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“Obesity Time Bomb Driving Rapid Escalation in Cardiovascular Deaths as Health Systems Focus on the Wrong Indicators”

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New analysis combining [Economist Impact’s Obesity Response Index](#) with global cardiovascular health (heart and arteries) research shows that health systems are missing the early signs of rising heart attack and stroke risk, responsible for 1/3rd of all deaths globally. While obesity is a clear contributor, it is only one visible part of a much wider problem. The real danger comes from hidden metabolic and inflammatory stress that damages the arteries years before standard tests pick it up.

Obesity rates have more than doubled globally since 1990, and childhood obesity has quadrupled. But behind these numbers sits a broader issue that affects people of every weight category: rising blood sugar instability, chronic low-grade inflammation, and early stiffening of the arteries. These changes often progress quietly with no symptoms, and most of them are not detected through traditional GP appointments.

Despite this, the average national response score across 20 assessed countries is only 56 out of 100. Most strategies remain narrow and reactive. Australia ranks 10th with a score of 58.8, performing poorly in several upstream areas that directly influence heart and artery health, even though the country has a strong clinical workforce and universal healthcare.

“Clinicians are doing everything they can within a system that has not kept pace with modern cardiovascular science,” said Klaus Bartosch, Chairman of CardiAction. *“GPs and cardiologists work tirelessly, yet the screening and prevention frameworks they rely on were designed in a different era, shaped by outdated assumptions and the limited technology of that time. Modern cardiovascular science makes clear that metabolic dysfunction and chronic inflammation drive early vascular damage long before traditional risk markers change, yet the frontline tools have barely shifted. Healthcare is still looking in the wrong places, which is why the world’s greatest killer continues to escalate rather than decline.”*

A Policy and System Gap That Holds Clinicians Back

[Economist Impact’s findings](#) show that the core problem is not clinical effort. It is the combination of outdated policies and entrenched system structures that have not evolved with modern cardiovascular science. These frameworks still direct clinicians to rely on narrow indicators and legacy assessment models that fail to detect the earliest drivers of cardiovascular deterioration.

Key shortcomings include:

- Only 13 of the 20 assessed countries have a current obesity strategy
- Only one country provides full coverage for all evidence-based obesity care types
- Six countries provide no national coverage at all
- Most strategies lack measurable targets, proper funding, or implementation monitoring
- Clinical pathways and prevention frameworks remain anchored in decades-old risk assumptions

Australia’s middle ranking reflects both policy inertia and a system that has not adapted its prevention approach to modern metabolic and inflammatory science. Clinicians are committed and capable, but the frameworks around them ask them to fight the world’s greatest killer with tools that belong to another era.

The Underlying Cause Healthcare Is Not Equipped to Detect

Modern cardiovascular science has moved well beyond blood pressure and cholesterol alone. The American College of Cardiology recognises chronic low-grade inflammation as a measurable driver of cardiovascular disease. It damages the endothelium (the thin specialised layer of cells that lines the inside of all your blood vessels) and stiffens arteries long before traditional risk factors appear.

This means many individuals who appear “low risk” in a GP consultation are, in reality, carrying significant inflammatory and metabolic stress. Data show that up to half of patients who experience a heart attack or stroke had previously been assessed as “within acceptable range” based on traditional screening. This is distressing for clinicians and patients alike.

“Hypertension management matters, and we support the work of the Australian Hypertension Taskforce,” said Bartosch. “But hypertension is often a late symptom. Clinicians know this. The current systems in use simply do not equip them with the tools to detect the early vascular changes that precede the rise in blood pressure.”

Why Traditional Screening Cannot Succeed Against Today’s Drivers of Risk

Current cardiovascular screening depends on:

- Symptom-driven presentation
- Short GP consultations
- Specialist referral pathways with significant drop-off
- Risk calculators based on cohorts and methods developed in the 1950s and 1960s

These tools were never designed for a world where metabolic dysfunction, inflammatory burden, and arterial stiffness are the dominant early drivers of risk. Between 1999 and 2020, obesity-related cardiovascular deaths tripled because early detection is not embedded where it needs to be.

“Clinicians are not the problem,” said Dr John Cook, GP and Chief Medical Officer of CardiAction. “The system asks them to do the impossible without the right instruments. We need accessible screening where people already seek care and tools that detect vascular stress decades before symptoms.”

A More Practical Path Forward

CardiAction’s ProScreen service measures arterial stiffness and advanced cardiovascular indicators non-invasively through community pharmacies. These indicators provide an early view of vascular stress and support GPs by identifying individuals who may benefit from additional evaluation, including inflammatory markers such as hsCRP.

This approach complements rather than replaces clinical care and aligns closely with the direction that international cardiology bodies are now advocating.

The service has operated commercially in New Zealand for over a year and launched in Australia in July 2025. Screening volumes are growing across major pharmacy networks, with international expansion planned.

“With obesity projected to impact one in four people globally by 2035, health systems cannot continue relying on legacy models,” said Bartosch. “Clinicians deserve better tools, and patients deserve earlier detection. The science is clear. The current approach is not working, and inertia will cost lives.”

About CardiAction

CardiAction Pty Ltd is an Australian health technology company providing non-invasive cardiovascular screening through its PreScreen and ProScreen platforms. Using FDA and TGA-approved medical devices, CardiAction measures advanced cardiovascular indicators without blood tests or radiation exposure. The service supports early detection and preventive health conversations in community pharmacy and primary care settings across Australia and New Zealand.

Media Contact

Klaus Bartosch

Chairman, CardiAction & CardiAction Screening Australia

Klaus@cardiaction.com

www.cardiaction.com and www.cardiactionscreening.com.au

Mobile: 0414992811