

SAND abstract No. 107 from the BEACH program 2006–07

Subject: Type 2 diabetes and dyslipidaemia

Organisation supporting this study: Merck, Sharp and Dohme (Australia) Pty Ltd

Issues: The prevalence of type 2 diabetes, dyslipidaemia and related morbidities among general practice patients; co-morbidities and smoking status of patients with type 2 diabetes and/or dyslipidaemia; HbA1c and cholesterol levels of these patients; current management of blood glucose.

Sample: 2,331 patient encounters with 89 GPs. Data period: 28/11/2006 – 15/01/2007.

Method: Detailed in the paper entitled 'SAND Method 2006–07' on this website:

<http://www.fmrc.org.au/publications/SAND_abstracts.htm>.

Summary of results

The age and sex distributions were similar to all 2005–06 BEACH encounters. Of the 2,331 respondents, 204 (8.8%; 95% CI: 7.1–10.4) had diagnosed diabetes, and 388 (16.7%; 95% CI: 14.2–19.1) had diagnosed dyslipidaemia. There were 478 respondents, (20.5%; 95% CI: 18.1–22.9) who had diagnosed diabetes and/or dyslipidaemia.

Of the 2,331 patients, 569 (24.4%) had hypertension, 51 (2.2%) had congestive heart failure, 126 (5.4%) had coronary heart disease, and 42 (1.8%) had moderate or severe renal insufficiency. Of the 478 patients with diagnosed diabetes and/or dyslipidaemia, 56.9% had at least one of these conditions as a co-morbidity: 52.7% had diagnosed hypertension, 4.6% had congestive heart failure, 14.4% had coronary heart disease and 4.0% had moderate/severe renal insufficiency. Of 437 respondents with diabetes and/or dyslipidaemia, 56 (12.8%) were current smokers and 25 of these smokers also had at least one co-morbidity.

Of patients with Type 2 diabetes and/or dyslipidaemia for whom HbA1c levels were known (n=206), 49.5% had a level of ≤ 7 and 50.5% had a HbA1c level > 7 . Of 459 patients for whom total cholesterol levels were known, 42.5% had a level of > 5.0 .

Of 201 diabetes patients who responded, 172 (85.6%) were taking at least one medication to manage blood glucose. Of 285 individual medications, 46.0% were metformin and 32.6% were sulphonylureas. Of 172 blood glucose medications for which details of duration of use were available, 47.1% had been taken for 1–4 years. Four-fifths (79.2%) of the 245 blood glucose medications for which data were available were initiated by a GP and one-fifth (20.8%) were initiated by a specialist. Only insulin was more commonly initiated by a specialist (66.7% of insulin medications) than by a GP (33.3%).

Information on diet and exercise was provided for 115 patients with type 2 diabetes 90.4% of whom were using diet/exercise for blood glucose management. These patients can be divided into the 70.4% who were using diet/exercise and taking at least one medication, 20.0% who were using diet/exercise but were not taking medication, and 9.6% of patients who were not using diet/exercise but were taking medication.

Of the total 285 medications, there were 39 for which change was indicated for patients whose blood glucose target had not been reached. The plan was to stop four of the medications, increase dose for 31 and decrease dose for four.

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AIHW Australian GP Statistics and Classification Centre, 2007. SAND abstract No. 107 from the BEACH program: Type 2 diabetes and dyslipidaemia. Sydney: AGPSCC University of Sydney. ISSN 1444-9072

PLEASE READ CAREFULLY

The shaded section of the following forms asks questions about **DIABETES TYPE 2** and **HYPER/DYSLIPIDAEMIA**.

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.

Morbidity

Please use the tick boxes to advise whether the patient has **ever been diagnosed** with any of the listed **conditions**.

Please respond for **all** conditions, and **continue** with further questions if the patient has either **Diabetes Type 2** and/or **hyper/dyslipidaemia**.

If the patient **does not have** either Diabetes Type 2 and/or hyper/dyslipidaemia you should **end the questions here**.

NB - moderate/severe renal insufficiency defined as creatinine \leq 50ml/min.

Patient smoking status (if 18+ years)

Please use the tick boxes to advise whether or not the patient is a **current smoker**.

Test levels

Please advise the patient's **levels** at the **most recent testing**, of **HbA1c; total cholesterol; LDL cholesterol; HDL cholesterol**.

If you **do not know** one of these levels, or if the patient has **never had** one or more of these levels tested, please tick the box labelled '**don't know / never tested**'.

Medication / management for blood glucose levels

Please advise the **name and regimen** of any **medication/s** currently being taken by the patient for **management of their blood glucose levels**. NB - if insulin is used, write the name only - regimen details are not required.

Duration of use - Please **write a number** in the space provided, and **circle an option** to indicate **months or years**, to advise the approximate **length of time** the medication has been taken by the patient.

Initiation of medication - **Circle an option** to advise whether the medication was **initiated by a GP or a specialist**.

Management plan - If the target blood glucose level for this patient has **not yet been achieved**, please **circle an option** to advise the **next step** you plan to take in relation to the patient's **medication**.

If you plan to **add** a medication to the current regimen, please **write the name of the medication** in the space provided.

If **no medication** is currently being taken for blood glucose management, please tick the box labelled '**no medication**'

Please **circle an option** to advise whether **diet and/or exercise** are part of the patient's blood glucose management.

Does this patient have diagnosed:		Is the patient a current smoker?	At the most recent test what were the patient's levels of:	Don't know/never tested	The current medication / management for this patient's BLOOD GLUCOSE levels is / are: <small>(please circle selected options)</small>						
<input type="checkbox"/> Diabetes type 2] → please continue	<input type="checkbox"/> yes	HbA1c _____ %	<input type="checkbox"/>	Name & Form	Strength	Dose	Freq	Duration of use	Initiated by	Management plan* - (if target for patient not yet reached)
<input type="checkbox"/> Hyper/dyslipidaemia			Total chol _____ mmol/L	<input type="checkbox"/>	1. _____	_____	_____	_____	_____ (mths/hrs)	GP / Spec'st	no change/ stop / ↑ dose/ ↓ dose
<input type="checkbox"/> Hypertension] ↓ please end questions here	<input type="checkbox"/> no	LDL-C _____ mmol/L	<input type="checkbox"/>	2. _____	_____	_____	_____	_____ (mths/hrs)	GP / Spec'st	no change/ stop / ↑ dose/ ↓ dose
<input type="checkbox"/> Cong. heart failure		LDL-C _____ mmol/L	<input type="checkbox"/>	3. _____	_____	_____	_____	_____ (mths/hrs)	GP / Spec'st	no change/ stop / ↑ dose/ ↓ dose	
<input type="checkbox"/> Cor. heart disease		HDL-C _____ mmol/L	<input type="checkbox"/>	4. _____	_____	_____	_____	_____ (mths/hrs)	GP / Spec'st	no change/ stop / ↑ dose/ ↓ dose	
<input type="checkbox"/> Mod/severe renal insuff.											
<input type="checkbox"/> None of the above					<input type="checkbox"/> No medication		Diet / exercise? Yes / No		*If adding a medication, addition would be? _____		