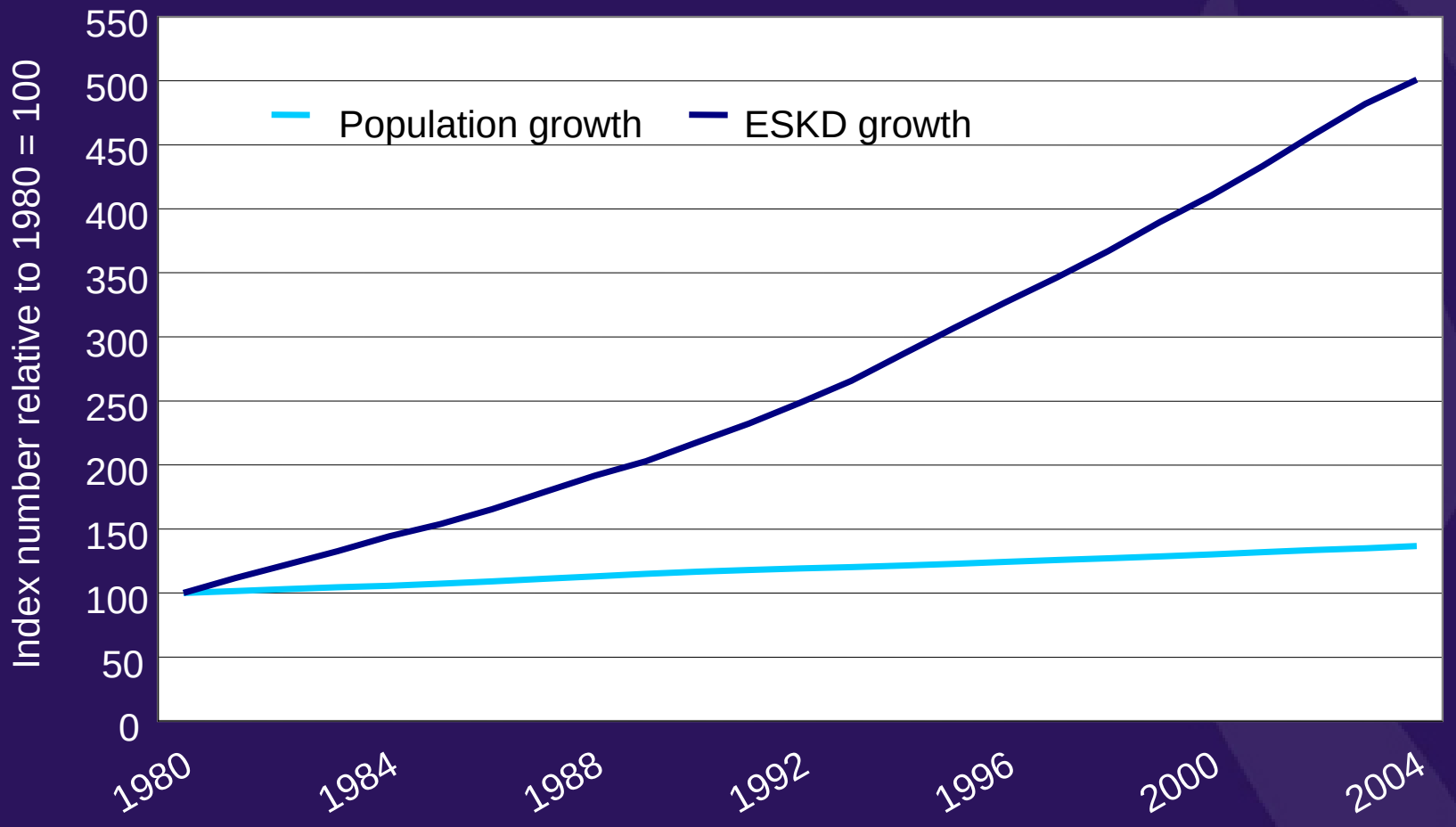


AIHW cat. No. HWE37 2007

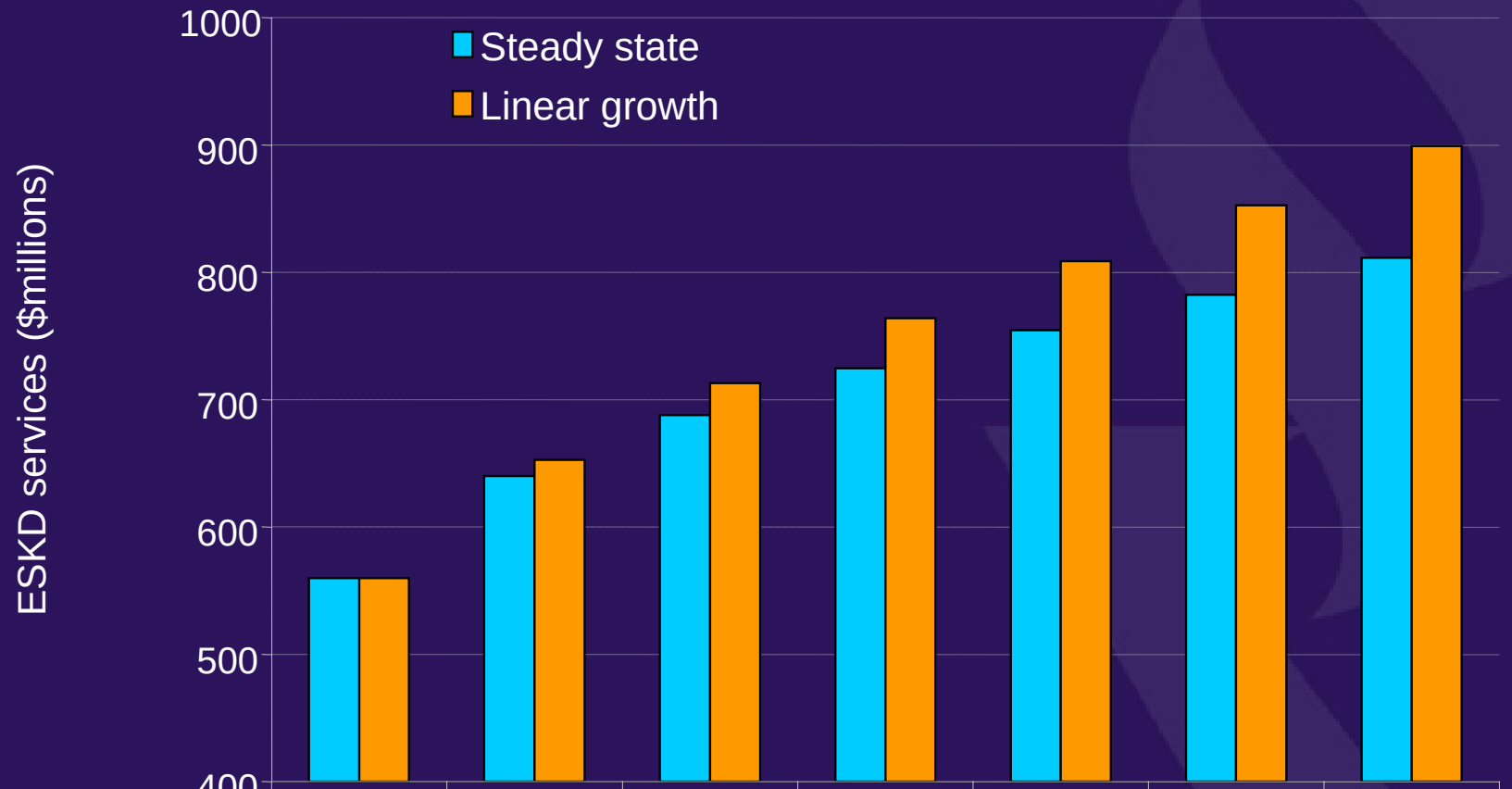
ABS Leading Causes of Death 2004

Multiple Causes	Number (%)	Rank
Cancer	52217 (39.4)	1
IHD	46985 (35.5)	2
Stroke	23359 (17.6)	3
Influenza and pneumonia	18305 (13.8)	4
Heart failure	16837 (12.7)	5
Hypertensive diseases	15605 (11.8)	6
Kidney failure	15235 (11.5)	7
Chronic lower respiratory	14190 (10.7)	8
Organic (incl. mental disorders)	11843 (8.9)	9
Diabetes mellitus	11749 (8.9)	10

Growth in total demand for RRT services from 1980 to 2004

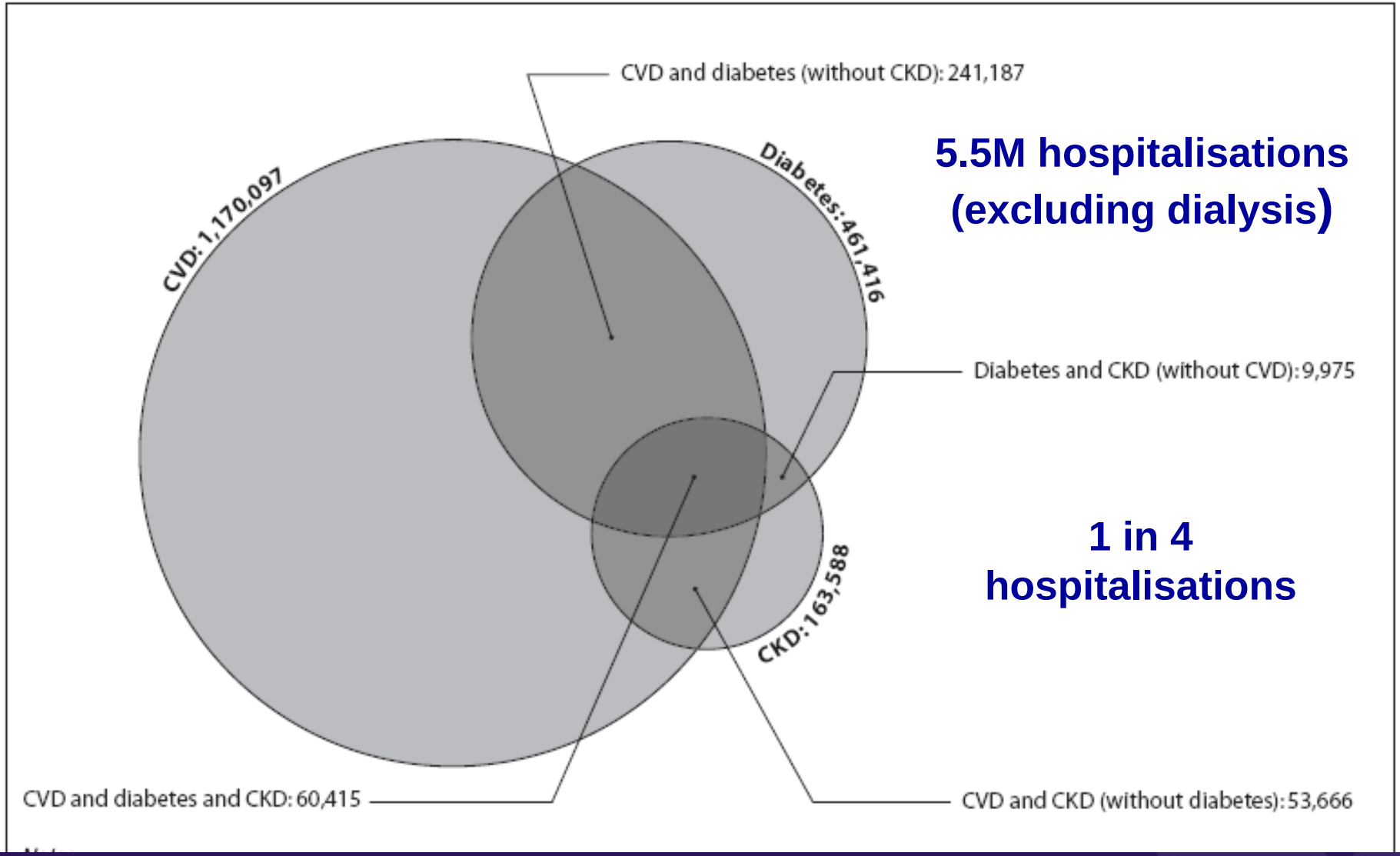


Projected annual health care costs for RRT for each year from 2004-10



	2004	5	6	7	8	9	2010
Steady state	559.9	640.1	688.0	724.5	754.5	782.3	811.3
Linear growth	559.9	652.5	712.9	763.8	808.6	852.5	899.1

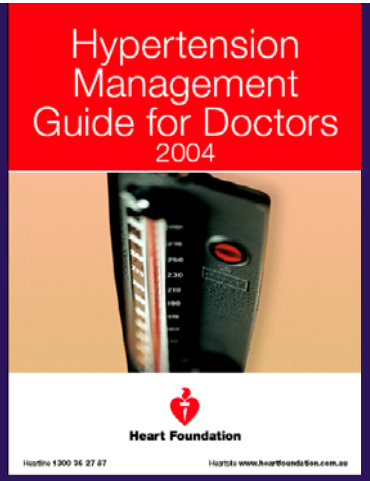
Burden hospitalisation 2004-5

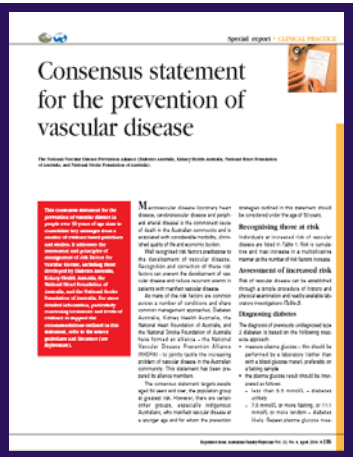


5.5M hospitalisations (excluding dialysis)

