

The ongoing monitoring and surveillance of chronic disease and risk factors in South Australia

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Where is SA?



- The South Australian Monitoring and Surveillance System (SAMSS) has been in operation since July 2002.
 - Telephone survey.
 - 600 interviews every month.
 - Random, representative sample of all ages from the SA population.
 - Surrogate interviews for those aged 15 years and under.

- Chronic conditions, risk factors and other health priority areas are examined.
- Demographic information is also collected.
- Uses of SAMSS include monitoring the prevalence of chronic conditions and risk factors at both a point in time and over time.

 Prevalence of chronic conditions or risk factors is one method of examining data.

Trend analysis another method.

Time factor is important.

- However prevalence may not change rapidly over time.
- Data can be examined in relation to other demographics such as income, work status, age or sex.
- Differences in trends may be observed.

• But also can examine in relation to other chronic conditions and risk factors.

Also provides important information.

Questions asked

- "Have you ever been told by a doctor that you have...."
 - Osteoporosis.
 - Diabetes.
 - Arthritis (combined variable of types of OA, RA, Juvenile arthritis, other forms, don't know type).
 - Cardiovascular disease (CVD, combined variable of heart attack, stroke, heart disease and angina).

Questions asked

 "Have you ever been told by a doctor or a nurse you have high blood pressure?"

And

- "Are you on tablets or other prescribed medication for blood pressure?"
- Indication of current high blood pressure (HBP).

Questions asked

• "Have you ever been told by a doctor or a nurse you have high cholesterol?"

And

- "Are you on tablets or other prescribed medication for high cholesterol?"
- Indication of current high cholesterol.

Prevalence over time

- Between July 2002 and August 2007, the yearly prevalence of:
 - Arthritis
 - Osteoporosis
 - CVD
 - Diabetes
- Has been determined for respondents aged 16 years and over.

Prevalence over time

- Between July 2003 and August 2007, the yearly prevalence of:
 - Current high blood pressure.
 - Current high cholesterol
- Has been determined for respondents aged 16 years and over.

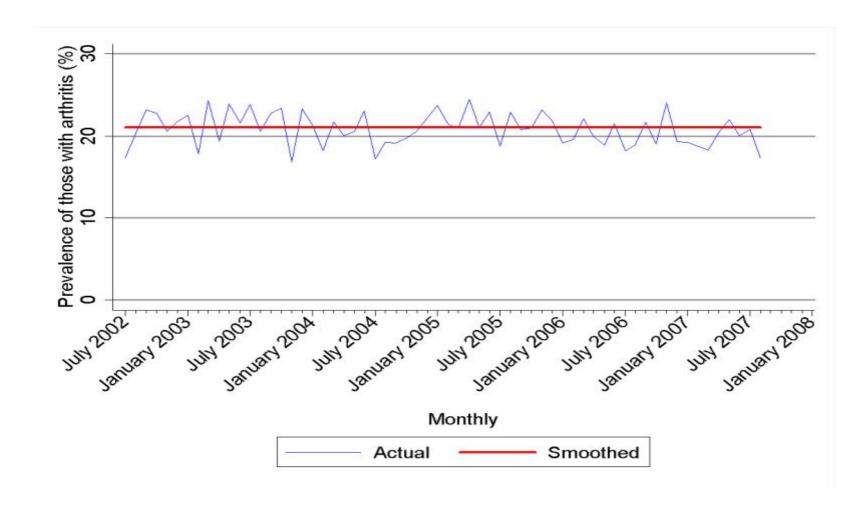
Prevalence at points in time

	Range
Arthritis	20%-22%
Osteoporosis	3%-5%
CVD	7%-9%
Diabetes	5%-7%
HBP	16%-19%
High cholesterol	12%-15%

