

SAND abstract No. 113 from the BEACH program 2007–08

Subject: Management of hypertension and hypercholesterolaemia among general practice patients

Organisations supporting this study: AstraZeneca Pty Ltd (Australia)

Issues: The prevalence of diagnosed hypertension (HT) and/or hypercholesterolaemia in general practice patients; the proportion of these patients who also have diagnosed chronic heart failure (CHF), microalbuminuria, diabetes type 2, left ventricular hypertrophy (LVH); the medications taken for the management of HT and/or hypercholesterolaemia, and the proportion that are taking no medication for either condition, or are managing their HT/hypercholesterolaemia with diet and exercise only; the proportion for whom a change to medication regimen was made at that encounter, and the reasons for change.

Sample: 3,160 respondents from 112 GPs; data collection period: 27/03/2007 – 30/04/2007 and 21/08/2007 – 24/09/2007.

Method: Detailed in the paper entitled 'SAND Method 2007–08' on this website: <www.fmrc.org.au/publications/SAND_abstracts.htm>.

Summary of results

The age–sex distribution of the respondents was similar to the distribution for all BEACH encounters, with the majority of patients (59.3%) being female.

Of the 3,160 patients, 873 (27.6%, 95% CI: 24.6–30.7) had HT and 690 (21.8%, 95% CI: 19.5–24.2) had hypercholesterolaemia. Three and a half per cent of patients with HT and 5.6% of those with hypercholesterolaemia had been diagnosed at today's encounter. There were 1,115 patients (35.3%) who had HT and/or hypercholesterolaemia. Of the 3,160 patients, 13.5% had HT only, 7.7% had hypercholesterolaemia only, 14.2% had both conditions and 64.7% had neither condition. Of the 1,115 patients with HT and/or hypercholesterolaemia, 5.7% had CHF, 4.0% had microalbuminuria, 16.2% had type 2 diabetes mellitus, and 4.0% had LVH.

Of the 1,115 respondents, 1,110 provided information about current treatment, of whom 86.1% were currently taking at least one HT/hypercholesterolaemia medication and 13.9% were not currently taking medication. Of the 1,189 medications taken by 794 patients for the management of HT, perindopril was the most commonly prescribed medication (10.0% of HT medications). Of the 539 medications taken by 518 patients for the management of hypercholesterolaemia, atorvastatin was the most commonly prescribed medication (45.3% of hypercholesterolaemia medications). There were 154 (13.9%) patients who were not taking a medication for either condition.

One in twelve patients (8.7%) were managed with diet/exercise alone, 85.7% (n=951) were managed with medication alone, and 57 patients (5.1%) were not being managed with either medication or diet/exercise. A change in the medication regimen was made at today's encounter for 126 patients (11.4%). No change was made for 984 patients (88.7%). The reason for change was indicated for 113 patients, with lack of BP control being the main reason (52.2%).

Correspondence to: Salma Fahridin, AGPSCC

PLEASE READ CAREFULLY

The shaded section of the following forms asks questions about **HYPERTENSION and CHOLESTEROL MANAGEMENT**.
 You may tear out this page as a guide to completing the following section of forms.

INSTRUCTIONS

Ask **ALL** of the **next 30 PATIENTS** the following questions in the order in which the patients are seen.

Please **DO NOT** select patients to suit the topic being investigated.

Patient conditions

Please use the tick boxes to indicate whether this patient has **hypertension** or **hypercholesterolaemia**, and whether the condition was **diagnosed at a previous encounter** (previous) or is a **new diagnosis** (new) resulting from **today's** visit.

If the patient **does not have hypertension** or **hypercholesterolaemia**, you should **end the questions** here. If the patient has either **hypertension** or **hypercholesterolaemia**, please advise whether or not they also have any of the other listed conditions. *Tick as many as apply.*

Current hypertension or high cholesterol therapy

Note: - for patients with hypertension or hypercholesterolaemia only

Please write the **name and regimen** for medications **currently taken** (i.e. prior to today's visit) for the management of **hypertension** or **hypercholesterolaemia**. Please use the **tick boxes** on the right hand column to indicate whether **each medication** is for hypertension (**HT**) or cholesterol (**Chol**) management.

