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Sent via email: qualitycare@racgp.org.au

Dear Professor Mazza

Re: Guidelines for preventive activities in general practice 10th edition – invitation for comment

Stroke Foundation is a national charity that partners with the community to prevent stroke, save lives and enhance recovery. We do this through raising awareness, facilitating research and supporting stroke survivors. Stroke Foundation is dedicated to empowering health professionals to deliver high quality best-practice care to stroke patients. We advocate for better systems, processes and resources to help health professionals deliver world class stroke care.

This year there will be more than 56,000 strokes in Australia, and there are more than 475,000 stroke survivors living in our community¹ - many with an ongoing disability. Unless action is taken, it is estimated by 2050 the number of strokes experienced by Australians will more than double to almost 133,000 strokes annually, and there will be one million stroke survivors living in the community.¹

Research indicates that 80 percent of strokes can be prevented², and Stroke Foundation is engaged in a variety of preventive health programs and initiatives which address risk factors for stroke.

As the voice of stroke in Australia, Stroke Foundation welcomes the update of the '*Guidelines for preventive activities in general practice (the Red Book)*', which is a valuable resource for Australian general practitioners.

The Stroke Foundation's comments on the update of the Red Book are outlined below.

1. People who smoke are twice as likely to have a stroke compared with those who have never smoked.³⁻⁶ The more an individual smokes the greater their risk of stroke.⁴ Importantly, an individual's risk of stroke decreases after they quit smoking, and stopping smoking has been shown to have both immediate and long-term health benefits. Therefore, Stroke Foundation is strongly supportive of measures to reduce the prevalence of smoking in the Australian community.

With regard to section 7.1 on 'Smoking' in the Red Book:

- a. The RACGP should ensure that it is consistent with information in the 3rd edition of the RACGP/NACCHO '*National guide to a preventive health assessment for Aboriginal and Torres Strait Islander people*'.
 - b. The RACGP should ensure that it is consistent with the updated RACGP '*Supporting smoking cessation: A guide for health professionals*' document, which Stroke Foundation provided comment on in 2019, but is yet to be released. This is particularly important as the draft we commented on was suggesting a partial shift from a 5As approach to smoking cessation (Ask, assess, advise, assist and arrange follow-up) to a 3As approach.
 - c. It needs to explicitly deal with e-cigarettes and the evolving evidence regarding their usefulness in supporting smoking cessation and their harms, as the '*Supporting smoking cessation: A guide for health professionals*' document has done.
2. The Stroke Foundation has been developing stroke guidelines since 2002, and in 2017 released the fourth edition of the '[*Clinical Guidelines for Stroke Management*](#)', which provides a series of best-practice recommendations to assist decision-making in the management of stroke and transient ischaemic attack (TIA) in adults, using the best available evidence. Importantly, these Guidelines are now a living document, and are continuously updated as new evidence emerges.

Chapter 4 of the '*Clinical Guidelines for Stroke Management*' covers secondary prevention of stroke, including lifestyle modification (smoking, diet, physical activity, obesity and alcohol), blood pressure and cholesterol lowering therapies, and diabetes management, and thus may be a useful resource when undertaking updates of Chapters 7 and 8 of the Red Book.

3. Section 8.1 of the Red Book addresses the 'Assessment of absolute cardiovascular risk' and references the National Vascular Disease Prevention Alliance (NVDPA) '*Guidelines for the management of absolute cardiovascular disease risk*', published in 2012. In April 2019, Health Minister Greg Hunt announced funding would be provided to update these Guidelines to reflect current best-practice evidence, and ensure health professionals are better able to manage cardiovascular disease risk. The update of these Guidelines will be undertaken in 2020 with input from NVDPA member organisations, including Stroke Foundation.

Thank you for the opportunity to input on the update of the Red Book. We look forward to the opportunity to provide comment on the draft of the 10th edition of these Guidelines later in the year.

Yours sincerely



Professor Bruce Campbell

Chair, Clinical Council

Stroke Foundation

References

1. Deloitte Access Economics. 2017. Stroke in Australia – No postcode untouched.
2. O'Donnell MJ, Chin SL, Rangarajan S et al; INTERSTROKE investigators. Global and regional effects of potentially modifiable risk factors associated with acute stroke in 32 countries (INTERSTROKE): a case-control study. *Lancet*. 2016; 388(10046):761-75.
3. United States Department of Health and Human Services. The health consequences of smoking: a report of the Surgeon General. Atlanta, GA: US Department of Health and Human Services, Centres for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office of Smoking and Health; 2004.
4. United States Department of Health and Human Services. The health consequences of smoking – 50 years of progress: a report of the Surgeon General. Rockville, MD: US Department of Health and Human Services, Centres for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office of Smoking and Health; 2014.
5. Thun MJ, Carter BD, Feskanich D et al. 50 year trends in smoking-related mortality in the United States. *N Engl J Med*. 2013; 368:351-364.
6. O'Donnell MJ, Xavier D, Liu L et al; INTERSTROKE investigators. Risk factors for ischaemic and intracerebral haemorrhagic stroke in 22 countries (the INTERSTROKE study): a case-control study. *Lancet*. 2010; 376:112-123.