Data source: SAMSS July 2002 to August 2007



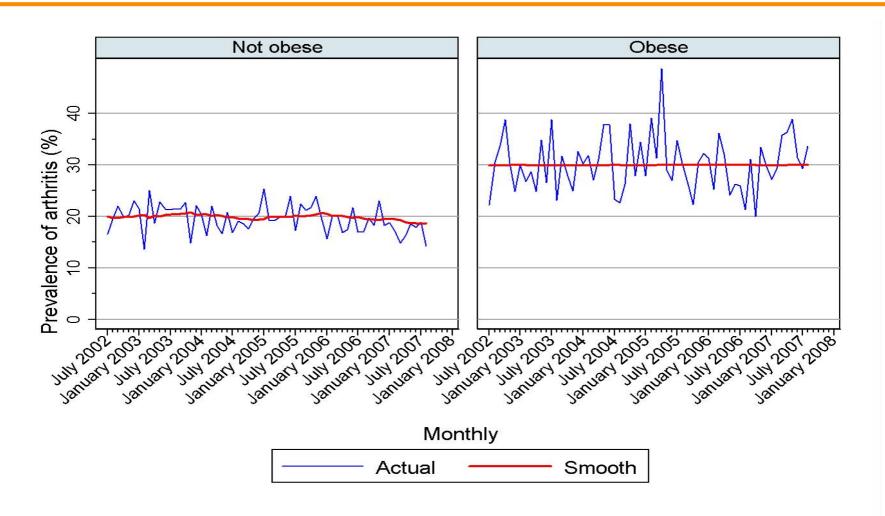
Arthritis over time



Data source: SAMSS July 2002 to August 2007. No significant trend, exponentially smoothed



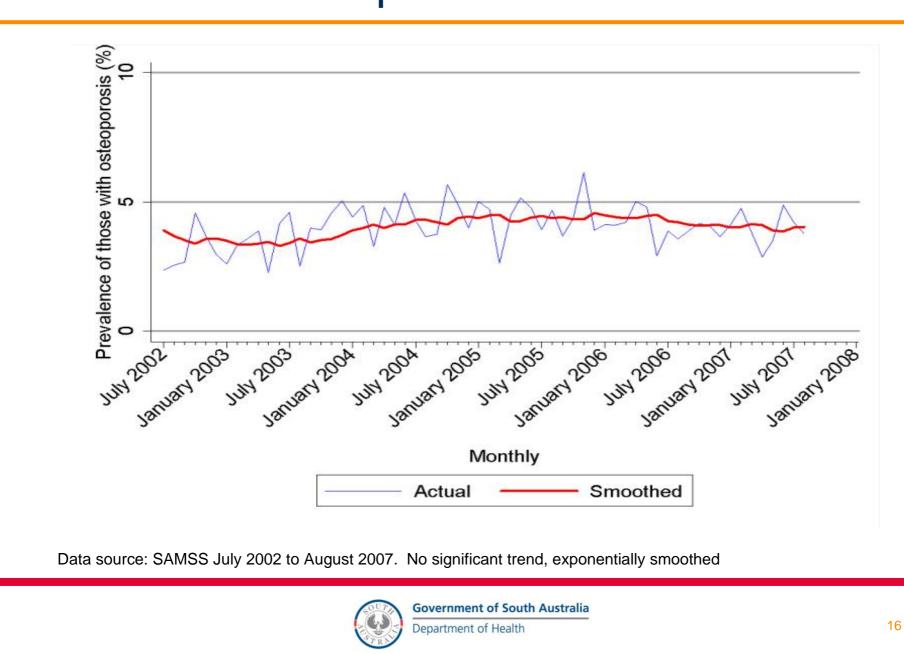
Arthritis by obesity



Data source: SAMSS July 2002 to August 2007. No significant trend for no obesity or obesity, exponentially smoothed