If **no medications** for **hypertension** or **high cholesterol** were taken prior to today's encounter, please tick the box labelled '**No current HT/Chol medication**'.

If **cholesterol** is managed with **diet and exercise only**, please tick the box labelled '**Diet/exercise only**'.

Changes to medication

Please advise whether the patient's medication regimen for either condition **will change as a result of today's visit**.

If the medication/s or regimen for either hypertension or high cholesterol **will stop or change**, please **continue** with the questions.

If a medication is to be **stopped**, please **circle a number** to indicate which medication/s (from those listed in Q.2) will cease. **Change** to medication/s or regimen includes: **adding another medication** to those currently being taken; **changing a medication for a different one**; changing the **dosage** of a current medication, either by an **increase** or **decrease**.

If the medication/s and regimen for both will **remain unchanged** you should **END the questions here**.

Reason/s for regimen changes

Please use the tick boxes to advise the **main reason/s** for altering the patient's hypertension or cholesterol management medication regimen. *Tick as many as apply.*

Please **specify** a reason **not listed** by writing this reason in the space below the box labelled '**other reason**'.

New medication regimen

If changes were made to the regimen for **hypertension** or **cholesterol** medication please **write the new medication or regimen** in the space provided (i.e the medication to be added / changed to / dose changed). Only include the **additions/changes made today**.

Please use the tick boxes to advise whether the **new / changed** medication is for hypertension (**HT**) or cholesterol (**Chol**) management.

If high cholesterol will continue to be managed with diet and/or exercise only, please tick the box labelled '**Diet/exercise only**'.

Does this patient have any of these conditions?	Diagnosis -		HT or high cholesterol therapy (prior to this visit): (for)					From today's visit, the patient's regimen changed as follows:	The main reason/s for altering regimen is:	Medication added / changed to / dose changed: (for)						
	previous	new	Name	strength	dose	freq	HT			Chol	Name	strength	dose	freq	HT	Chol
Hypertension (HT)	<input type="checkbox"/>	<input type="checkbox"/>	1. _____				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> stopped medication ← 1 2 3 4 5 <small>(please circle)</small> <input type="checkbox"/> add/change med'n or regimen → <i>continue</i>	<input type="checkbox"/> Cough <input type="checkbox"/> Lack of BP control <input type="checkbox"/> Lack of lipid control <input type="checkbox"/> Other side effects <input type="checkbox"/> other reason _____ <small>(please specify)</small>	1. _____				<input type="checkbox"/>	<input type="checkbox"/>
Hypercholesterolaemia	<input type="checkbox"/>	<input type="checkbox"/>	2. _____				<input type="checkbox"/>	<input type="checkbox"/>			2. _____				<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Neither of the above → End here			3. _____				<input type="checkbox"/>	<input type="checkbox"/>			3. _____				<input type="checkbox"/>	<input type="checkbox"/>
Chronic heart failure	<input type="checkbox"/>	<input type="checkbox"/>	4. _____				<input type="checkbox"/>	<input type="checkbox"/>			4. _____				<input type="checkbox"/>	<input type="checkbox"/>
Microalbuminuria	<input type="checkbox"/>	<input type="checkbox"/>	5. _____				<input type="checkbox"/>	<input type="checkbox"/>			5. _____				<input type="checkbox"/>	<input type="checkbox"/>
Diabetes T2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> No current HT/Chol medication <input type="checkbox"/> Diet /exercise only					<input type="checkbox"/> NO CHANGE → End			<input type="checkbox"/> Diet /exercise only					
L. Ventricular hypertrophy.....	<input type="checkbox"/>	<input type="checkbox"/>														