Heart Health Check and Early Detection

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Outline

Cardiovascular Disease in Australia

What is a Heart Health Check?

Early Detection and Lifestyle Modification

Secondary Prevention

How Consumers Shape Research?





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1.4 million Australians have a high chance of having a heart attack or stroke in the next 5 years

Cardiovascular disease is the main contributor to health care expenditure and with an aging population the burden of disease is expected to increase





2 in 3 Australians have at least one heart risk factor

Most risk factors are silent though if known are modifiable



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Figure 1: Health care expenditure on selected cardiovascular conditions, 2020-21

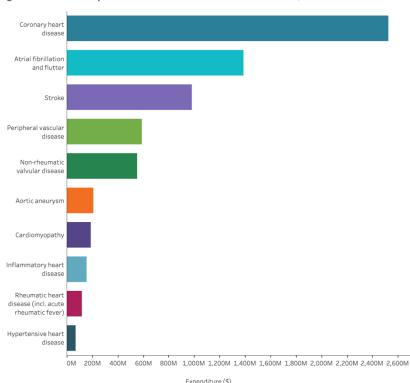
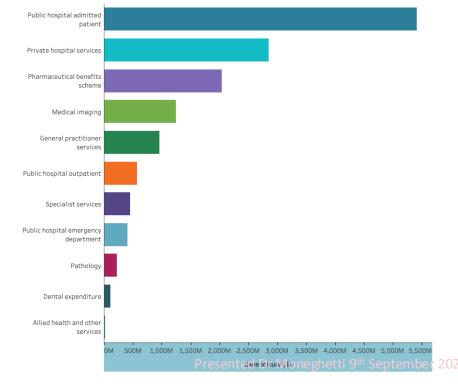


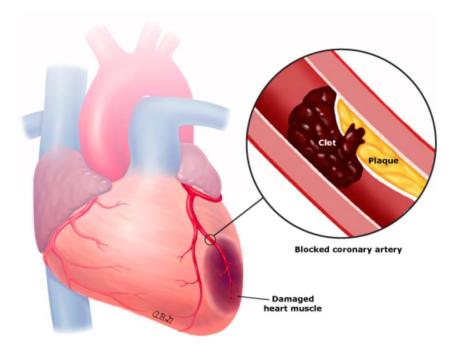
Figure 2: Health care expenditure on cardiovascular disease, by area of expenditure, 2020-21

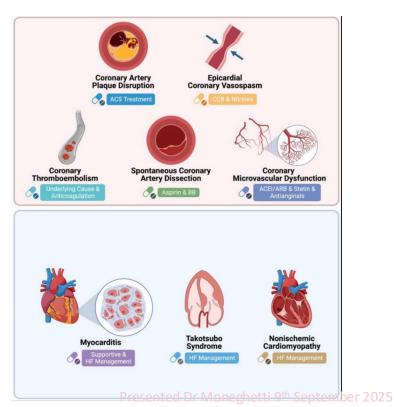


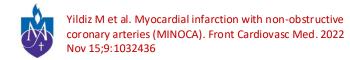




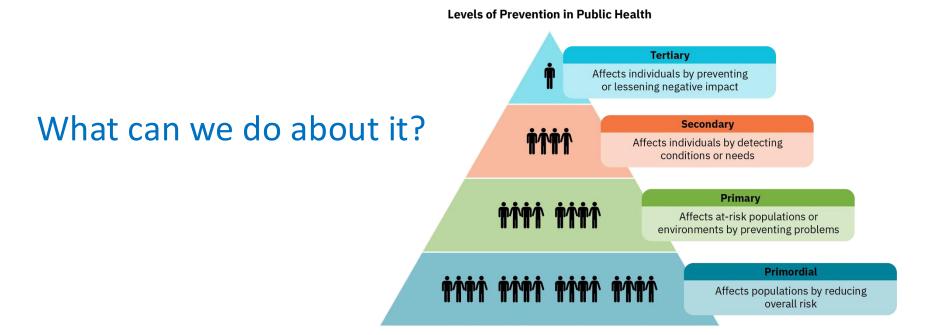
The landscape is becoming more complicated

















Primordial

Reduce overall risk

Example: Daily school PE and active transport programs

Primary

Prevent disease in at-risk individuals

Example: Walking and resistance training for people with metabolic syndrome.

Secondary

Slow early CAD progression

Example: Monitored aerobic training improves fitness and delays progression.

