

SAND abstract No. 139 from the BEACH program 2008–09

Subject: Secondary prevention of heart attack and stroke

Organisation supporting this study: National Prescribing Service Ltd

Issues: Proportion of general practice patients who have one or more of a selected list of morbidity risk factors associated with heart attack or stroke; proportion of these patients currently taking one or more of a selected list of antiplatelet/anticoagulant medication; the main reasons for non-use of anticoagulant or antiplatelet medications for secondary prevention in patients with morbidity risk factor associated with heart attack/stroke.

Sample: 2,972 patients from 103 GPs; data collection period: 20/01/09 – 23/02/09.

Method: Detailed in the paper entitled 'SAND Method: 2008–09' available at: <www.fmrc.org.au/publications/SAND_abstracts.htm>.

Summary of results

Patient age was provided for 2,959 patients. Patients were significantly older than average for all BEACH encounters, with a greater proportion aged 65 years and over. Sex of patient was provided at 2,948 encounters and was similar to that of all BEACH encounters.

Of the 2,972 patients, about two in five ($n = 1,156$, 38.9%) had at least one of the listed morbidity risk factors. Risk factor and sex of patient was provided for 2,959 patients, and showed that the proportion with at least one risk factor increased significantly with age: one in ten patients (9.2%) aged 25–44 years, 35.1% of patients aged 45–64 years, 69.1% of patients aged 65–74 years and 79.9% of patients aged 75 and over.

Of the 2,972 patients, 923 (31.1%) had hypertension, 125 (4.2%) had atrial fibrillation, and 105 (3.5%) had had an acute myocardial infarction. Stroke/transient ischaemic attack was recorded for 131 (4.4%) patients, stable/unstable angina for 92 (3.1%) and peripheral vascular disease for 58 (2.0%). There were 63 patients (2.1%) who had a previous coronary artery bypass graft, and 44 (1.5%) who had a previous percutaneous transluminal coronary angioplasty (PTCA). Other risk factors were indicated for 7.8% of patients, the most common being diabetes.

Of the 1,156 patients with at least one morbidity risk factor, 1,022 (88.4%) reported whether or not they were currently taking one of the listed antiplatelet/anticoagulant medication. Two-thirds of these patients were taking at least one medication. Aspirin was being taken by 46.3% of patients, warfarin by 11.9% and clopidogrel by 10.7%. One-third ($n = 343$, 33.6%) of the patients were not taking any antiplatelet/anticoagulant medication and reasons were recorded for 319 of these. For almost half of these patients (47.3%), the reason was stated as 'not clinically indicated'. For 16.6% of patients, the reason was a history of peptic ulcer disease or gastro-oesophageal reflux disease, and for 8.2% the reason was an anticipated adverse effect on gastrointestinal tract. Concurrent non-steroid anti-inflammatory drug therapy and other adverse effects (including hypersensitivity) were cited for 5.0% and 3.8% of patients respectively. Seventy-six patients (23.8%) did not use antiplatelet/anticoagulant medication for other reasons, such as patient resistance.

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PLEASE READ CAREFULLY

The shaded section of the following forms asks questions about **SECONDARY PREVENTION OF HEART DISEASE AND STROKE**.
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.

These questions relate to the use of aspirin and other anti-coagulation therapy for the secondary prevention of heart attack and stroke in high-risk patients.

Our aim is to identify patients with risk factors; estimate the prevalence of patients taking aspirin, aspirin like medications or herbal preparations with similar anti-coagulant effects; and to estimate the proportion of patients with stated intolerance or allergy to aspirin or similar medications.

Patient risk factors for heart attack or stroke

Please use the tick boxes to indicate whether or not this patient has any of the listed **risk factors or comorbidities for heart attack or stroke**.

Tick as many boxes as apply.

If the patient has **NONE** of the listed risk factors, please **end the questions here** for this patient.

Medications

Please tick the box beside any **anti-platelet** or **anti-coagulant medications** currently being taken by this patient for secondary prevention of heart attack or stroke.

Include **prescribed** and **over the counter** medications such as **aspirin** or **herbal preparations** used for anti-coagulant effects (e.g. **garlic, ginger, ginseng, feverfew, ginkgo, chamomile, bromelain**)

Ask the patient about any over the counter preparations so that these may be included.

Tick as many boxes as apply.

Reasons for non-use of anti-platelet or anti-coagulant medication for secondary prevention

If the patient is not currently taking an anti-platelet / anti-coagulant medication or other preparation for secondary prevention, please use the tick boxes to indicate the **main reason/s for non-use** by this patient.

If you tick the 'other' box, **please write the reason** in the space provided.

Does this patient have any of these risk factors for heart attack/stroke?

- | | |
|--|--|
| <input type="checkbox"/> Hypertension | <input type="checkbox"/> Previous CABGs |
| <input type="checkbox"/> Atrial fibrillation | <input type="checkbox"/> Previous PTCA |
| <input type="checkbox"/> AMI | <input type="checkbox"/> Other _____
(please specify risk factor) |
| <input type="checkbox"/> Stroke/TIA | <input type="checkbox"/> None of above → End questions |
| <input type="checkbox"/> Stable/unstable angina | |
| <input type="checkbox"/> Peripheral vascular disease | |

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Which medications are currently being taken?

- | | |
|--|--|
| <input type="checkbox"/> Aspirin | <input type="checkbox"/> Warfarin |
| <input type="checkbox"/> Dipyridamole | <input type="checkbox"/> Heparin |
| <input type="checkbox"/> Dipyridamole with aspirin | <input type="checkbox"/> Low mol. weight heparin |
| <input type="checkbox"/> Clopidogrel | <input type="checkbox"/> Danaparoid |
| <input type="checkbox"/> Ticlopidine | <input type="checkbox"/> Herbal prep. _____ |
| | <input type="checkbox"/> None of the above |

Despite presence of risk factors, aspirin or anti-coagulants are not taken because of:-

- | |
|--|
| <input type="checkbox"/> History of PUD or GORD |
| <input type="checkbox"/> Expected adverse effect on GIT |
| <input type="checkbox"/> Concurrent NSAID therapy |
| <input type="checkbox"/> Other adverse effect including hypersensitivity |
| <input type="checkbox"/> Not clinically indicated |
| <input type="checkbox"/> Other _____ |