1 in 4 hospitalisations

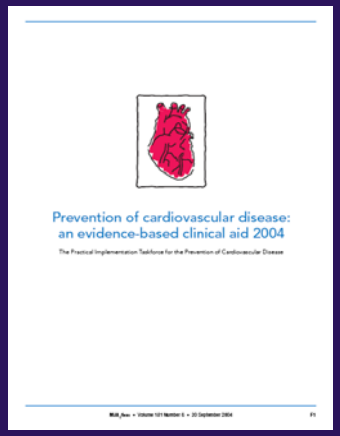
AIHW cat. no. CVD37 2007

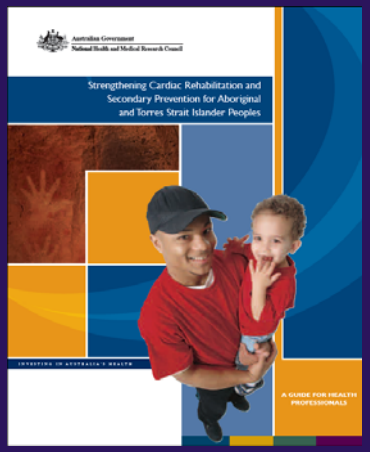

Hypertension Management Guide for Doctors
2004
Heart Foundation
Hotline 1300 36 27 87
Website www.heartfoundation.com.au

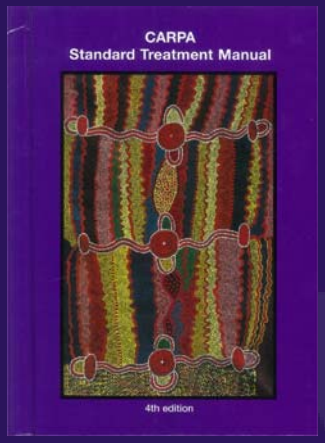

Special report • CLINICAL PRACTICE
Consensus statement for the prevention of vascular disease

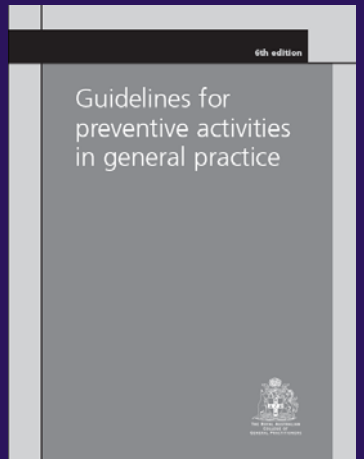

Society: NHFA/CSANZ
National Heart Foundation of Australia and the Cardiac Society of Australia and New Zealand
Heart Foundation
Position Statement on Lipid Management—2005

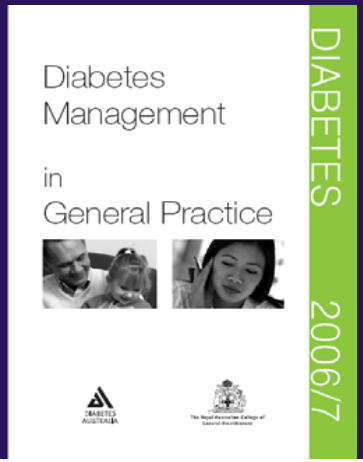

Australian Government
Department of Health and Ageing
SCHEDULE OF PHARMACEUTICAL BENEFITS FOR APPROVED PHARMACISTS AND MEDICAL PRACTITIONERS
This Schedule contains some minor stylistic, formatting and display changes necessary to accommodate other media outputs.
www.pbs.gov.au
EFFECTIVE FROM 1 MAY 2007
(ALL PREVIOUS EDITIONS CANCELLED)

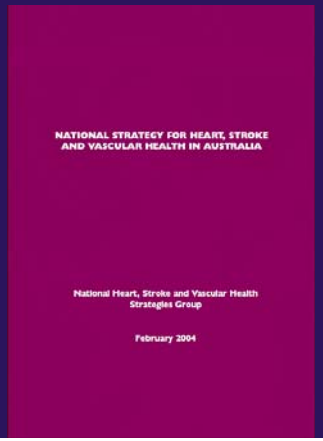

Prevention of cardiovascular disease: an evidence-based clinical aid 2004
The Practical Implementation Taskforce for the Prevention of Cardiovascular Disease

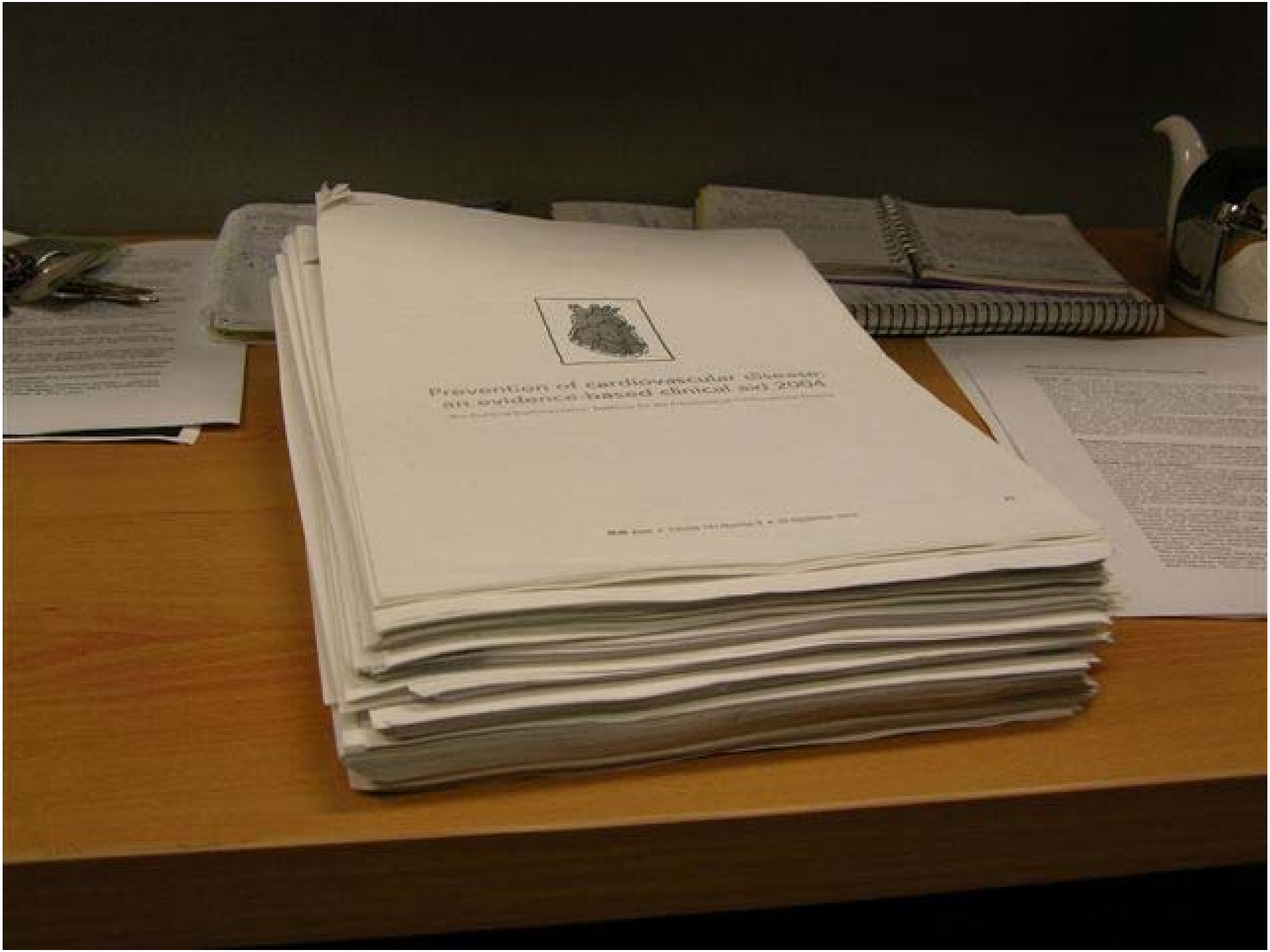

Australian Government
National Health and Medical Research Council
Strengthening Cardiac Rehabilitation and Secondary Prevention for Aboriginal and Torres Strait Islander Peoples
A GUIDE FOR HEALTH PROFESSIONALS

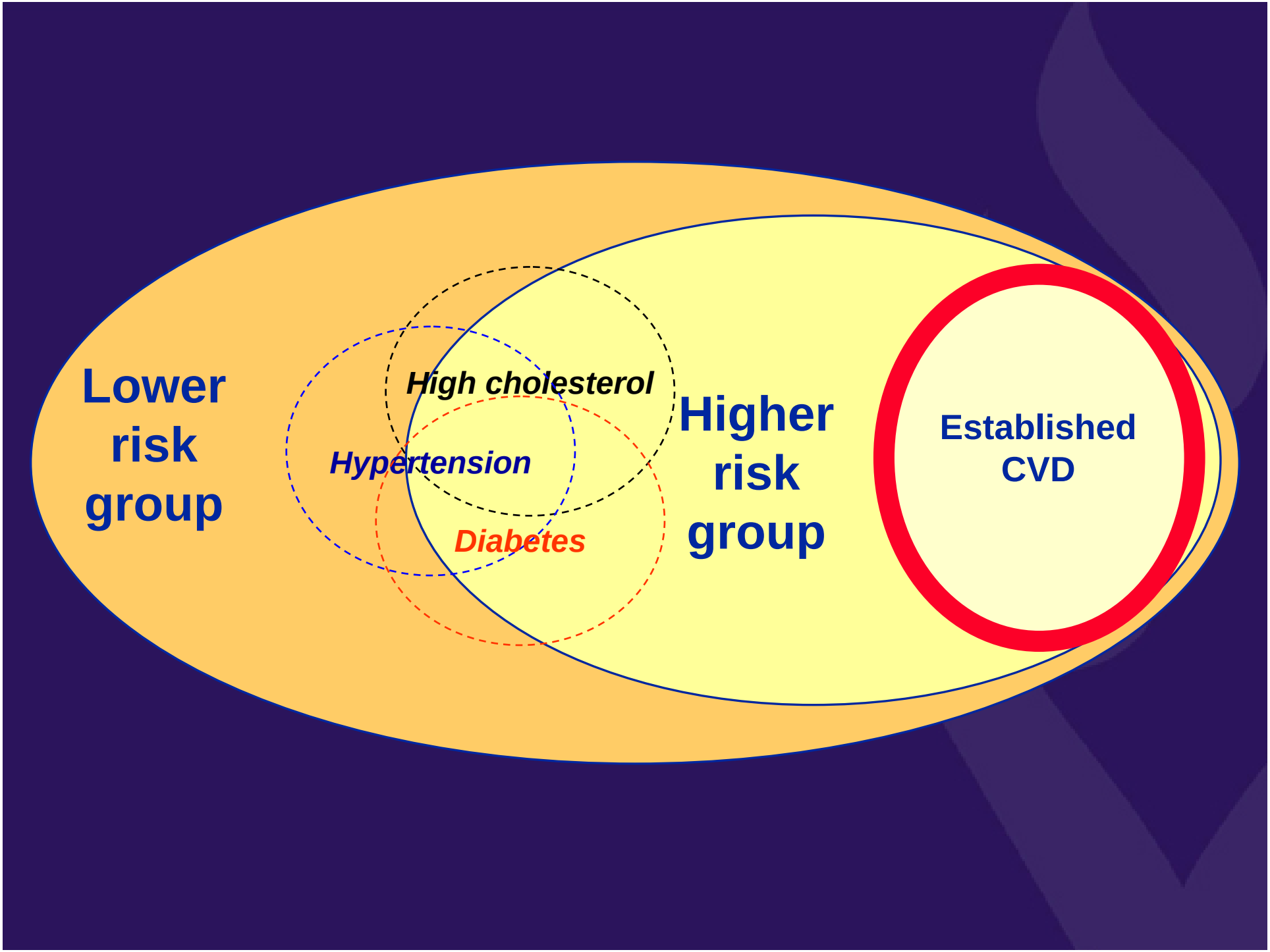

CARPA
Standard Treatment Manual
4th edition


6th edition
Guidelines for preventive activities in general practice

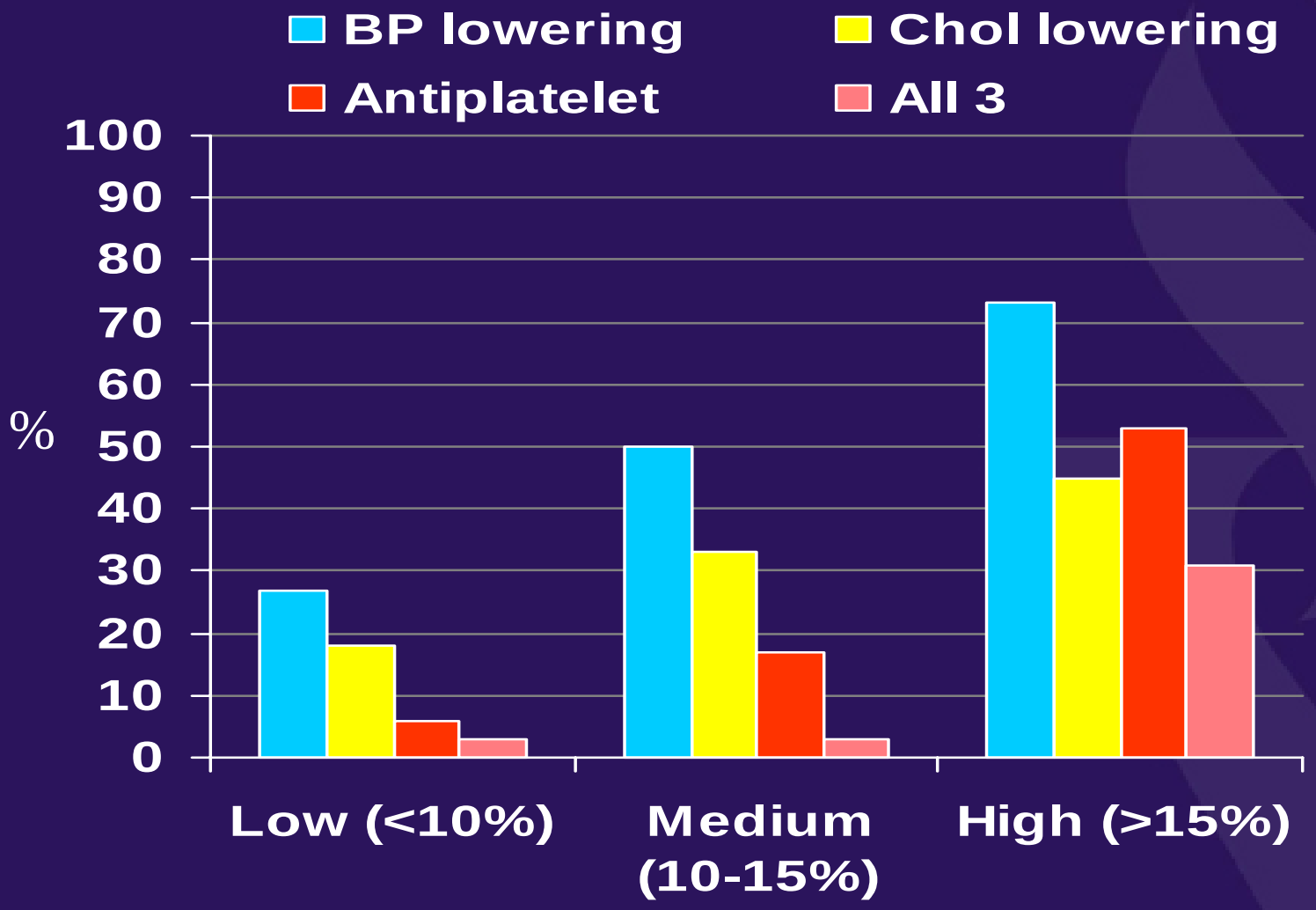

Diabetes Management in General Practice
DIABETES 2006/7
DIABETES AUSTRALIA


NATIONAL STRATEGY FOR HEART, STROKE AND VASCULAR HEALTH IN AUSTRALIA
National Heart, Stroke and Vascular Health Strategies Group
February 2004

