

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Supplementary Budget Estimates 2011-2012, 19 October 2011

Question: E11-459

OUTCOME 2: Access to Pharmaceutical Services

Topic: STROKES IN AUSTRALIA

Written Question on Notice

Senator Fierravanti-Wells asked:

- a) What is the cost burden of strokes in Australia? How many people suffer a stroke each year?
- b) How many strokes is it anticipated that these medicines would prevent each year?

Answer:

- a) The direct cost to Government for each stroke in Australia during 2010-11 is currently not available. However, the Australian Institute of Health and Welfare in its 2006 report: *How we manage stroke in Australia 2006*, estimated the total cost during the first year after the event for all first-ever strokes in Australia in 1997 to be around \$555 million, including direct and indirect costs. The report goes on to explain the limitations and complexity in determining the cost of caring for patients with stroke. The report is available at www.aihw.gov.au/publication-detail/?id=6442467815
- b) The management of atrial fibrillation is a complex and evolving medical area. The use of anticoagulants is one of a number of treatment options available and is clinically appropriate for some but not all patients with atrial fibrillation. The decision to use an anticoagulant is based on clinical judgement and individual patient factors such as (but not limited to) the risk of stroke, risk of bleeding, other medical conditions (co morbidities) and a patient's lifestyle factors such as risk of trauma from falls and compliance to treatments.
 - a) To report on current and future options for improving the health outcomes of patients with atrial fibrillation treated with oral anticoagulants.
 - b) To report on modes of health system delivery which may be used to optimise the use of currently available anticoagulants.
 - c) To report to what extent optimisation of the use of currently available anticoagulant treatments used in patients with atrial fibrillation would improve health outcomes and at what cost.
 - d) To examine the future role of newer anticoagulant therapies for atrial fibrillation.
 - e) To report on any other matter relevant to items a to d above and on any other matters referred to it by the Minister.

The report from the review will incorporate the most recent literature, feedback from stakeholder consultation and advice from clinical experts and consumers currently involved in the treatment of patients with atrial fibrillation and associated stroke. I expect to receive the report in 2012.