



Multiple Sclerosis Network of Care Australia

Established 2003

Cardiovascular Diseases in Australia – The Multiple Sclerosis Connection

Australian Parliamentary Edition

6 June 2017 (original via email) Reference RM3366MS

To the Australian Health Minister

With copies to all of the many Representatives and Senators who have expressed their interest in this significant public health issue over the past 7 Years. See footnotes.

Petitions to the Australian Health Minister on this topic now carry more than 3,000 signatures.

Dear Health Minister

As you are aware Australia's National Strategy for heart, stroke and vascular health provides a blueprint for improving the cardiovascular health of Australians and reducing the prevalence of heart, stroke and vascular disease. Priorities for national action include developing information and tools to support consumers and general practitioners to match treatment to the level of risk of future heart, stroke and vascular events.

The Australian Heart Foundation describes cardiovascular disease (CVD) as encompassing heart, stroke and blood vessel diseases. It affects one in six (16%) Australians and is the single leading cause of death in Australia. Despite improvements over the last few decades, it remains one of the biggest burdens on the Australian economy.

CVD was the main cause for 480,548 hospitalisations in 2013/14 and played an additional role in another 680,000 hospitalisations. **It is only during the past decade that long term studies have identified significantly higher prevalence levels (up to 80%) across MS populations.**

Our Primary Concern

While we overwhelmingly support the action priority of “developing information and tools to support consumers and general practitioners to match treatment to the level of risk of vascular events’ as best we are aware no such national guidance has yet been provided by the Australian Government in relation to the extensive cardiovascular risks now known to exist across the multiple sclerosis community..

Existing Australian Government Perspectives

In June 2016 the Liberal/National Coalition acknowledged the importance of this issue when a spokesperson said “Australian patients should have timely access to innovative new treatments that have been independently assessed as safe, effective and cost-effective and that Medicare

benefits are available to clinically relevant services (including Angioplasty) that are generally accepted by the relevant profession as necessary for the appropriate treatment of the patient”.

Treatment Delayed is Treatment Lost

While this was an important step it fell short of the needs of many Australians with MS seeking “here and now” access to screening to determine if they actually have underlying CCSVI conditions. Without this they run the serious risk of not receiving treatment for the progressive condition they do have and, in the worst cases, receiving treatments for conditions they may not have. A national transition process is long overdue.

We would appreciate your assistance and guidance as to how best to progress this long standing issue. Details of associated MS research outcomes are at:

<http://www.msnetwork.org/caution.htm>

Peter Sullivan

On behalf of
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Footnotes:

Copied to the following Parliamentary Representatives
<http://www.msnetwork.org/advocacy/Parliamentary-Contacts.pdf>