



Awareness at heart of new moves to reduce ‘silent killer’

Feb 15 The first time the majority of people with untreated
24 Familial Hypercholesterolaemia (FH) learn they have the genetically inherited disorder is when they’re rushed to hospital with a heart attack.

That’s because about 80 per cent of Australians with the condition – which predisposes them to premature coronary heart disease – don’t even know they have it.

Compounding the problem is a lack of awareness and knowledge of the condition, even among experienced health practitioners.

But this is set to change thanks to an award-winning WA Health initiative that seeks to raise awareness of FH among health professionals and shift the focus for its screening and management, from hospitals and specialist services to GP clinics.

Professor Gerald Watts, who heads the Lipid Disorders Clinic at Royal Perth Hospital and is spearheading the change, said people with FH were unable to remove low-density lipoprotein (LDL), commonly referred to as “bad cholesterol”, from their blood which raised their overall cholesterol level and lead to a narrowing of the arteries and an increased risk of premature heart disease.

“Left untreated, about 50 per cent of men with FH will have coronary heart disease by the time they are 50 and 30 per cent of women by the time they are 60,” he said.

“Early detection of FH is crucial because the earlier somebody with FH is diagnosed, the sooner they can begin managing it.”

Professor Watts said the key to improving outcomes for people with FH lay in raising awareness of the condition, particularly among GPs and cardiologists, and in creating more efficient and effective means of screening for the condition.

Professor Watts said that traditionally FH cases were detected when patients presented to tertiary hospitals with a heart problem and were sent for further testing.

“What we hope to do with this initiative is to find these patients, before they progress to this stage,” he said.

The initiative seeks to better educate GPs about FH so they can be alert to early pointers of the condition such as having a high cholesterol level or a close relative with premature heart disease.



Professor Watts said GPs were the obvious choice for improving detection rates because they ordered more than 90 per cent of cholesterol tests in the community and often treated more than one generation of a family.

He said other measures being taken to improve detection of FH in the community included encouraging GP clinics to go back through patient databases to identify those who could benefit from FH screening, and getting pathology providers to bring to the attention of GPs patients with very high cholesterol levels.

Professor Watts said the initiative, which recently won the WA Health award for excellence in Primary Care, would also be supported by a national FH register that is being developed by WA Health's Office of Population Health Genomics and the FH Australasia Network. It would enable new developments in FH management to be communicated to FH patients, their GPs and other health providers and alert them to opportunities to participate in clinical trials.

Professor Watts said Familial Hypercholesterolaemia affected about one in 500 people which meant the average GP was likely to see up to 25 patients with the condition every year.

[< Go Back](#)