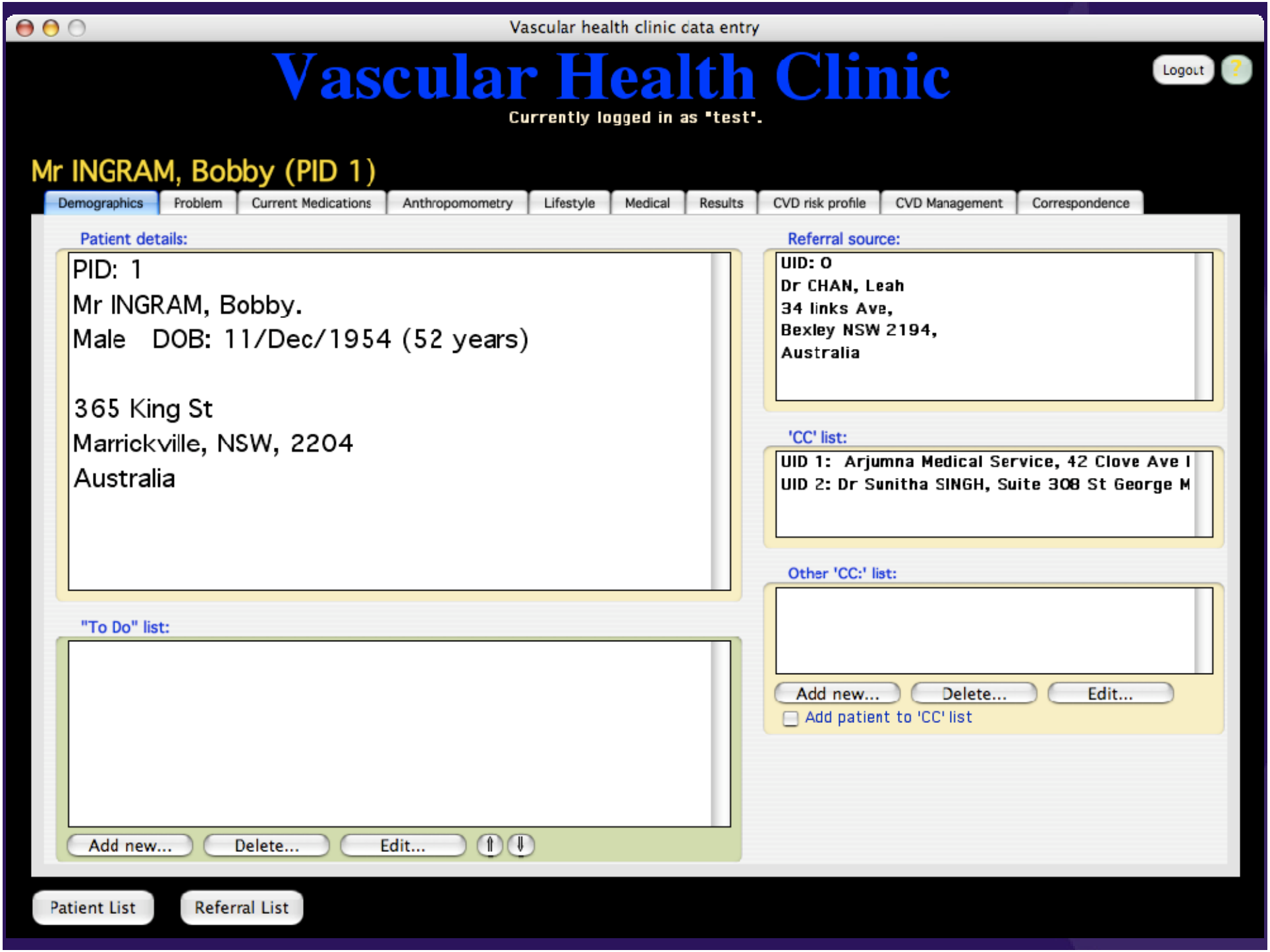

Prevention of cardiovascular disease:
an evidence based clinical aid 2003

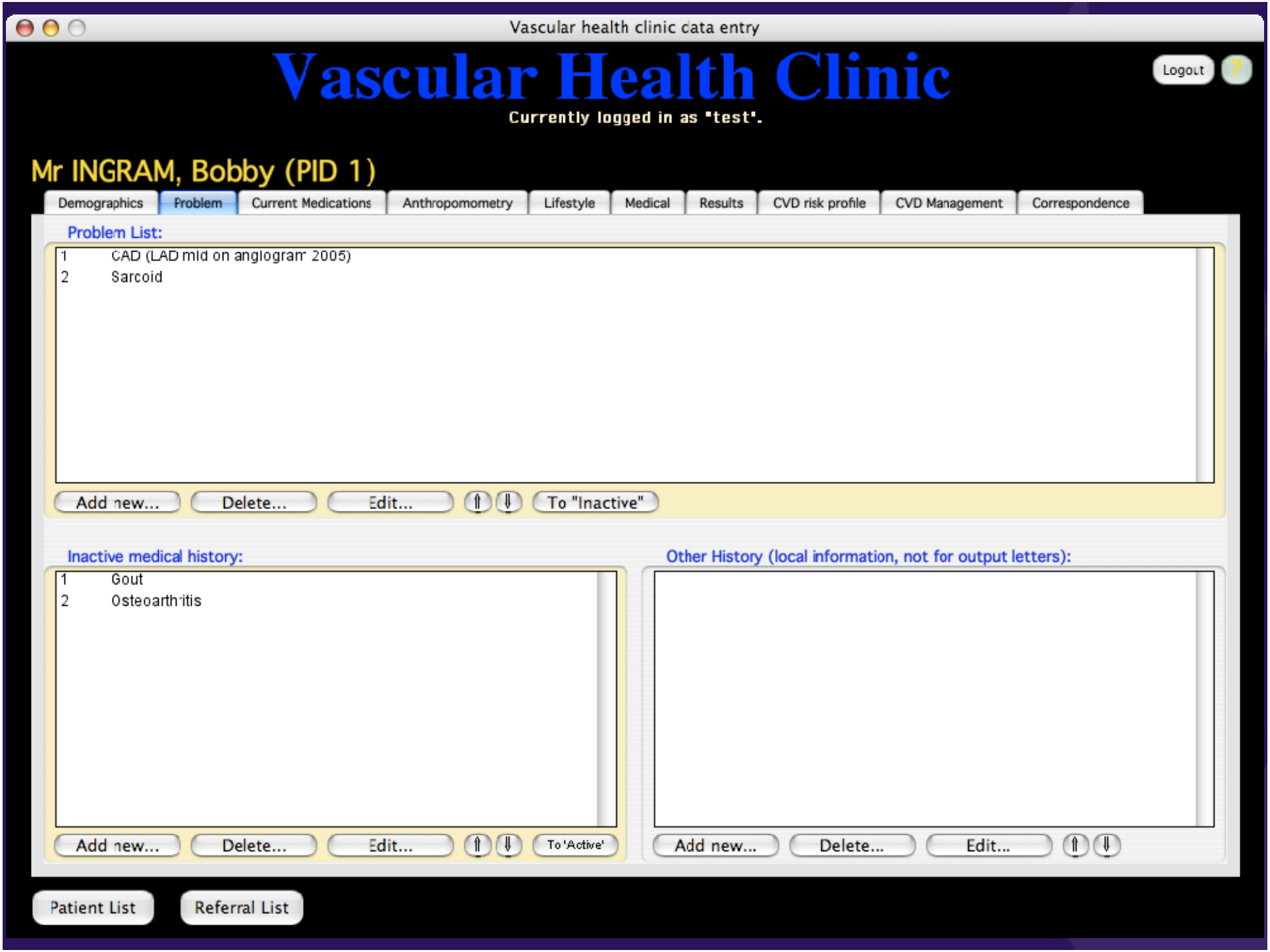

Lower risk group
High cholesterol
Hypertension
Diabetes
Higher risk group
Established CVD

Treatment gaps



Unpublished data The George Institute


Vascular health clinic cata entry
Vascular Health Clinic
Logout
Currently logged in as "test".
Mr INGRAM, Bobby (PID 1)
Demographics
Problem
Current Medications
Anthropomometry
Lifestyle
Medical
Results
CVD risk profile
CVD Management
Correspondence
Patient details:
PID: 1
Mr INGRAM, Bobby.
Male DOB: 11/Dec/1954 (52 years)
365 King St
Marrickville, NSW, 2204
Australia
Referral source:
UID: 0
Dr CHAN, Leah
34 links Ave,
Bexley NSW 2194,
Australia
'CC' list:
UID 1: Arjumna Medical Service, 42 Clove Ave I
UID 2: Dr Sunitha SINGH, Suite 308 St George M
Other 'CC:' list:
Add new...
Delete...
Edit...
Add patient to 'CC' list
"To Do" list:
Add new...
Delete...
Edit...
Patient List
Referral List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Vascular Health Clinic
Logout
Currently logged in as "test".
Mr INGRAM, Bobby (PID 1)
Demographics
Problem
Current Medications
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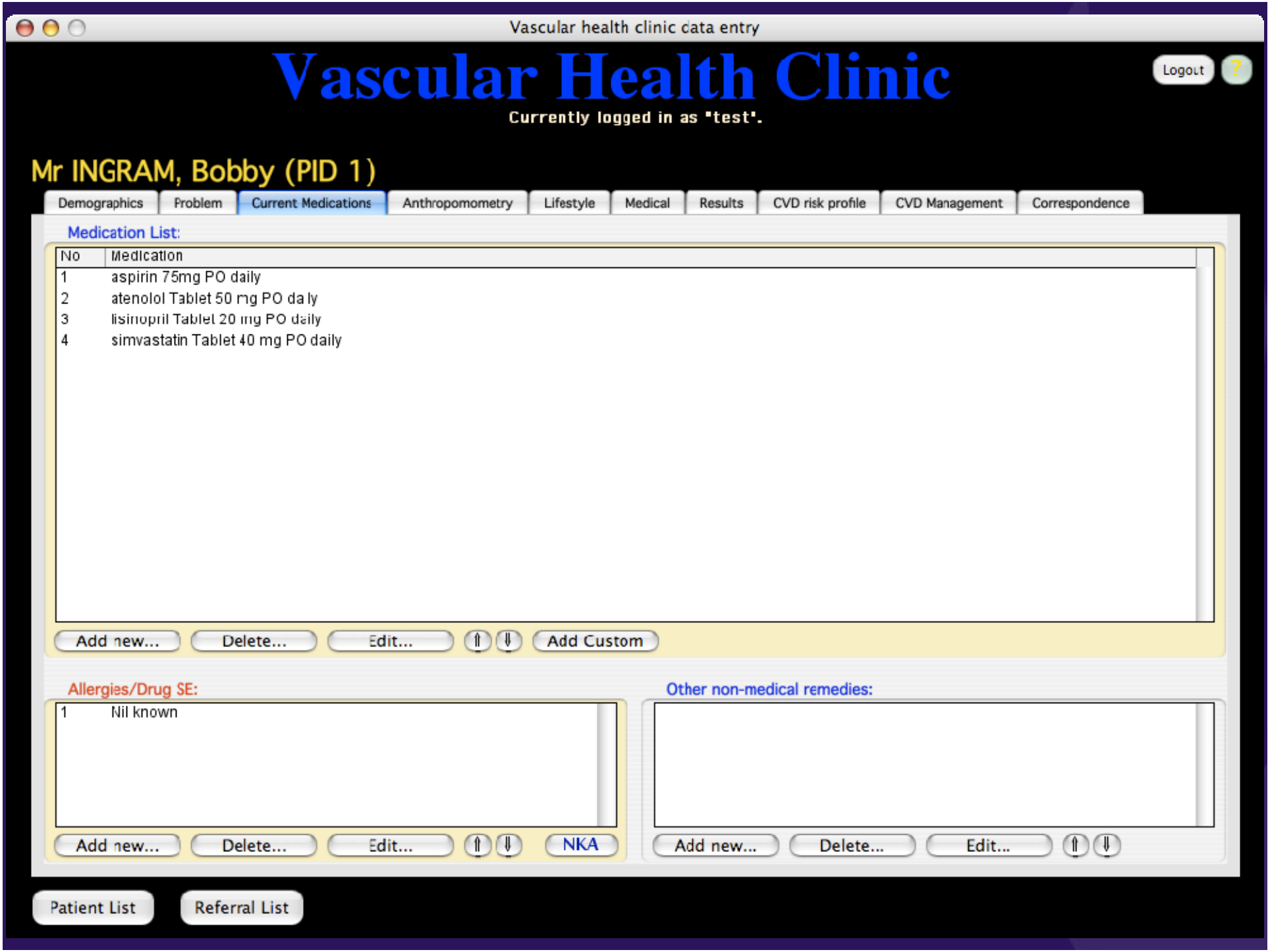
Lifestyle
Medical
Results
CVD risk profile
CVD Management
Correspondence
Problem List:
1 CAD (LAD mid on angiogram 2005)
2 Sarcoid
Add new...
Delete...
Edit...
To "Inactive"
Inactive medical history:
1 Gout
2 Osteoarthritis
Add new...
Delete...
Edit...
To 'Active'
Other History (local information, not for output letters):
Add new...
Delete...
Edit...
Patient List
Referral List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Mr INGRAM, Bobby (PID 1)
Demographics
Problem
Current Medications
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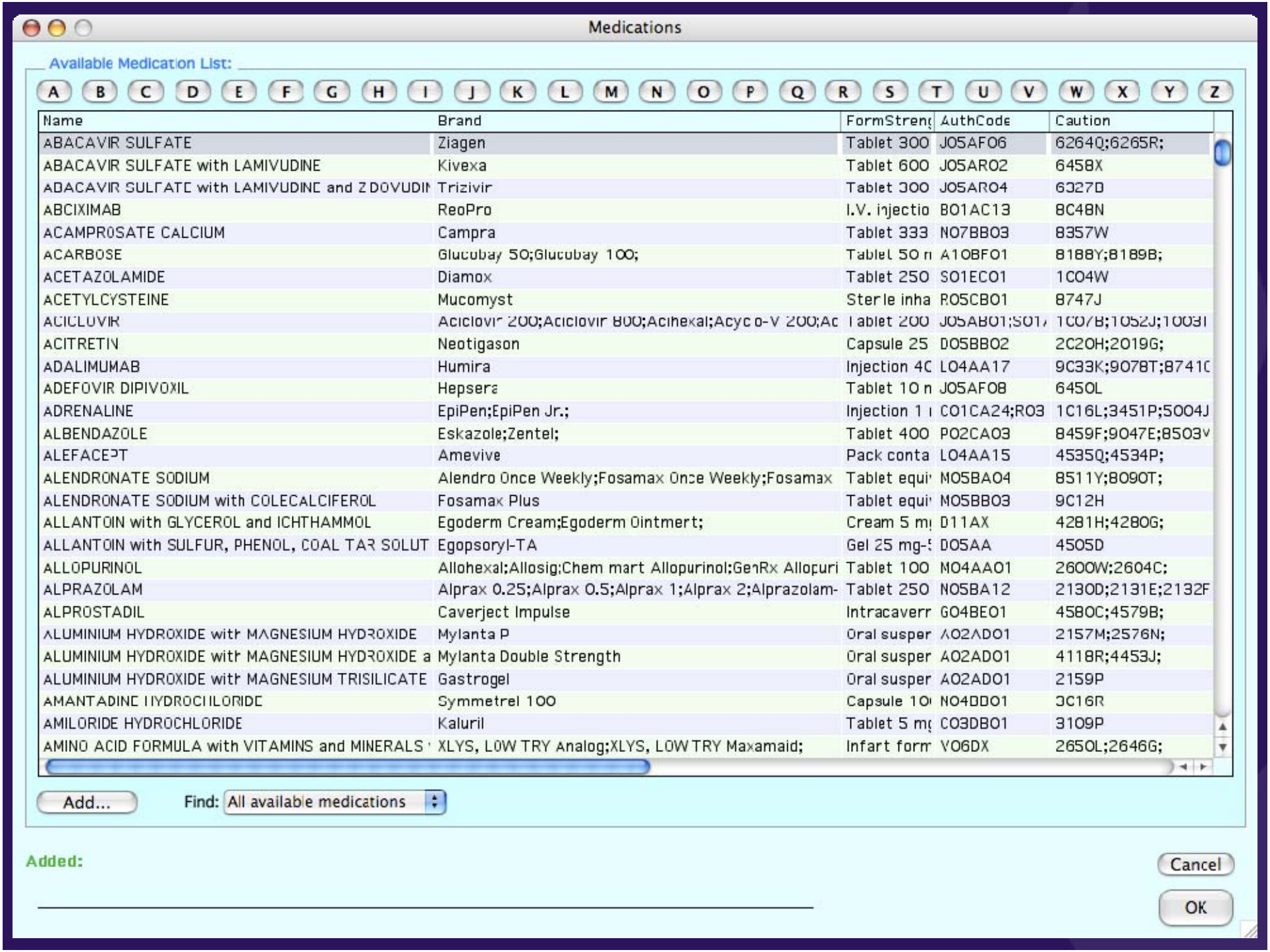
Lifestyle
Medical
Results
CVD risk profile
CVD Management
Correspondence
Medication List:
No
Medication
1 aspirin 75mg PO daily
2 atenolol Tablet 50 mg PO daily
3 lisinopril Tablet 20 mg PO daily
4 simvastatin Tablet 40 mg PO daily
Add new...
Delete...
Edit...
Add Custom
Allergies/Drug SE:
1 Nil known
Add new...
Delete...
Edit...
NKA
Other non-medical remedies:
Add new...
Delete...
Edit...
Patient List
Referral List


