

Practice Alert

Cardiovascular disease in people who have a disability

May 2022

Key points

- People with disability have cardiovascular disease more often and earlier than the general population.
- Cardiovascular disease can be prevented by maintaining a healthy lifestyle and monitoring for health conditions that can increase risk.
- Maintaining a healthy diet, limiting smoking and alcohol consumption, and getting enough exercise are the best ways to avoid heart diseases.
- Participants can be supported to reduce their risk of cardiovascular disease through methods such as annual health assessments and by ensuring that there is adequate and up-to-date training for staff of cardiovascular diseases.
- Providers must comply with the NDIS Code of Conduct and the NDIS Practice Standards when supporting participants with/at risk of cardiovascular disease.

What is cardiovascular disease?

Cardiovascular disease covers various disorders of the heart and blood vessels, which can include:

- Coronary heart disease (e.g. heart attack)
- Cerebrovascular disease (e.g. strokes)
- Peripheral arterial disease (blood clots in the arms or legs)
- Rheumatic heart disease (damaged heart valves due to rheumatic infection)
- Congenital heart disease
- Deep vein thrombosis
- Pulmonary embolism (clots blocking the blood vessels leading to the lungs)

Who is at risk of cardiovascular disease

People with disability have cardiovascular disease more often and earlier than the general population.

A cardiovascular event occurs up to eight times as often in people with disability as the general population, and deaths from cardiovascular disease increases up to 3.5 fold in people with disability compared to the general population of the same age.

Lifestyle risks

People with disability may be more at risk of cardiovascular disease due to lifestyle factors such as:

- smoking
- unhealthy diet
- being inactive (very low to no exercise)
- unhealthy weight (overweight or obese)
- high alcohol consumption.

Health risks

Other co-morbidities can exacerbate the likelihood of cardiovascular disease such as:

- high blood pressure
- high cholesterol
- diabetes
- mental health issues
- obesity.

Symptoms of cardiovascular disease

Cardiovascular disease is any condition that impacts the heart or the blood vessels. These conditions can lead to a number of poor health outcomes including stroke, heart attack, or kidney disease.

Symptoms that may indicate cardiovascular disease include:

- pain or tightness in the arms, neck, jaw, shoulders or back
- pain, tightness or fluttering feeling in the chest
- shortness of breath
- nausea or vomiting
- fatigue
- sweating
- dizziness
- unusual heartbeat (either too fast or too slow)
- fainting

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- palpitations
 - indigestion or heartburn
 - trouble speaking and understanding or confusion
 - paralysis or numbness of the face, arm or leg
 - trouble with seeing in one or both eyes
 - headache which is sudden and severe
 - trouble walking.

Reducing lifestyle risks

People with disability are more likely to be at a higher risk of cardiovascular disease than the general population, particularly at an earlier age, so it is important to address lifestyle risk factors to minimise the likelihood of morbidity or mortality.

There are several lifestyle modifications that can decrease a participant's risk factors of developing cardiovascular disease, including:

- **Smoking cessation through a clear action plan developed with the person.** This should be achieved by making a clear action plan in consultation with the person..
- **Developing a heart-healthy diet** that is low in unhealthy fats, salt and added sugar, and rich in wholegrains, fibre, vitamins, antioxidants and healthy fats. This could include following a nutrition or meal plan, and updating if necessary.
- **Maintaining good exercise.** If ambulant, 30 minutes a day is recommended. If not ambulant, modified physical therapy.
- **Maintaining a healthy weight.** Being within a healthy weight range can drastically reduce the risk of cardiovascular disease compared to people who are overweight.
- **Reducing alcohol consumption** to no more than two standard alcoholic drinks a day and no more than four on any one occasion.

Supporting participants

It is important that participants regularly see health professionals such as a GP and that any risk factors are managed or followed up by a specialist.