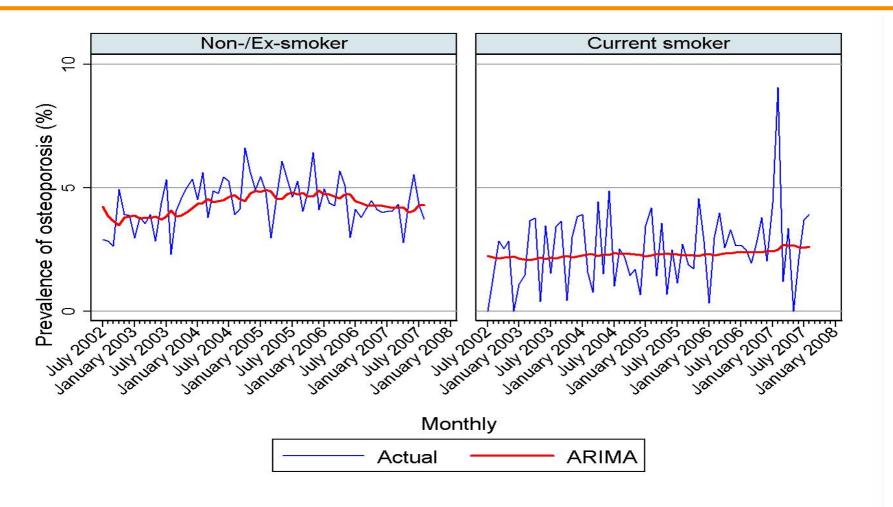


Osteoporosis over time





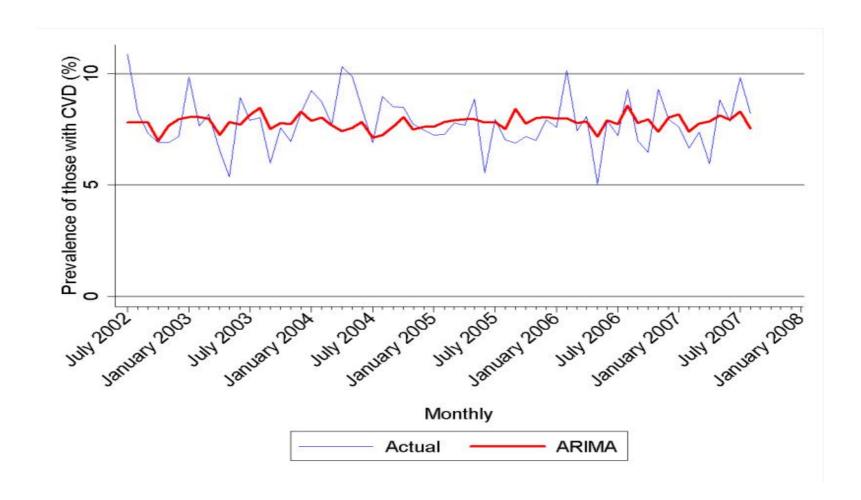
Osteoporosis by smoking status



Data source: SAMSS July 2002 to August 2007. Significant trend Non/ex smokers ARIMA (1,0,1). No significant trend for current smokers, exponentially smoothed

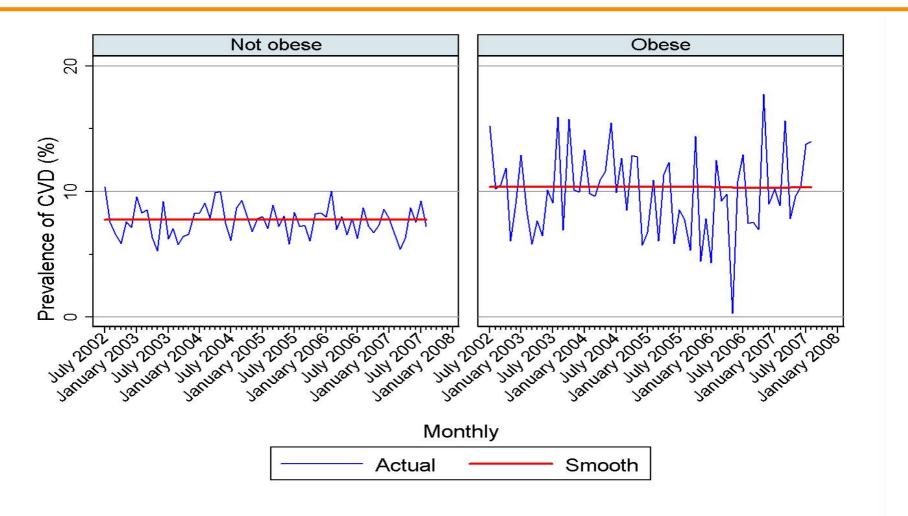


CVD over time



Data source: SAMSS July 2002 to August 2007. Significant trend, ARIMA (3,0,0)

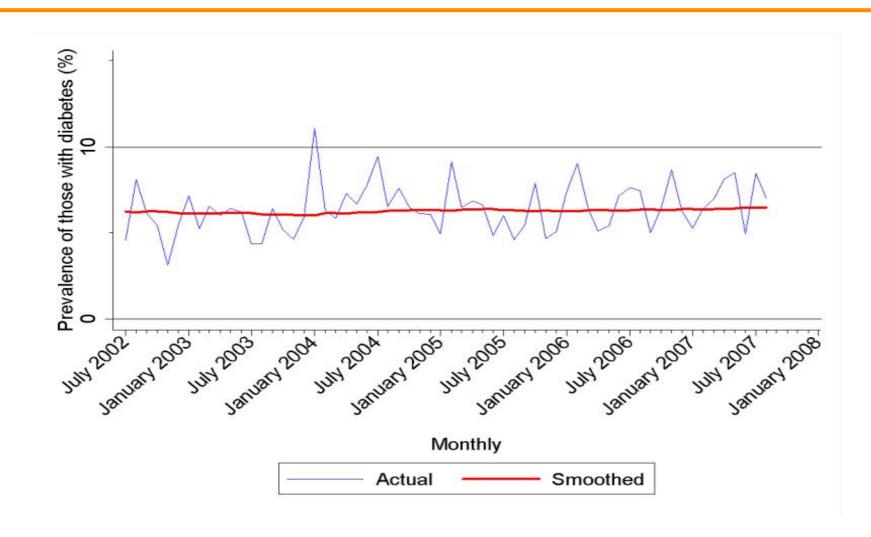
CVD by obesity



Data source: SAMSS July 2002 to August 2007. No significant trend for no obesity or obesity, exponentially smoothed