Medications
Available Medication List:
A B C D E F G H I J K L M N O P Q R S T U V W X Y Z
Name
Brand
FormStreng
AuthCode
Caution
ABACAVIR SULFATE
Ziagen
Tablet 300
J05AF06
6264Q;6265R;
ABACAVIR SULFATE with LAMIVUDINE
Kivexa
Tablet 600
J05AR02
6458X
ABACAVIR SULFATE with LAMIVUDINE and ZIDOVUDIN
Trizivir
Tablet 300
J05AR04
6327D
ABCIXIMAB
ReoPro
I.V. injectio
B01AC13
8C48N
ACAMPROSATE CALCIUM
Campra
Tablet 333
N07BB03
8357W
ACARBOSE
Glucobay 50;Glucobay 100;
Tablet 50 n
A10BF01
8188Y;8189B;
ACETAZOLAMIDE
Diamox
Tablet 250
S01EC01
1C04W
ACETYLCYSTEINE
Mucomyst
Sterile inha
R05CB01
8747J
ACICLOVIR
Aciclovir 200;Aciclovir 800;Acihexal;Acyclo-V 200;Ac
Tablet 200
J05AB01;S01
1C07B;1052J;1003I
ACITRETIN
Neotigason
Capsule 25
D05BB02
2C20H;2019G;
ADALIMUMAB
Humira
Injection 40
L04AA17
9C33K;9078T;8741C
ADEFOVIR DIPIVOXIL
Hepsera
Tablet 10 n
J05AF08
6450L
ADRENALINE
EpiPen;EpiPen Jr.;
Injection 1 i
C01CA24;R03
1C16L;3451P;5004J
ALBENDAZOLE
Eskazole;Zentel;
Tablet 400
P02CA03
8459F;9047E;8503V
ALEFACEPT
Amevive
Pack conta
L04AA15
4535Q;4534P;
ALENDRONATE SODIUM
Alendro Once Weekly;Fosamax Once Weekly;Fosamax
Tablet equi
M05BA04
8511Y;8090T;
ALENDRONATE SODIUM with COLECALCIFEROL
Fosamax Plus
Tablet equi
M05BB03
9C12H
ALLANTOIN with GLYCEROL and ICHTHAMMOL
Egoderm Cream;Egoderm Ointment;
Cream 5 mg
D11AX
4281H;4280G;
ALLANTOIN with SULFUR, PHENOL, COAL TAR SOLUT
Egopsoryl-TA
Gel 25 mg-5
D05AA
4505D
ALLOPURINOL
Allohexal;Allosig;Chem mart Allopurinol;GenRx Allopuri
Tablet 100
M04AA01
2600W;2604C;
ALPRAZOLAM
Alprax 0.25;Alprax 0.5;Alprax 1;Alprax 2;Alprazolam-
Tablet 250
N05BA12
2130D;2131E;2132F
ALPROSTADIL
Caverject Impulse
Intracaverr
G04BE01
4580C;4579B;
ALUMINIUM HYDROXIDE with MAGNESIUM HYDROXIDE
Mylanta P
Oral suspen
A02AD01
2157M;2576N;
ALUMINIUM HYDROXIDE with MAGNESIUM HYDROXIDE a
Mylanta Double Strength
Oral suspen
A02AD01
4118R;4453J;
ALUMINIUM HYDROXIDE with MAGNESIUM TRISILICATE
Gastrogel
Oral suspen
A02AD01
2159P
AMANTADINE HYDROCHLORIDE
Symmetrel 100
Capsule 10
N04BB01
3C16R
AMILORIDE HYDROCHLORIDE
Kaluril
Tablet 5 mg
C03DB01
3109P
AMINO ACID FORMULA with VITAMINS and MINERALS
XLYS, LOW TRY Analog;XLYS, LOW TRY Maxamaid;
Infant form
V06DX
2650L;2646G;
Add...
Find:
All available medications
Added:
Cancel
OK

Vascular health clinic data entry

Vascular Health Clinic

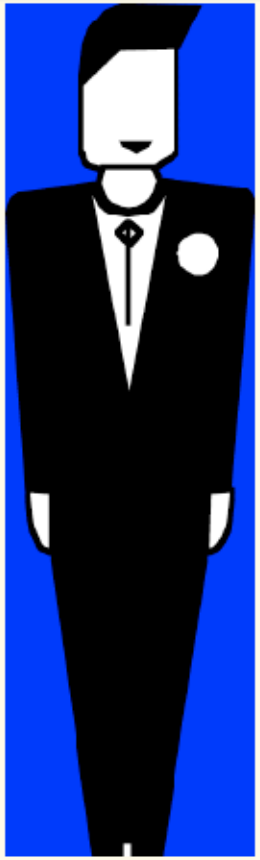
Logout

Currently logged in as "test".

Mr INGRAM, Bobby (PID 1)

Demographics | Problem | Current Medications | Anthropomometry | Lifestyle | Medical | Results | CVD risk profile | CVD Management | Correspondence

Body measurements:



Height: 104 cm
23/Aug/2007

Waist: 98 cm
23/Aug/2007

Hip: <N/A>

Weight: 90 kg
23/Aug/2007

Set new values

Observations:

BP: 162/82 mmHg
05/Oct/2007

Heart Rate: 80 / min
23/Aug/2007

Resps: <N/A>

Temperature: <N/A>

Oximetry: <N/A>

Set new values

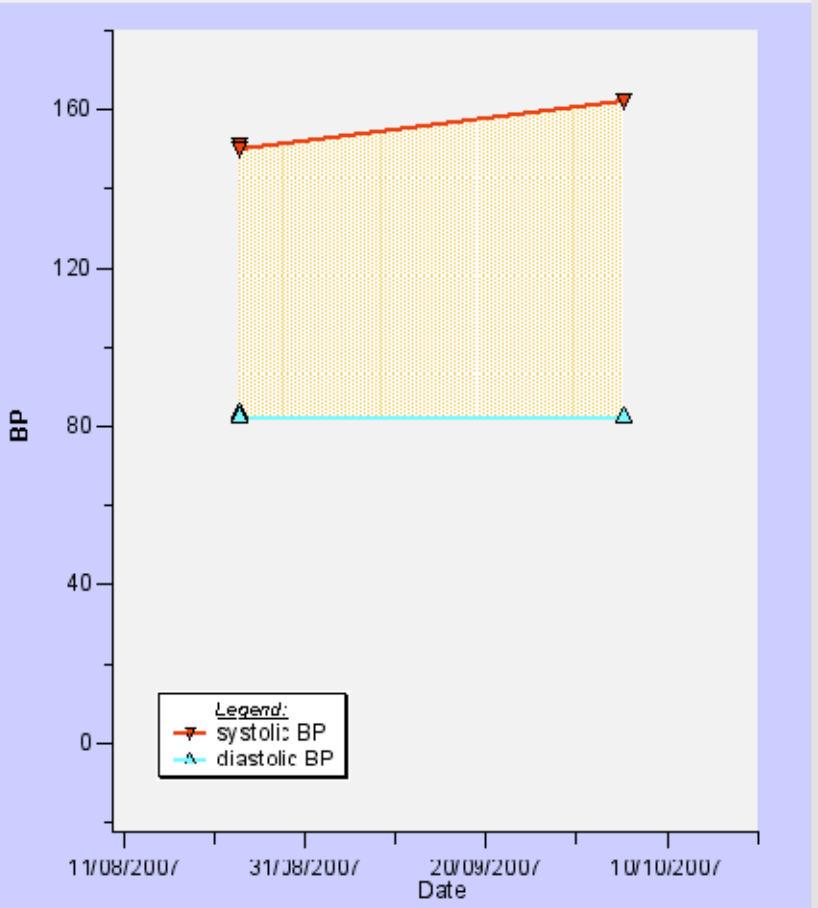
Derived values:

BMI: 26.6 kg/m^2
23/Aug/2007

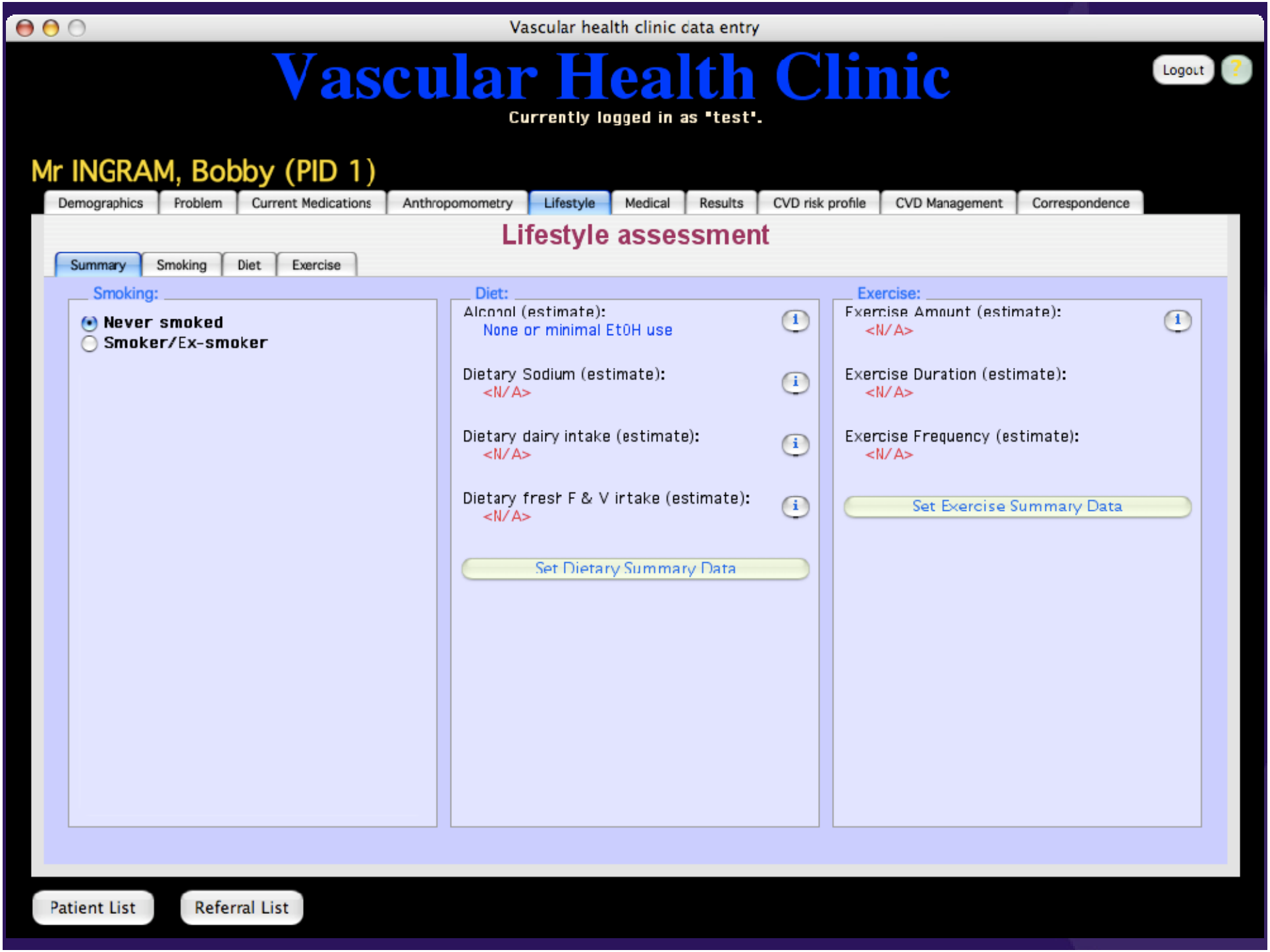
BSA: 2.1 m^2
23/Aug/2007

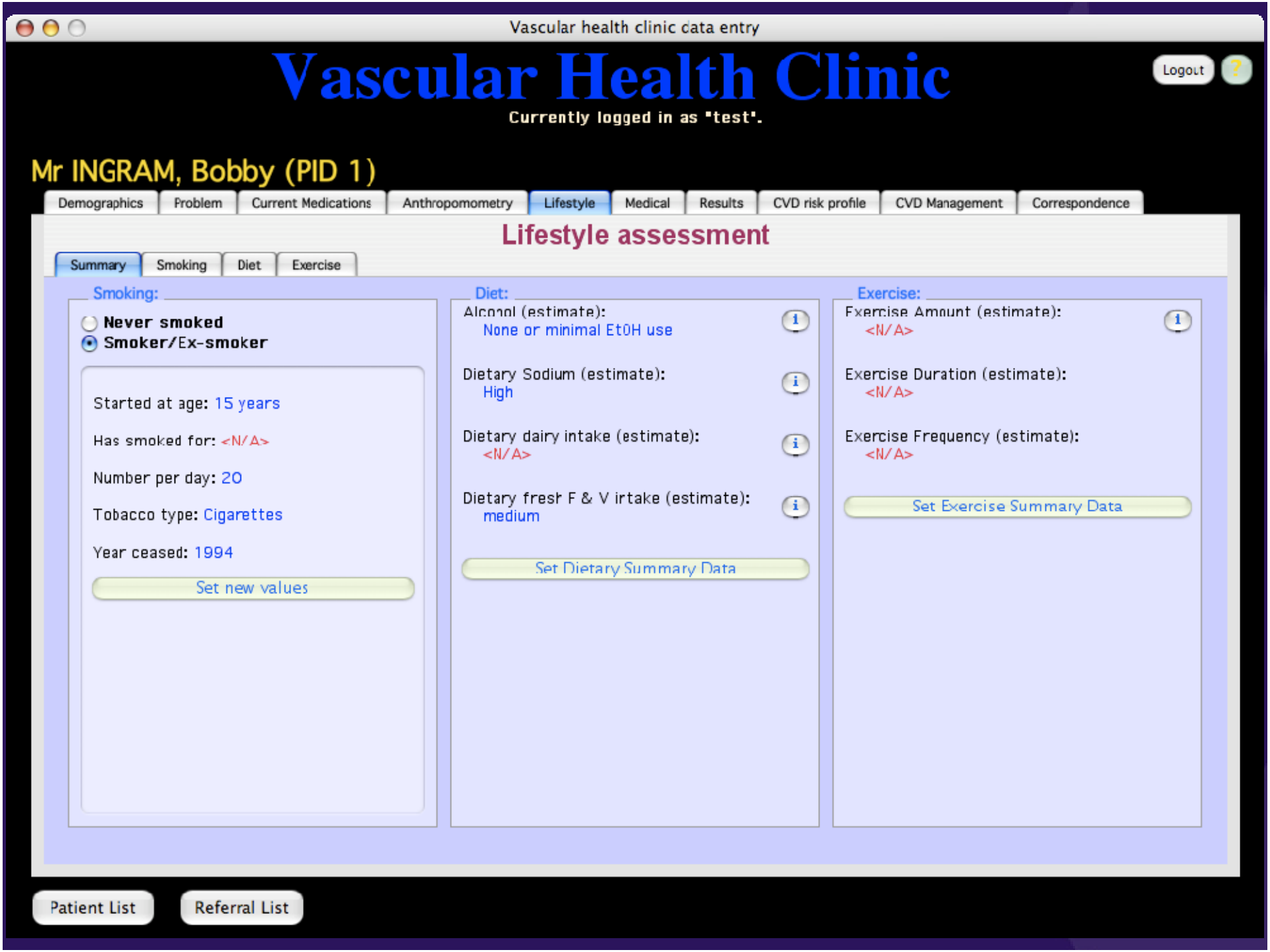
Waist-Hip Ratio: <N/A>

BP | Graph



Patient List | Referral List


Vascular health clinic cata entry
Vascular Health Clinic
Logout
Currently logged in as "test".
Mr INGRAM, Bobby (PID 1)
Demographics
Problem
Current Medications
Anthropomometry
Lifestyle
Medical
Results
CVD risk profile
CVD Management
Correspondence
Lifestyle assessment
Summary
Smoking
Diet
Exercise
Smoking:
Never smoked
Smoker/Ex-smoker
Diet:
Alcohol (estimate):
None or minimal EtOH use
Dietary Sodium (estimate):
<N/A>
Dietary dairy intake (estimate):
<N/A>
Dietary fresh F & V irtake (estimate):
<N/A>
Set Dietary Summary Data
Exercise:
Exercise Amount (estimate):
<N/A>
Exercise Duration (estimate):
<N/A>
Exercise Frequency (estimate):
<N/A>
Set Exercise Summary Data
Patient List
Referral List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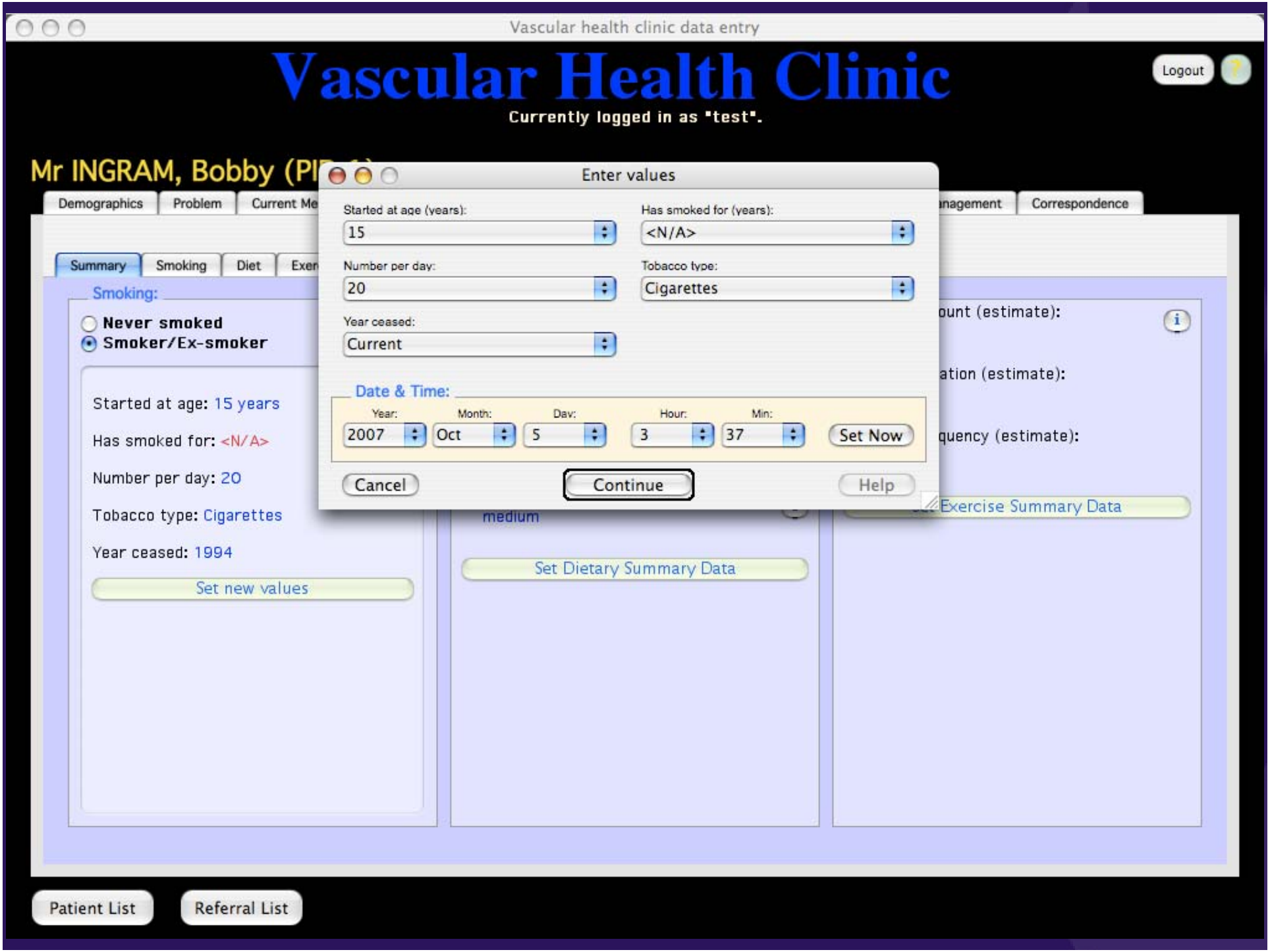
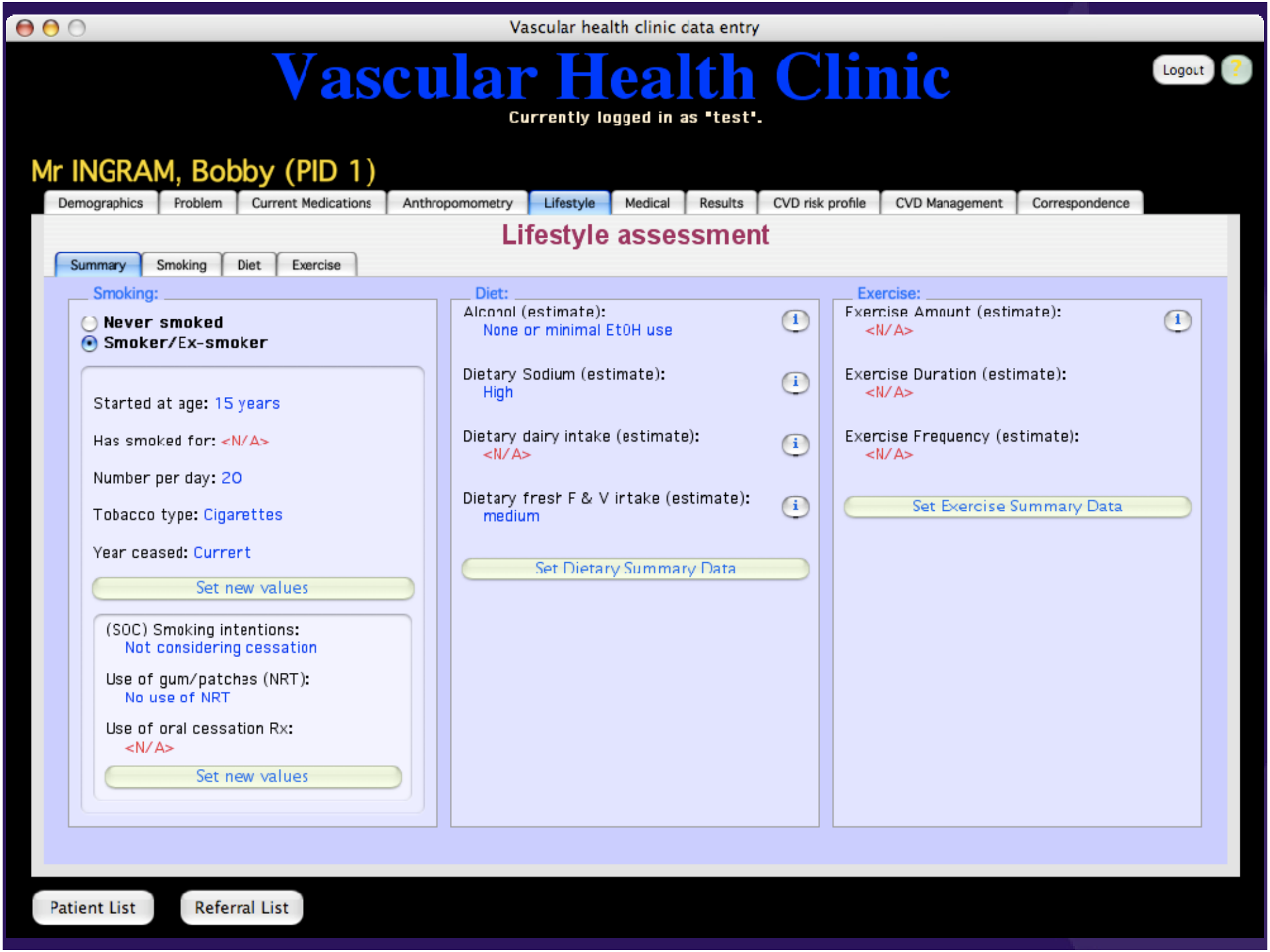
Current Medications
Anthropomometry
Lifestyle
Medical
Results
CVD risk profile
CVD Management
Correspondence
Lifestyle assessment
Summary
Smoking
Diet
Exercise
Smoking:
Never smoked
Smoker/Ex-smoker
Started at age: 15 years
Has smoked for: <N/A>
Number per day: 20
Tobacco type: Cigarettes
Year ceased: 1994
Set new values
Diet:
Alcohol (estimate):
None or minimal EtOH use
Dietary Sodium (estimate):
High
Dietary dairy intake (estimate):
<N/A>
Dietary fresh F & V irtake (estimate):
medium
Set Dietary Summary Data
Exercise:
Exercise Amount (estimate):
<N/A>
Exercise Duration (estimate):
<N/A>
Exercise Frequency (estimate):
<N/A>
Set Exercise Summary Data
Patient List
Referral List