Participants can be supported to maintain good cardiovascular health through the following activities:

- Address additional barriers that people with disability might face to accessing treatment compared to the general population, including communication difficulties and fears around certain medical tests such as blood tests or ECGs.
- Monitor for cardiovascular risks at least once per year through Comprehensive Health Assessments. More frequent monitoring may be required for individuals who present with one or more risk factors for cardiovascular disease.

Comprehensive health assessments

People with disability often have a higher risk of cardiovascular disease because early symptoms of poor cardiovascular health can be missed.

The completion of a regular comprehensive health assessment for people with disability improves detection of health needs, enables active management of those needs, and significantly reduces health risks and poor health outcomes.

You can read more about this in the [Practice Alert: Comprehensive Health](#).

Healthy Lifestyle

Support participants to **maintain physical activity**. If participants are ambulant, a minimum of 30 minutes a day is recommended. Where participants have mobility limitations, they should be referred to a physiotherapist or occupational therapist to develop a suitable exercise routine.

Good nutrition and weight control. This could include following a nutrition or meal plan, and updating it as necessary. Participants can be supported to access a dietician to develop a mealtime plan that supports good nutrition and healthy weight.

Participants can also be supported to **maintain consistent sleep routines**. Sleep apnoea can aggravate blood pressure and cardiovascular disease. Further advice can be sought from a GP or NDIS behaviour support practitioner about setting up healthy sleep routines.

You can read more about healthy lifestyles in the [Practice Alert: Lifestyle Risk Factors](#).

Training

Disability and health care staff should be provided with additional education and training with the view of promoting awareness of:

- why and how people with disability are vulnerable to cardiovascular disease
- signs and symptoms of cardiovascular disease and the need to seek immediate medical assistance when they occur (irrespective of whether the person has seen a doctor recently or not).

Longer-term measures may include:

- providing additional education to staff on cardiovascular disease
- establishing a cardiovascular disease policy.

Provider obligations

NDIS Code of Conduct

Providers and workers must comply with the NDIS Code of Conduct when providing supports or services to NDIS participants.

The Code of Conduct requires all NDIS providers and workers who provide supports or services to NDIS participants to, among other things:

- provide supports and services in a safe and competent manner with care and skill
- promptly take steps to raise and act on concerns about matters that may impact the quality and safety of supports and services provided to people with disability.

NDIS Practice Standards

If you are a registered NDIS provider, you must comply with the [NDIS Code of Conduct \(NDIS Providers\)](#) as part of your conditions of registration. The NDIS Practice Standards relate to the delivery of safe, quality supports and services, and the management of risks associated with the supports you provide to NDIS participants.

The NDIS Practice Standards that are most relevant to this alert include:

- **Access to supports:** each participant can access the most appropriate supports that meet their needs, goals and preferences.
- **Human resource management:** each participant's support needs are met by workers who are competent in relation to their role, hold relevant qualifications, and who have relevant expertise and experience to provide person-centred support.
- **Incident management:** each participant is safeguarded by the provider's incident management system, ensuring that incidents are acknowledged, responded to, well-managed and learned from.
- **Independence and informed choice:** each participant is supported by the provider to make informed choices, exercise control and maximise their independence relating to the supports provided.
- **Information management:** each participant's information is managed to ensure that it is identifiable, accurately recorded, current and confidential. Each participant's information is easily accessible to the participant and appropriately utilised by relevant workers.
- **Responsive support provision:** each participant can access responsive, timely, competent and appropriate supports to meet their needs, desired outcomes and goals.
- **Risk management:** risks to participants, workers and the provider are identified and managed.
- **Safe environment:** each participant accesses supports in a safe environment that is appropriate to their needs.

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- **Support planning:** each participant is actively involved in the development of their support plans. Support plans reflect participant needs, requirements, preferences, strengths, and goals, and are regularly reviewed.

Resources

For further information on how to maintain a health cardiovascular system, look at these resources:

[Australian Government Department of Health 2020](#)

<https://www.heartfoundation.org.au/>

[The Heart Foundation](#)

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