Tertiary

Lessen impact of established CAD

Example: Hospital-based rehab to improve quality of life







What is a Health Heart Check

Free Medicare check: 45+ (30+ Aboriginal & Torres Strait Islander)

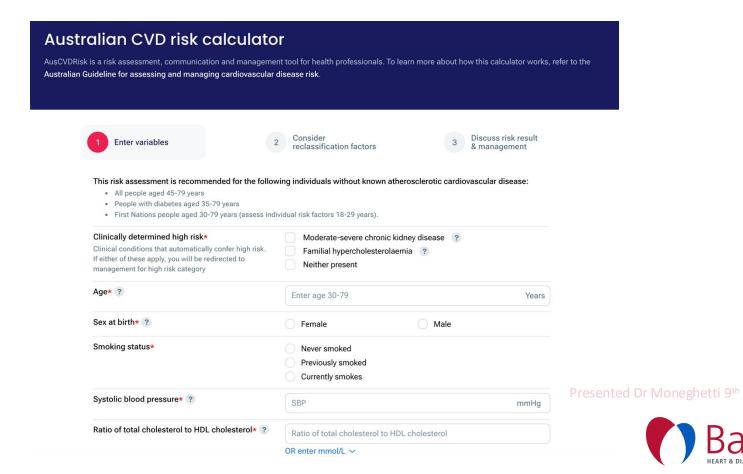
Done by GP/nurse, includes history, BP, cholesterol, diabetes screen, weight, lifestyle

Produces 5-year risk score of heart attack or stroke

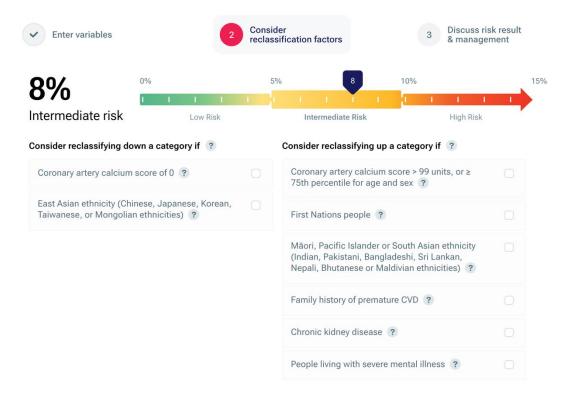


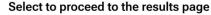


What is a Health Heart Check?



What is a Health Heart Check?





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Reclassify down to low risk

Continue without reclassifying

Reclassify up to high risk



Other Tools – Calcium Score

Provides direct visualization of coronary atherosclerosis, refining ASCVD risk beyond traditional calculators.

A CAC score of 0 reclassifies many patients to lower risk; higher scores strongly predict future coronary events.

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Recommended in intermediate-risk patients to guide statin initiation and intensity.



Other Tools – Lipoprotein (a)

Genetically determined, stable throughout life, and an independent causal risk factor for ASCVD

Elevated levels contribute to residual cardiovascular risk even when LDL-C is well controlled

Measurement is increasingly recommended at least once in a lifetime to identify high-risk individuals



Secondary Prevention





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Australian data suggests only between 30-46% of ACS patients are referred to cardiac rehabilitation¹

Previous data has suggested even when patients were referred to cardiac rehabilitation, **only half completed the program**.





Reinforcing, reminding and encouraging cardiac rehabilitation referral

More likely to participate: ¹ Barriers: ¹

Males Lack of interest

Electronic referral to CR Transportation issues

High school or higher education

Ejection fraction >50%

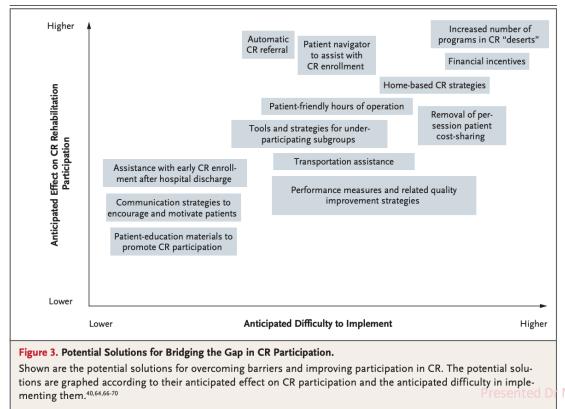
No referral/recommendation by physician

Strong physician recommendation

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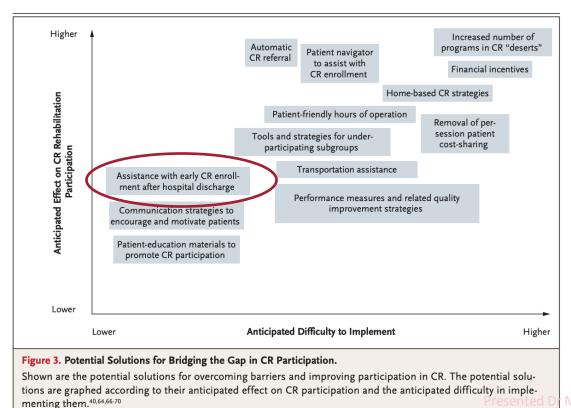








Dolon







How Consumers Shape Research?

Identify priorities: what matters most to patients

Shape study design: outcomes relevant to daily life

Help recruit participants

Disseminate results to community





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Thank you for your contribution

Education & awareness

Peer support & advocacy

Community engagement





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