Vascular health clinic data entry
Vascular Health Clinic
Logout
Currently logged in as "test".
Mr INGRAM, Bobby (PI
Demographics
Problem
Current Me
nagement
Correspondence
Summary
Smoking
Diet
Exer
Smoking:
Never smoked
Smoker/Ex-smoker
Started at age: 15 years
Has smoked for: <N/A>
Number per day: 20
Tobacco type: Cigarettes
Year ceased: 1994
Set new values
ount (estimate):
ation (estimate):
quency (estimate):
medium
Set Dietary Summary Data
Exercise Summary Data
Enter values
Started at age (years):
15
Has smoked for (years):
<N/A>
Number per day:
20
Tobacco type:
Cigarettes
Year ceased:
Current
Date & Time:
Year:
2007
Month:
Oct
Day:
5
Hour:
3
Min:
37
Set Now
Cancel
Continue
Help
Patient List
Referral List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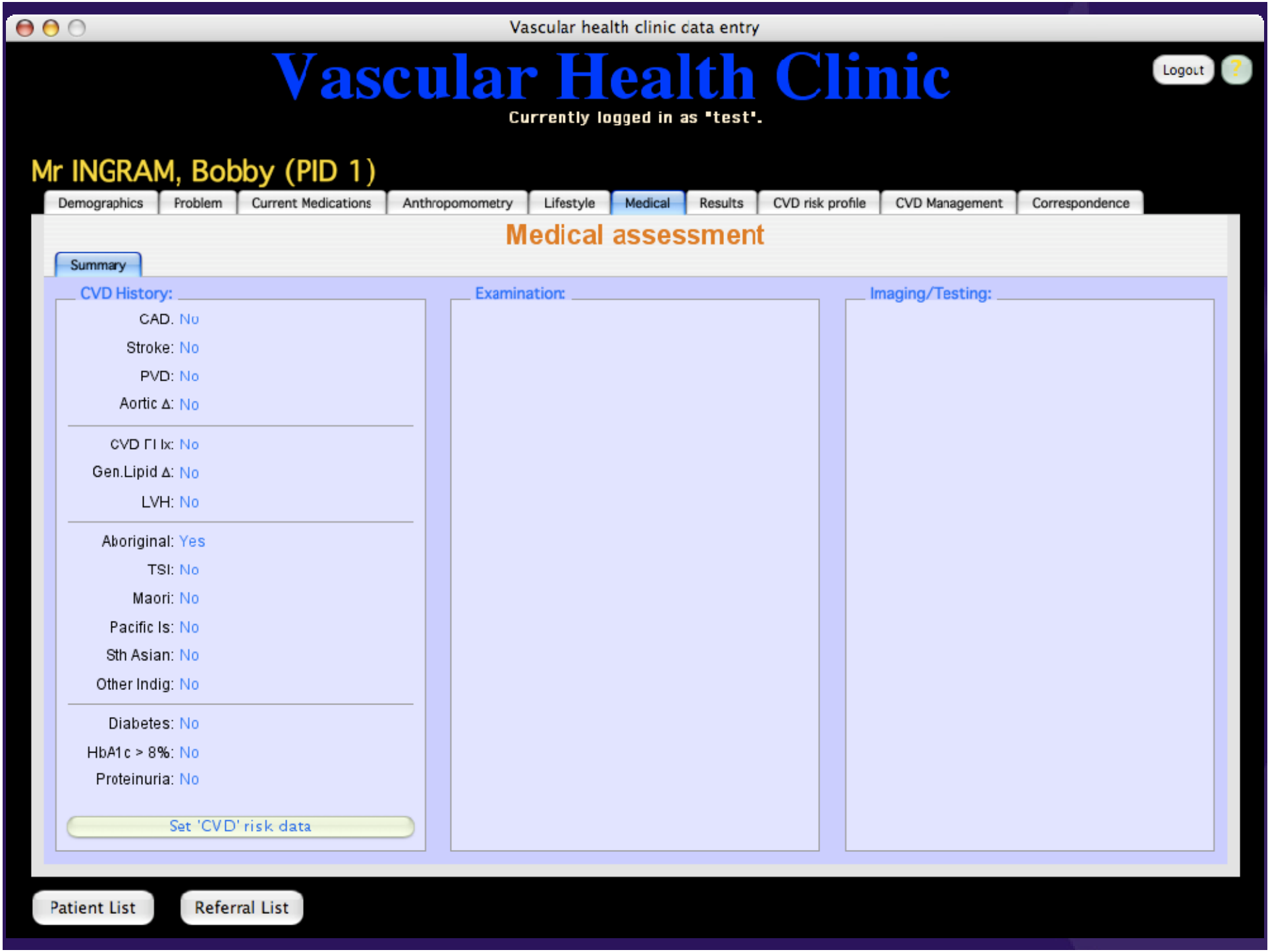
CVD Management
Correspondence
Lifestyle assessment
Summary
Smoking
Diet
Exercise
Smoking:
Never smoked
Smoker/Ex-smoker
Started at age: 15 years
Has smoked for: <N/A>
Number per day: 20
Tobacco type: Cigarettes
Year ceased: Currert
Set new values
(SOC) Smoking intentions:
Not considering cessation
Use of gum/patches (NRT):
No use of NRT
Use of oral cessation Rx:
<N/A>
Set new values
Diet:
Alcohol (estimate):
None or minimal EtOH use
Dietary Sodium (estimate):
High
Dietary dairy intake (estimate):
<N/A>
Dietary fresh F & V irtake (estimate):
medium
Set Dietary Summary Data
Exercise:
Exercise Amount (estimate):
<N/A>
Exercise Duration (estimate):
<N/A>
Exercise Frequency (estimate):
<N/A>
Set Exercise Summary Data
Patient List
Referral List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Anthropomometry
Lifestyle
Medical
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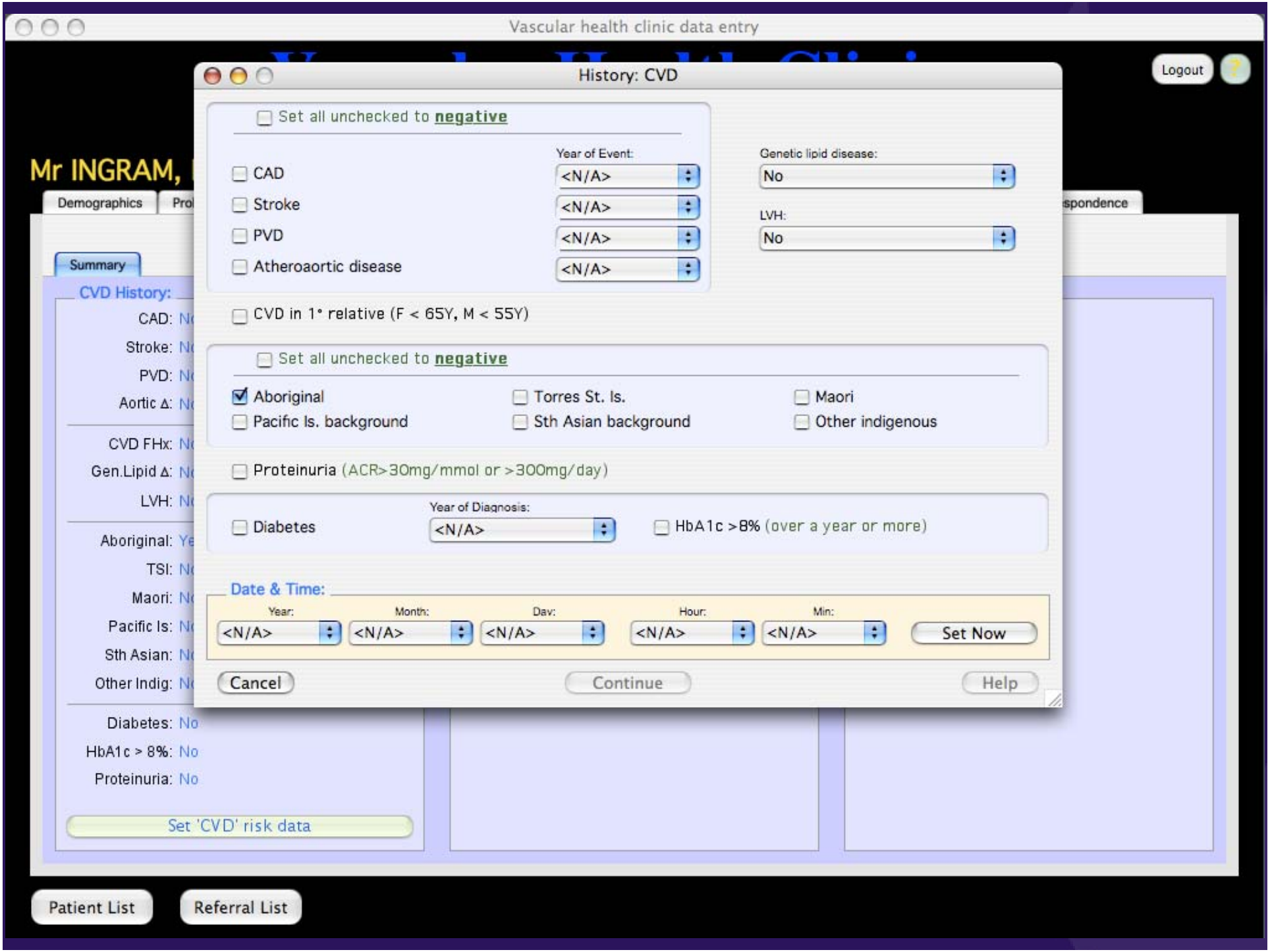
CVD risk profile
CVD Management
Correspondence
Medical assessment
Summary
CVD History:
CAD. No
Stroke: No
PVD: No
Aortic Δ: No
CVD ΓΙ Ix: No
Gen.Lipid Δ: No
LVH: No
Aboriginal: Yes
TSI: No
Maori: No
Pacific Is: No
Sth Asian: No
Other Indig: No
Diabetes: No
HbA1c > 8%: No
Proteinuria: No
Set 'CVD' risk data
Examination:
Imaging/Testing:
Patient List
Referral List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Demographics
Summary
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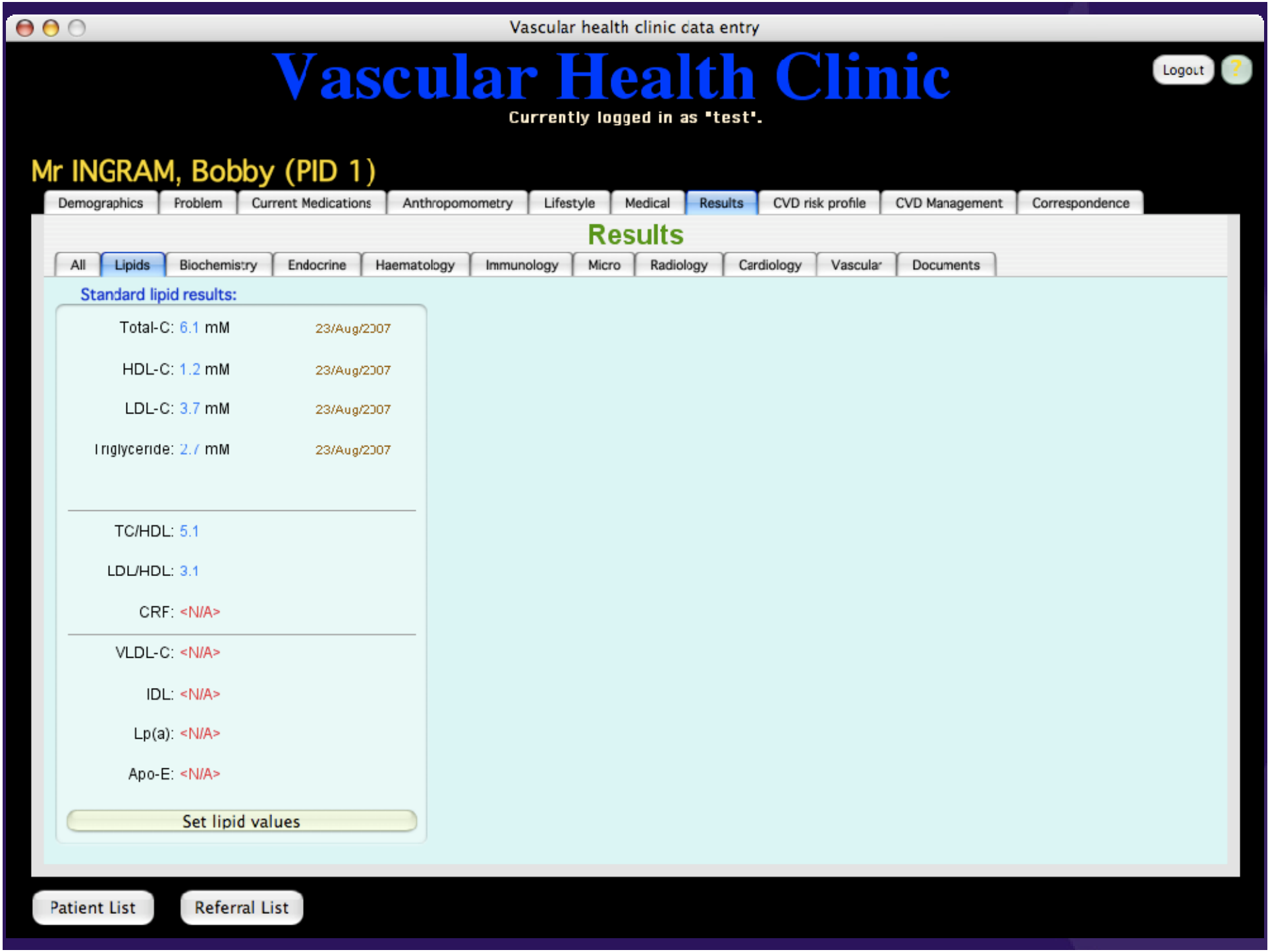
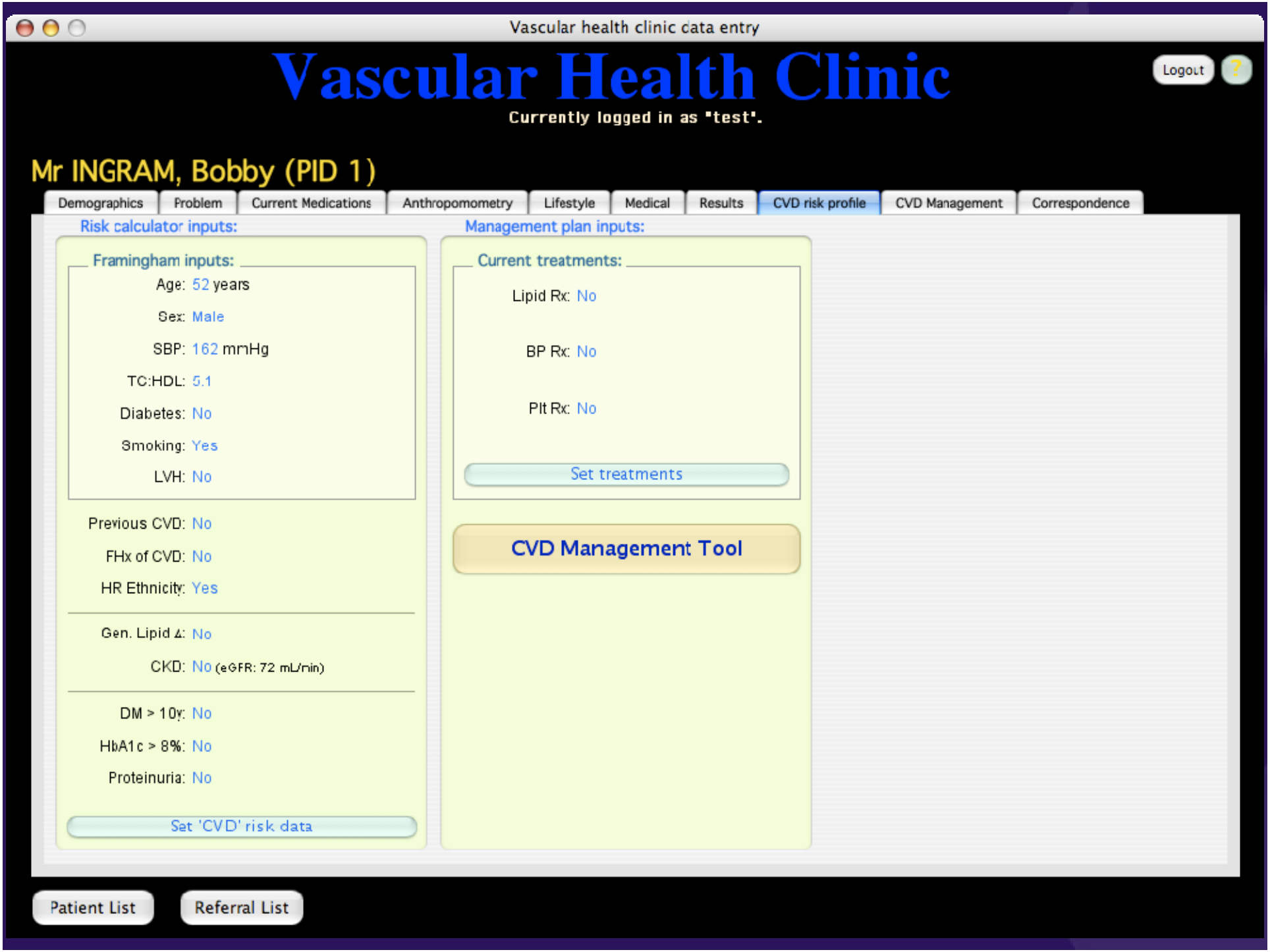
PVD: No
Aortic Δ: No
CVD FHx: No
Gen.Lipid Δ: No
LVH: No
Aboriginal: Ye
TSI: No
Maori: No
Pacific Is: No
Sth Asian: No
Other Indig: No
Diabetes: No
HbA1c > 8%: No
Proteinuria: No
Set 'CVD' risk data
Patient List
Referral List
History: CVD
Set all unchecked to negative
CAD
Stroke
PVD
Atheroaortic disease
Year of Event:
<N/A>
Genetic lipid disease:
No
LVH:
No
CVD in 1° relative (F < 65Y, M < 55Y)
Set all unchecked to negative
Aboriginal
Torres St. Is.
Maori
Pacific Is. background
Sth Asian background
Other indigenous
Proteinuria (ACR>30mg/mmol or >300mg/day)
Diabetes
Year of Diagnosis:
HbA1c >8% (over a year or more)
Date & Time:
Year:
Month:
Day:
Hour:
Min:
Set Now
Cancel
Continue
Help


