

SAND abstract No. 109 from the BEACH program 2006–07

Subject: Secondary prevention of heart attack and stroke

Organisation supporting this study: National Prescribing Service

Issues: The proportion of patients attending general practice who have risk factors or comorbidities associated with heart attack or stroke.; the proportion of these patients currently taking an anti-platelet or anti-coagulant medication and which medications patients are taking; reasons given by patients with risk factors or comorbidities for not taking anti-coagulant/anti-platelet medications.

Sample: 2,471 patient encounters with 84 GPs data collection period: 20/02/2007 – 26/03/2007.

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. One third (n=841) of the sample of 2,471 patients (34.0%; 95% CI: 29.8–38.2) had at least one of the risk factors or comorbidities associated with heart attack or stroke and a high proportion of these patients were aged 65 years and over. Of 832 patients for whom age and sex was known, 27.5% were aged 65–74 and 32.7% were aged 75 years and over.

Of the 2,471 patients, 26.8% had hypertension, 4.4% had atrial fibrillation, and 3.6% had had an acute myocardial infarction. Stroke/TIA was recorded for 3.2% of patients, stable/unstable angina for 2.5% and peripheral vascular disease for 1.7%. There were 2.2% of patients who had a previous coronary artery bypass graft, and 1.1% who had a previous percutaneous transluminal coronary angioplasty. Other risk factors were indicated 211 times for 8.5% of patients, with diabetes the most common, followed by lipid disorders.

Of 779 respondents with at least one cardiac risk factor, 479 (61.5%) were taking anti-platelet/anti-coagulant medication. Aspirin was being taken by 43.1% of respondents, warfarin by 11.7%, clopidogrel by 7.5%, and dipyridamole/aspirin by 1.5% of respondents. Herbal preparations with anti-coagulant effect were taken by 17 (2.2%) patients.

In terms of combinations of medications taken by the 479 patients taking at least one medication, 61.8% were taking only aspirin. Warfarin (only) was taken by 17.3%, clopidogrel (only) by 7.1% and a combination of aspirin and clopidogrel by 4.8% of these patients. Herbal preparations only were taken by 2.5% of patients and the dipyridamole/aspirin combination therapy was taken by 2.1%. Seven patients (1.5%) were taking a combination of aspirin and warfarin.

Of 300 (38.5%) patients with at least one cardiac risk factor who were not taking medications, 274 gave reasons for not taking them. For 54.4% of these respondents, the reason was stated as 'not clinically indicated'. For 20.8%, the reason was a history of peptic ulcer or gastro-oesophageal reflux disease, and for 9.5% it was an expected adverse effect on the gastrointestinal tract. Concurrent NSAID therapy was cited as a reason for 5.5% of patients. Other reasons (14.2%) included new patient/newly diagnosed and patient resistance.

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AIHW Australian GP Statistics and Classification Centre, 2007. SAND abstract No. 109 from the BEACH program: Secondary prevention of heart attack and stroke. Sydney: AGPSCC University of Sydney. ISSN 1444-9072

PLEASE READ CAREFULLY

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

You may tear out this page as a guide to completing the following section of forms.

INSTRUCTIONS

INSTRUCTIONS

Ask **ALL** of the next **30 PATIENTS** of any age 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.**

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 eg **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** beside it 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 _____ |
| <input type="checkbox"/> Stroke/TIA | (please specify risk factor) |
| <input type="checkbox"/> Stable/unstable angina | <input type="checkbox"/> None of above ⇨ END QUESTIONS |
| <input type="checkbox"/> Peripheral vascular disease | |

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 _____ |