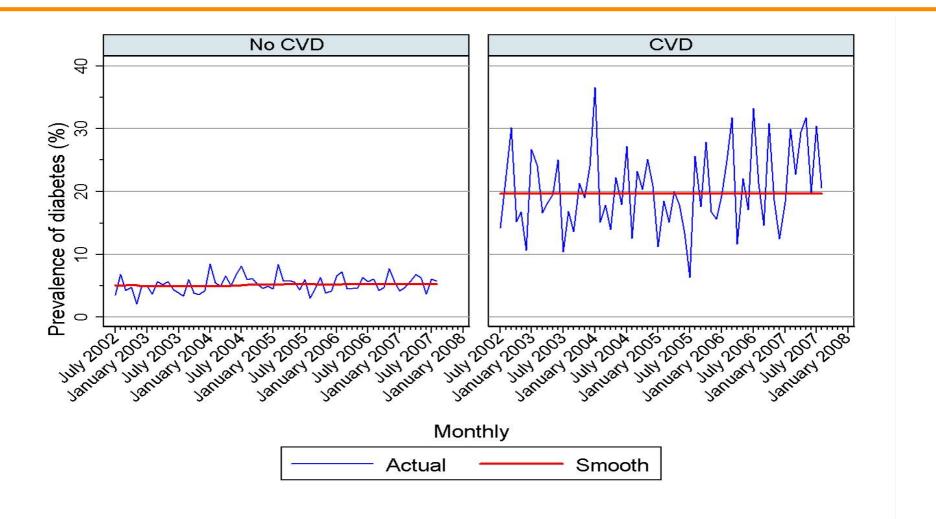
Diabetes over time



Data source: SAMSS July 2002 to August 2007. No significant trend, exponentially smoothed



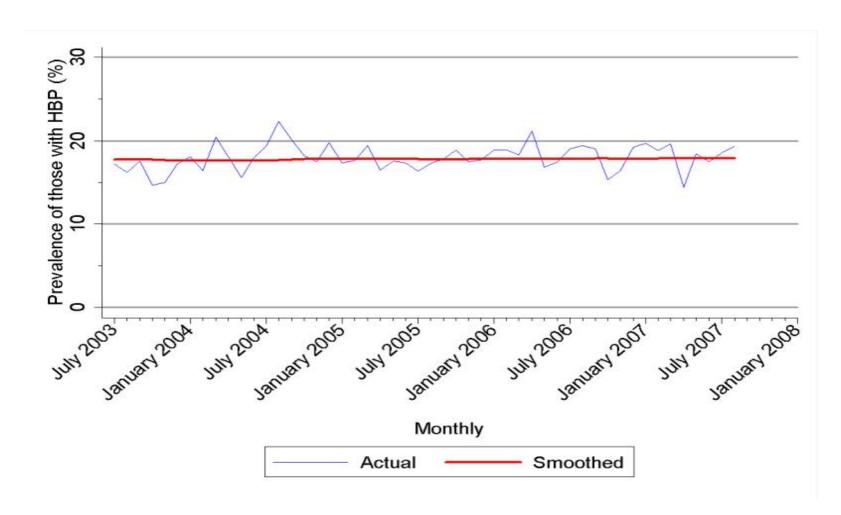
Diabetes and CVD



Data source: SAMSS July 2002 to August 2007. No significant trend for no CVD or CVD, exponentially smoothed

