Abstract

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Introduction: Life expectancy for Indigenous Australians is approximately 10 years less than their non-Indigenous counterparts. A large proportion of this gap can be attributed to non-communicable diseases. A growing body of evidence suggests that cardiovascular disease (CVD) and depression are associated bi-directionally.

Aim: To better understand the associations of cardiovascular burden, gender and depressive symptoms in a sample of Indigenous Australians.

Methods: This was a cross sectional study of 436 Aboriginal adults from remote, urban and peri-urban communities around Alice Springs (64% female, mean age = 43.8). Participants underwent assessments of depression using an adapted version of the Patient Health Questionnaire 9 (PHQ-9) and clinical examinations for cardiovascular status.

Results: Modifiable cardiovascular risk factors (current smoking (p = .001), obesity (p = .039)) were associated with significantly higher scores on the PHQ-9, as was being female (p = .022). Women had higher mean scores on the PHQ-9 than men (6.31(4.05) vs. 5.68 (4.47)). Women scored significantly higher on item 8a, indicating more somatic symptoms than men (p = .009). Depressive symptoms were not significantly associated with CVD (heart disease (p = .964); CAD (p = .163)).

Conclusion: Depressive symptoms did not associate with CVD. Low overall group average scores on the PHQ-9 may explain this finding. Associations between modifiable cardiovascular risk factors and depressive symptoms may present opportunities to guide future Indigenous Health Policy. There is also need for further psychometric evaluation of the adapted PHQ-9 to provide support for the continued use of this measure.

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Mapping Cardiovascular Inequities in Aotearoa

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The rate of cardiovascular disease mortality in New Zealand has fallen by over 75% in the last 50 years, yet still remains responsible for approximately 1 in 3 deaths. Despite these successes significant inequities remain. For Maori and Pacific people, more than 58% of CVD deaths happen before the age of 70, compared to 21% for non-Maori, non-Pacific.

Aotearoa New Zealand has multiple data sets on CVD mortality, morbidity, hospitalisations, and risk factors. The New Zealand Heart Foundation has set out to bring these together into an online resource and map the state of New Zealand’s cardiovascular health. By using a visual tool, the aim is to better understand the regional state of heart health, risk factors, access to health care and mortality.

A key objective is to map Maori and non-Maori data, and to contrast CVD inequities across Aotearoa. The state of inequities in CVD health is often hidden within large national datasets. This resource aims to make this data accessible and meaningful by showing the health inequity at national and sub-national levels.

Such resources help to communicate the state of health inequity, and assist efforts to better understand the local, regional and national state of heart health.

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Ethnic Differences in Heart Failure

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Introduction: Differences in heart failure (HF) prevalence, outcome and management exist across the world. Such disparities exist in HF patients within New Zealand (NZ). Heart failure is often the initial presentation of cardiovascular disease, and as such there exists opportunities for prevention and early intervention.

Method: Using registry data that has been collected on HF admissions across NZ (NZ HF Registry), we compare different populations within NZ, and also data from other international registries.

Results: The median age of HF admissions in the NZ registry overall was 74 years, with 63% being male. Compared with NZ European HF admissions, M/F patients are more likely to be male and on average 17 years younger (62 vs 79 years). They are less likely to have coronary artery disease and more likely to have diabetes and reduced ejection fraction. Due to the incidence of rheumatic heart disease amongst this ethnic population, a greater number of HF presentations are associated with significant valve disease.