

SAND abstract No. 30 from the BEACH program 2001–02

Subject: Lipid lowering medications and coronary heart disease

Organisation supporting this study: Commonwealth Department of Health and Ageing.

Issues: This sub-study investigated the proportion of general practice patients receiving lipid lowering medications. For those taking lipid lowering medication therapy the prevalence of coronary heart disease (CHD) and risk factors for CHD were also investigated. The types of medications used for lipid lowering therapy and the levels of cholesterol for different risk factors were examined.

Sample: 2,661 respondents from 90 GPs; data collected between 21/08/2001–24/09/2001.

Method: Detailed in the paper entitled 'SAND Method' on this website (<http://www.fmrc.org.au/beach.htm>). Risk factors for CHD included: diabetes mellitus, familial hypercholesterolemia; family history of coronary heart disease (1st degree relative <60 yrs of age), hypertension and peripheral vascular disease.

Summary of results

The age–sex distribution of respondents was similar to the distribution for BEACH overall, with the majority (58.6%) of patients being female.

More than 1 in 10 (12.6%) respondents indicated they were currently taking lipid lowering medications. The sex-specific rate of lipid lowering medication use was similar for males and females. The highest age-specific rate of lipid lowering medication use was for the age group 65–74 years. However, 36.1% of respondents taking lipid lowering medications were aged between 45 and 64 years of age.

Most respondents on lipid lowering medications were continuing therapy (n=292), while very few were starting medication therapy at the current encounter (n=12).

For those on a lipid lowering medication 41.1% had existing coronary heart disease (CHD), a further 25.9% had one of the listed risk factors for CHD, 21.1% had more than one of the listed risk factors, and 9.2% had none of the listed risk factors, although these may have had high cholesterol (not familial) which was not included on the CHD risk factor list. Approximately 2.7% did not provide information on risk factors.

For those without CHD, hypertension was the most common risk factor (30.1% of respondents on lipid medication therapy).

There were 330 medications listed for lipid lowering therapy. Statins accounted for nearly all the listed medications. Atorvastatin accounted for 41.5% of lipid lowering medications, prescribed for 42.1% of respondents on lipid lowering therapy.

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