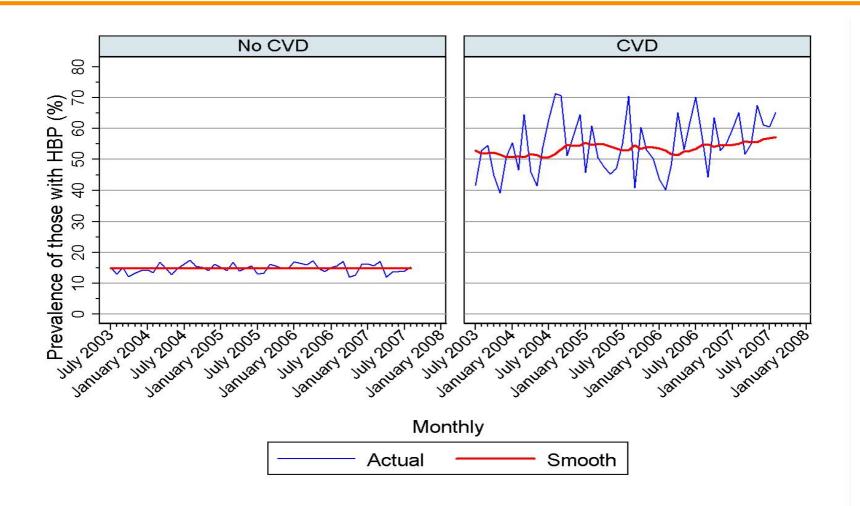


HBP over time



Data source: SAMSS July 2003 to August 2007. No significant trend, exponentially smoothed

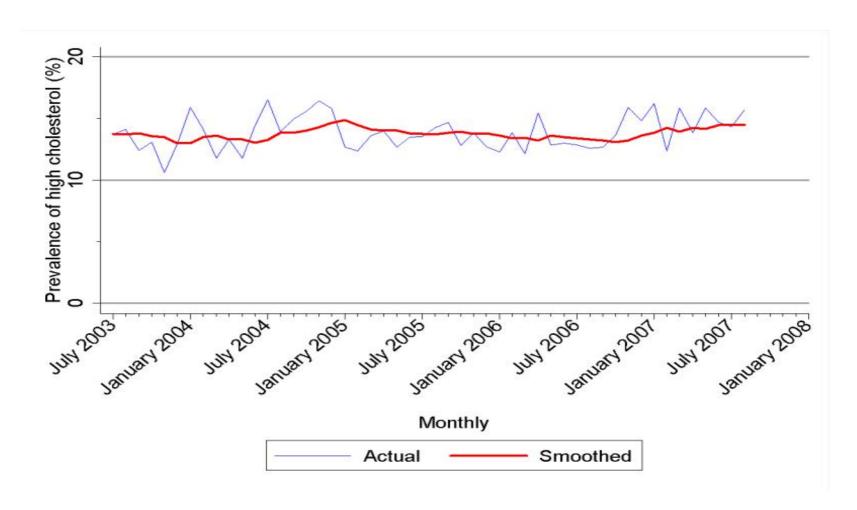
HBP and **CVD**



Data source: SAMSS July 2003 to August 2007. No significant trend for no CVD or CVD, exponentially smoothed

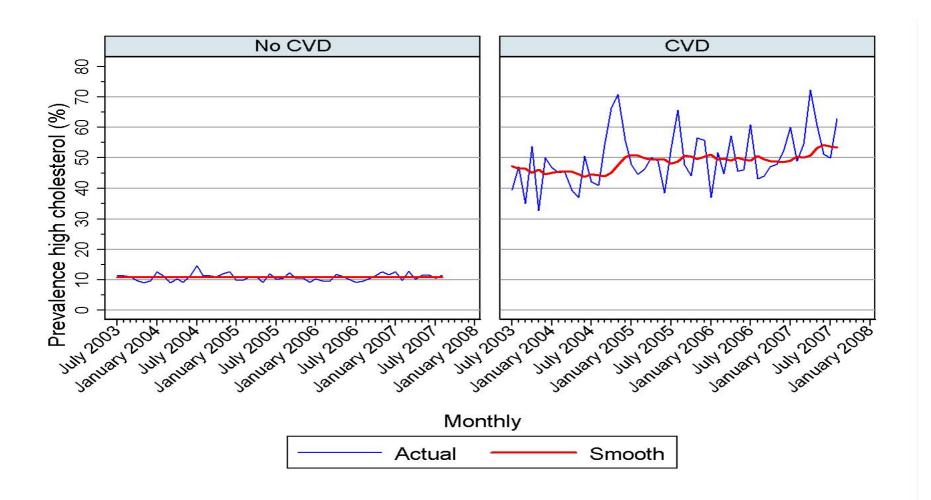


High cholesterol over time



Data source: SAMSS July 2003 to August 2007. No significant trend, exponentially smoothed

High cholesterol and CVD



Data source: SAMSS July 2003 to August 2007. No significant trend for no CVD or CVD, exponentially smoothed



Conclusions

 Analysis of trends can also provide meaningful information for policy makers and planners.

• Interpretation of the results and dissemination are important.

Data can then be translated into action.

Contact details

Population Research and Outcome Studies Unit

South Australian Department of Health

Website

http://www.health.sa.gov.au/pros



Thank you!