Vascular health clinic cata entry
Vascular Health Clinic
Logout
Currently logged in as "test".
Mr INGRAM, Bobby (PID 1)
Demographics
Problem
Current Medications
Anthropomometry
Lifestyle
Medical
Results
CVD risk profile
CVD Management
Correspondence
Results
All
Lipids
Biochemistry
Endocrine
Haematology
Immunology
Micro
Radiology
Cardiology
Vascular
Documents
Standard lipid results:
Total-C: 6.1 mM 23/Aug/2007
HDL-C: 1.2 mM 23/Aug/2007
LDL-C: 3.7 mM 23/Aug/2007
Triglyceride: 2.7 mM 23/Aug/2007
TC/HDL: 5.1
LDL/HDL: 3.1
CRF: <N/A>
VLDL-C: <N/A>
IDL: <N/A>
Lp(a): <N/A>
Apo-E: <N/A>
Set lipid values
Patient List
Referral List


Vascular health clinic data entry
Vascular Health Clinic
Logout
Currently logged in as "test".
Mr INGRAM, Bobby (PID 1)
Demographics
Problem
Current Medications
Anthropomometry
Lifestyle
Medical
Results
CVD risk profile
CVD Management
Correspondence
Risk calculator inputs:
Framingham inputs:
Age: 52 years
Sex: Male
SBP: 162 mmHg
TC:HDL: 5.1
Diabetes: No
Smoking: Yes
LVH: No
Previous CVD: No
FHx of CVD: No
HR Ethnicity: Yes
Gen. Lipid Δ: No
CKD: No (eGFR: 72 mL/min)
DM > 10y: No
HbA1c > 8%: No
Proteinuria: No
Set 'CVD' risk data
Management plan inputs:
Current treatments:
Lipid Rx: No
BP Rx: No
Plt Rx: No
Set treatments
CVD Management Tool
Patient List
Referral List

CVD Management

These data are transient. Changing values does **not** affect patient data.

Risk management inputs:

Age: 52 years
Sex: Male
LVH: No
Smoking: Yes

Total-C: 6.1 mM
HDL-C: 1.2 mM
LDL-C: 3.7 mM
Trigs: 2.7 mM

SBP: 162 mmHg
DBP: 82 mmHg

Creatinine: 100 μM
Proteinuria: No
CKD: No (eGFR: 72 mL/min)
Diabetes: No
DM > 10y: No
HbA1c >8%: No

Hx CVD: No
Gen. Dyslip.: No
FHx CVD: No
↑ risk B/G: Yes
BMI: 26.6 kg/m^2

Lipid Rx: No
BP Rx: No
Plt Rx: No

Set management inputs

Absolute risk:

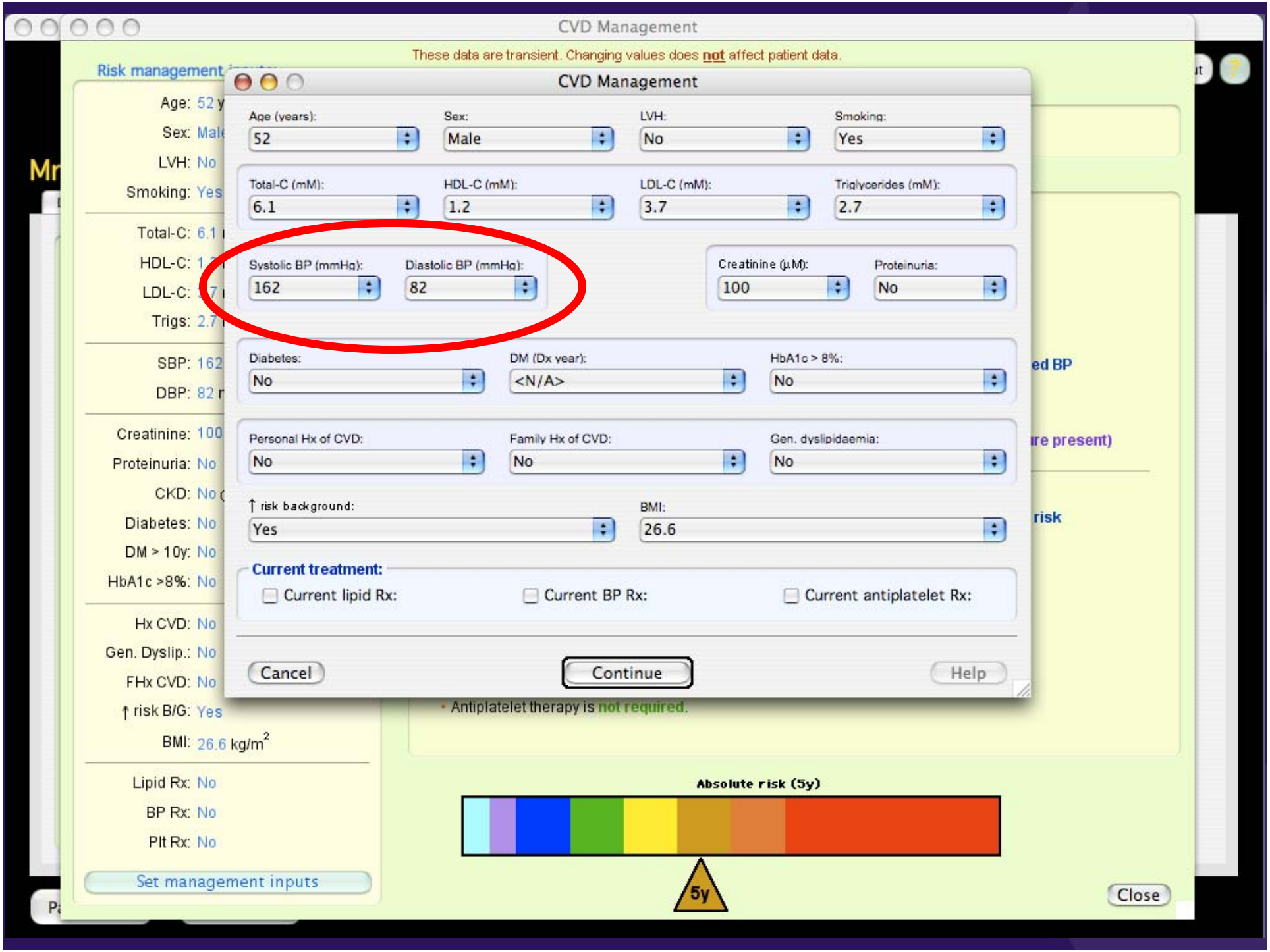
Estimated **5 year** risk of CVD event: **22% (high)**

