

# Improving awareness of cardiovascular risk factors in young Australian adults: We can do better

Joshua Meyerov, Catherine Guo, Leon Tan

**IT IS WELL ESTABLISHED** that cardiovascular risk factors can emerge at a young age, increasing the risk of developing cardiovascular disease later in life.<sup>1</sup> There is a growing body of literature indicating that a concerning proportion of young adults have one or more modifiable cardiovascular risk factors, with many being unaware that they have risk factors.<sup>2-4</sup> Studies have also indicated that young adults have concerningly lower health literacy of cardiovascular risk factors.<sup>2-4</sup> Given the implications of early detection and treatment, there is a strong impetus for improving the knowledge and individual awareness of cardiovascular risk factors in this population group. General practice can play a key role in better engaging young adults to improve both health literacy and awareness by screening for cardiovascular risk factors, providing health education and directing preventative care. Targeted community health education campaigns for young adults developed alongside primary care initiatives would hopefully support achieving prevention goals.

It is now globally recognised that primordial prevention of cardiovascular risk factors is the most effective strategy for

preventing cardiovascular disease, with many health systems implementing universal risk factor screening programs.<sup>2</sup> Young adulthood has become widely regarded as an opportune period for effective primordial prevention of cardiovascular risk factors to preserve cardiovascular health well into older adulthood and mitigate the risk of events.<sup>1</sup> It is a distinct period of development characterised by high levels of independence and lower amounts of disease-related morbidity compared with older groups.<sup>5</sup> Targeted prevention and intervention strategies might therefore alter trajectories, mitigate the development of chronic disease and improve longevity.<sup>5</sup> Although there is no universal consensus definition, adults aged 18–25 years are frequently grouped under ‘young adulthood’.<sup>5</sup> However, several studies used wider age ranges and have been included due to the insights offered.<sup>2-4,6</sup>

Studies in young adults with cardiovascular risk factors have shown that individuals generally have a poor baseline awareness of their risk factors.<sup>2-4</sup> In a cohort of American adults aged 18–39 years, approximately 30% with diabetes, 37% with hypertension and 43% with hypercholesterolaemia were unaware of their diagnosis; less than 25% of participants with borderline levels were aware of their risk factors.<sup>2</sup> A cross-sectional study similarly showed that 75% of young American

adults with uncontrolled hypertension were unaware of their diagnosis, and those with the perception of excellent health were 64% less likely to be aware of their diagnosis.<sup>3</sup> Locally, data from the 2017–18 Australian Bureau of Statistics National Health Survey showed that 96.6% of adults aged 18–34 years with high blood pressure did not report being hypertensive, compared with 56% of individuals aged  $\geq 75$  years.<sup>6</sup> A systematic review of Australian adults aged 18–34 years showed that only 33% of respondents identified hypertension as a cardiovascular risk factor; 27% identified obesity, 39% identified physical activity, 49% identified stress and 55% identified diet and smoking.<sup>4</sup> In essence, there is a serious concern that a substantial proportion of young adults are unable to identify cardiovascular risk factors, with many being unaware that they have risk factors.

Several factors might contribute to the suboptimal awareness and treatment of risk factors in young adults. Traditionally, young adults tend to be less integrated into the healthcare system, with lower utilisation of services.<sup>3</sup> Many young Australians lack a usual source of care and do not have a regular general practitioner (GP);<sup>7</sup> therefore, they are less likely to be screened and receive health information about lifestyle changes to address modifiable risk factors.<sup>3</sup>

Because young adults tend also to exhibit better health status than older adults, it is not uncommon that there is a lower perceived risk of developing chronic diseases.<sup>3</sup> Barriers might also include concerns about confidentiality, low confidence, uncertainty about the provider's role, previous negative encounters, social stigmas and poor interactions.<sup>8</sup>

General practice is recognised as the speciality most appropriate for supporting the preventative healthcare of young adults.<sup>8</sup> It is often the first point of contact for younger patients seeking medical care in the community and many GPs are well equipped to address health prevention and determinants.<sup>7</sup> GPs can screen for risk factors, provide health education, organise referrals, link patients with support services and be health advocates.<sup>7</sup> In patients with chronic diseases, GPs can initiate a general practice management plan and coordinate multidisciplinary care through a team care arrangement;<sup>9</sup> these pathways receive Medicare funding under the chronic disease management plan initiative.<sup>10</sup> However, they are not funded to manage most cardiovascular risk factors, potentially resulting in lost opportunities for early referrals and intervention. Driving policy changes that expand the funding availability for primary prevention pathways would hopefully incentivise screening and risk factor management. Importantly, meeting prevention targets nationally will also require initiatives beyond general practice. A national campaign that raises public awareness of risk factors, empowers healthy lifestyle choices and encourages community screening could be directed at young adults across various workplace sectors and education institutions to mobilise community action and promote engagement with primary care.

With a rising global burden of cardiovascular disease risk factors among young adults, there is an urgent need to improve awareness and increase screening. Young adults attending general practice clinics should be screened and educated about cardiovascular risk factors. GPs should feel supported in directing the care and referral pathways to support young adults for risk factor management with funding to incentivise early and effective care. Finally, raising community awareness through national education campaigns will hopefully help support primary care in achieving targets for disease prevention.

## Authors

Joshua Meyerov BBiomedSc, MD, Surgical Resident, Alfred Health, Melbourne, Vic

Catherine Guo B-BMED, MD, Critical Care Resident, Alfred Health, Melbourne, Vic

Leon Tan MBBS, FRACGP, MoW, General Practitioner, St Vincent's Hospital Melbourne, Clinical School, Melbourne, Vic

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## Correspondence to:

joshuameyerov@gmail.com

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correspondence [ajgp@racgp.org.au](mailto:ajgp@racgp.org.au)