27 September 2022

Heart Foundation of Australia
2/850 Collins Street
Melbourne VIC 3008

Via email: cvdriskteam@heartfoundation.org.au

Dear CVD Risk Team,

The Royal Australian College of General Practitioners (RACGP) welcomes the opportunity to provide comment on the draft *Australian guideline for assessing and managing cardiovascular disease risk.*

General practitioners (GPs) are the backbone of Australian healthcare, with almost 85% of the population seeing a GP at least once each year.[1] Preventive care, in particular, is an important part of general practice, with 21% of reported health presentations to GPs in 2021 for preventive care.[2] The RACGP produces a number of clinical guidelines relevant for reducing cardiovascular disease (CVD) risk in the Australian population. These guidelines, including the *Guidelines for preventive activities in general practice* (the Red book), the *National guide to a preventive health assessment for Aboriginal and Torres Strait Islander people* (the National guide) and *Supporting smoking cessation: a guide for health professionals* help GPs provide high-quality care and support for their patients to prevent CVD, and manage CVD risk factors.

We are pleased to review the comprehensive draft guideline and revised calculator. We provide feedback in response to sections as outlined in the survey and include the relevant page numbers from the consultation draft.

Approach to assessing CVD risk

Type 1 diabetes (pages 30 & 31)

While the information about increased CVD risk for people with type 1 diabetes is helpful, this should be clearly articulated in the draft, as it is currently hidden within the detail. An alert should be included at the start of the online calculator indicating that the equation has not been validated for type 1 diabetes and is likely to underestimate risk.

Aboriginal and/or Torres Strait Islander peoples (page 32)

The guideline recommends individual risk factors are assessed for 18-29 year old Aboriginal and Torres Strait Islander peoples without known CVD. The RACGP recommends clearly stating that the Risk Calculator is not required for this cohort, and that GPs can move directly to identifying their risk category.

Socioeconomic factors (pages 30 & 31)

Using postcodes translated into Socio-Economic Indexes for Areas (SEIFA) is helpful at a population level. However, GPs who use the postcode index should have the option to adjust their patient’s individual socioeconomic situation if this is significantly different to the postcode they are living in. This enables the GP to consider the relevant risk factors for such patients.

General comments on the calculator

- The calculator should be able to manage gaps in data that may occur when GPs or patients do not have the required information to input. For example, family history of premature CVD may not always be known by the patient.

- It would be helpful if the modifiable risk factors (if close to a threshold) in the guideline were included in the calculator.

Approach to assessing CVD risk - Other risk considerations

History of pregnancy complications – Gestational diabetes (pages 54-55)

The Management of type 2 diabetes: a handbook for general practice recommends women planning another pregnancy should have an oral glucose tolerance testing (OGTT) annually. However, if results are normal, a fasting blood glucose and glycated haemoglobin (HbA1c) test should be done every three years. The practice point on screening for women with a history of gestational diabetes should be amended to align with this existing guideline.

Manage CVD risk - Lifestyle approaches

Nutrition (pages 69 and 70)

The modest and uncertain benefits of supplements should be assessed against the potential harms, particularly for people who are considered to be at low risk. The conditional recommendation to take fish oil supplements should consider, using the evidence-to-decision matrix, potential harms for the use of fish oil supplements for people at all levels of risk.

General comments on the guideline

- A sub-heading in the text to highlight clinical practice guidelines for recommendations on management should be included, especially where GPs need to refer for intensity of treatment and/or treatment targets. This is not clear in the current format.
- The guideline is extremely comprehensive. The online calculator should be linked to recommendations where appropriate.
- The GRADE evidence-to-decision frameworks for public health statements should ideally include or link to the full GRADE checklist. It is unclear whether factors such as resources, equity, feasibility and indirect harms have been reviewed.

Thank you again for the opportunity to provide a submission to the draft *Australian guideline for assessing and managing cardiovascular disease risk*. If you have any questions regarding our submission, please contact Mr Stephan Groombridge, National Manager, e-Health and Quality Care at stephan.groombridge@racgp.org.au or 03 8699 0544.

Yours sincerely

Adj Prof Karen Price
President

References

1. Department of Health. Annual Medicare statistics: Financial year 1984–85 to 2020–21. Canberra: DoH, 2021.
2. The Royal Australian College of General Practitioners. General Practice: Health of the Nation 2021. East Melbourne, Vic: RACGP, 2021.

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