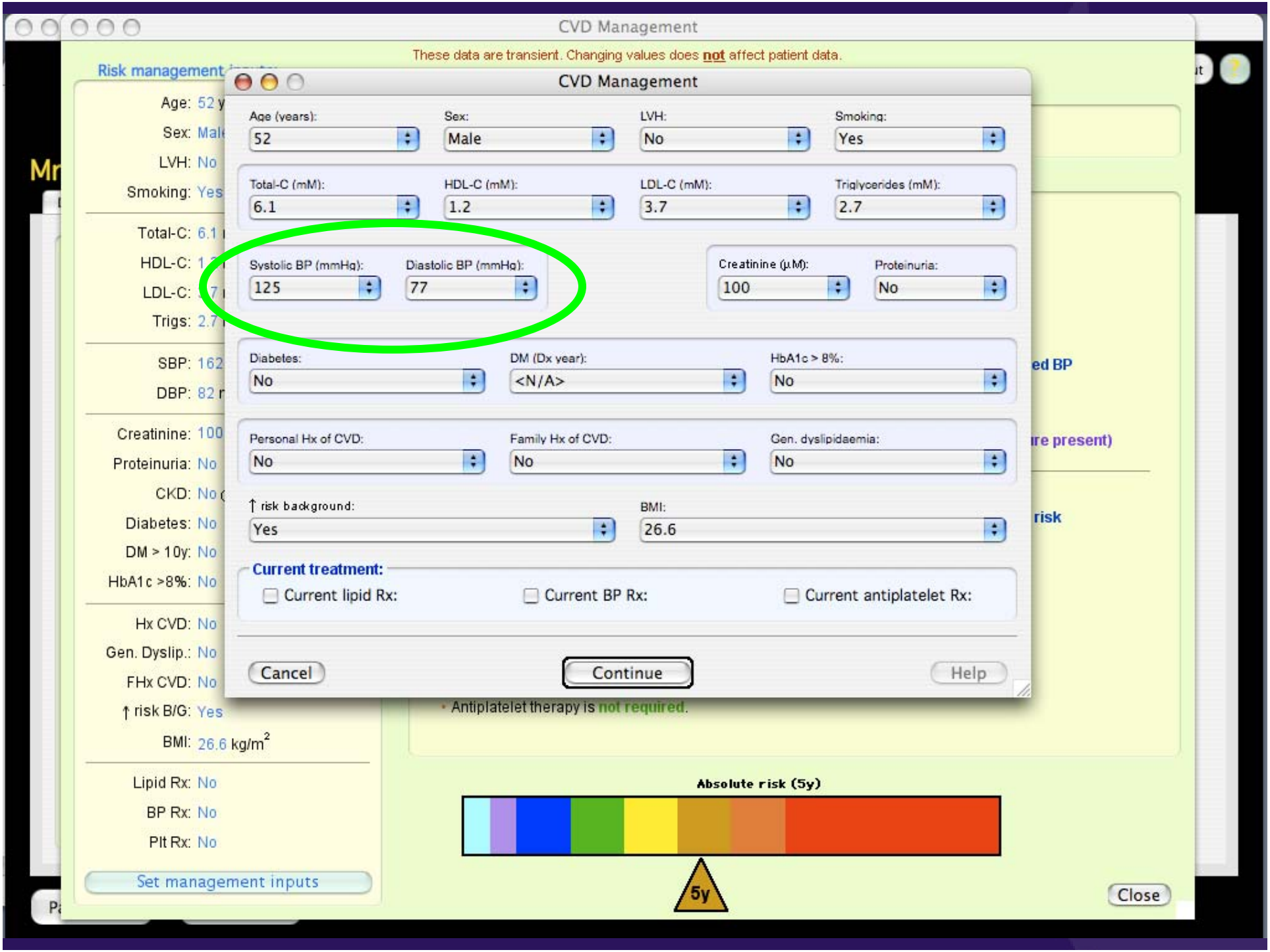
CVD Recommendations:

- Absolute risk assessment is **recommended** because **age** is ≥ 50, and **elevated BP**, **elevated lipid**, and **higher risk B/G** are present.
- Diabetes evaluation is **recommended** as **higher risk background (age ≥35)**, and **elevated blood pressure (age ≥45)** are present.
- Lipids evaluation is **recommended** as **age ≥45**, **higher risk B/G**, **smoking**, and **elevated BP** are present.
- BP monitoring is **recommended** as age is over 18 years. **(note elevated blood pressure present)**

- Lipid modifying therapy is **recommended** as **risk background & lipids**, and **elevated risk** are present.
- Lipid modifying treatment is **not subsidised by the PBS**.
- BP lowering therapy is **recommended** as multiple indications are present.
- Antiplatelet therapy is **not required**.

Close


CVD Management
These data are transient. Changing values does not affect patient data.
Risk management
Age: 52 y
Sex: Male
LVH: No
Smoking: Yes
Total-C: 6.1
HDL-C: 1.2
LDL-C: 3.7
Trigs: 2.7
SBP: 162
DBP: 82
Creatinine: 100
Proteinuria: No
CKD: No
Diabetes: No
DM > 10y: No
HbA1c >8%: No
Hx CVD: No
Gen. Dyslip.: No
FHx CVD: No
↑ risk B/G: Yes
BMI: 26.6 kg/m2
Lipid Rx: No
BP Rx: No
Plt Rx: No
Set management inputs
CVD Management
Age (years): 52
Sex: Male
LVH: No
Smoking: Yes
Total-C (mM): 6.1
HDL-C (mM): 1.2
LDL-C (mM): 3.7
Triglycerides (mM): 2.7
Systolic BP (mmHg): 162
Diastolic BP (mmHg): 82
Creatinine (μM): 100
Proteinuria: No
Diabetes: No
DM (Dx year): <N/A>
HbA1c > 8%: No
Personal Hx of CVD: No
Family Hx of CVD: No
Gen. dyslipidaemia: No
↑ risk background: Yes
BMI: 26.6
Current treatment:
Current lipid Rx:
Current BP Rx:
Current antiplatelet Rx:
Cancel
Continue
Help
Antiplatelet therapy is not required.
Absolute risk (5y)
5y
Close


CVD Management
These data are transient. Changing values does not affect patient data.
Risk management
Age: 52 y
Sex: Mal
LVH: No
Smoking: Yes
Total-C: 6.1
HDL-C: 1.2
LDL-C: 7
Trigs: 2.7
SBP: 162
DBP: 82
Creatinine: 100
Proteinuria: No
CKD: No
Diabetes: No
DM > 10y: No
HbA1c >8%: No
Hx CVD: No
Gen. Dyslip.: No
FHx CVD: No
↑ risk B/G: Yes
BMI: 26.6 kg/m2
Lipid Rx: No
BP Rx: No
Plt Rx: No
Set management inputs
CVD Management
Age (years): 52
Sex: Male
LVH: No
Smoking: Yes
Total-C (mM): 6.1
HDL-C (mM): 1.2
LDL-C (mM): 3.7
Triglycerides (mM): 2.7
Systolic BP (mmHg): 125
Diastolic BP (mmHg): 77
Creatinine (µM): 100
Proteinuria: No
Diabetes: No
DM (Dx year): <N/A>
HbA1c > 8%: No
Personal Hx of CVD: No
Family Hx of CVD: No
Gen. dyslipidaemia: No
↑ risk background: Yes
BMI: 26.6
Current treatment:
Current lipid Rx:
Current BP Rx:
Current antiplatelet Rx:
Cancel
Continue
Help
Antiplatelet therapy is not required.
Absolute risk (5y)
5y
Close

CVD Management

These data are transient. Changing values does **not** affect patient data.

Risk management inputs:

Age: 52 years
Sex: Male
LVH: No
Smoking: Yes

Total-C: 6.1 mM
HDL-C: 1.2 mM
LDL-C: 3.7 mM
Trigs: 2.7 mM

SBP: 125 mmHg
DBP: 77 mmHg

Creatinine: 100 µM
Proteinuria: No
CKD: No (eGFR: 72 mL/min)
Diabetes: No
DM > 10y: No
HbA1c >8%: No

Hx CVD: No
Gen. Dyslip.: No
FHx CVD: No
↑ risk B/G: Yes
BMI: 26.6 kg/m^2

Lipid Rx: No
BP Rx: No
Plt Rx: No

Set management inputs

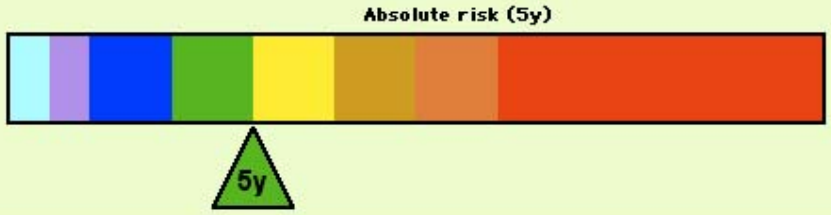
Absolute risk:

Estimated **5 year** risk of CVD event: **15% (medium)**

CVD Recommendations:

- Absolute risk assessment is **recommended** because **age** is ≥ 50, and **elevated lipid**, and **higher risk B/G** are present.
- Diabetes evaluation is **recommended** as **higher risk background (age ≥35)** is present.
- Lipids evaluation is **recommended** as **age ≥45**, **higher risk B/G**, and **smoking** are present.
- BP monitoring is **recommended** as age is over 18 years.

- Lipid modifying therapy is **recommended** as **risk background & lipids** is present.
- Lipid modifying treatment is **not subsidised by the PBS**.
- BP lowering therapy is **not required**.
- Antiplatelet therapy is **not required**.



Close

CVD Management

These data are transient. Changing values does **not** affect patient data.

Risk management inputs:

Age: 52 years
Sex: Male
LVH: No
Smoking: Yes

Total-C: 6.1 mM
HDL-C: 1.2 mM
LDL-C: 3.7 mM
Trigs: 2.7 mM

SBP: 162 mmHg
DBP: 82 mmHg

Creatinine: 100 μM
Proteinuria: No
CKD: No (eGFR: 72 mL/min)
Diabetes: No
DM > 10y: No
HbA1c >8%: No

Hx CVD: No
Gen. Dyslip.: No
FHx CVD: No
↑ risk B/G: Yes
BMI: 26.6 kg/m^2

Lipid Rx: Yes
BP Rx: No
Plt Rx: No

Set management inputs

Absolute risk:

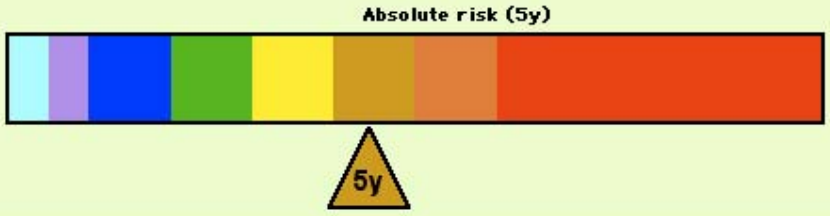
Estimated **5 year** risk of CVD event: **22% (high)**

CVD Recommendations:

- Absolute risk assessment is **recommended** because **age** is ≥ 50, and **elevated BP**, **elevated lipid**, and **higher risk B/G** are present.
- Diabetes evaluation is **recommended** as **higher risk background (age ≥35)**, and **elevated blood pressure (age ≥45)** are present.
- Lipids evaluation is **recommended** as **age ≥45**, **higher risk B/G**, **smoking**, and **elevated BP** are present.
- BP monitoring is **recommended** as age is over 18 years. **(note elevated blood pressure present)**

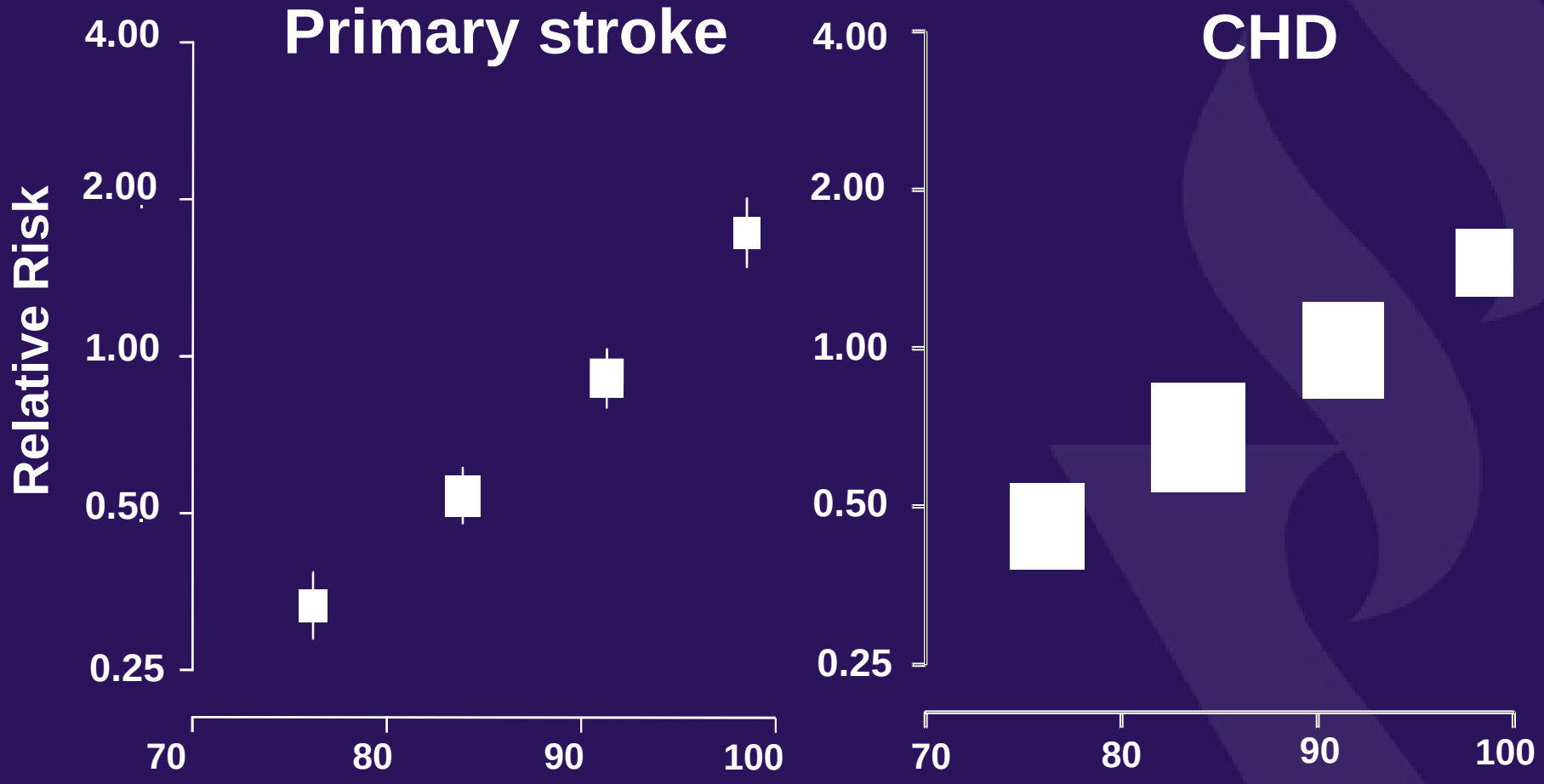
- Lipid modifying therapy is **recommended** as **risk background & lipids**, and **elevated risk** are present.
- Lipid modifying treatment is **subsidised by the PBS if criteria have previously been met**.
- BP lowering therapy is **recommended** as multiple indications are present.
- Antiplatelet therapy is **not required**

- Lipid modifying therapy is **not meeting target** as LDL ≥ 2.5mM.



Close

BP and outcomes



Source: Lancet 1990;335:765-74

What would we gain?

1. Target treatment at high risk
   - cost-effective
2. Close evidence-practice gap
3. Bring together multiple conflicting guidelines into one evidence-based algorithm
4. Prevent avoidable hospitalisations
5. Potential $ saved for private health insurers
6. Attract members to high-quality prevention services