

SAND abstract No. 115 from the BEACH program 2007–08

Subject: Type 2 diabetes among general practice patients

Organisations supporting this study: National Prescribing Service Ltd

Issues: The prevalence of type 2 diabetes among patients attending general practice, their most recent HbA1c level and the duration since their last test; their current blood pressure level; the proportion of these patients currently taking aspirin and/or clopidogrel, an ACE inhibitor; the proportion who also have ischaemic heart disease (IHD), cerebrovascular disease (CVD), peripheral vascular disease (PVD), microalbuminuria/proteinuria.

Sample: 2,784 respondents from 86 GPs; data collection period: 01/05/2007 – 04/06/2007.

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

Summary of results

Of the 2,784 respondents, 215 (7.7%, 95% CI: 6.6–8.9) had Type 2 diabetes. Prevalence increased steadily by patient age from 0.4% of patients aged under 24 years to 18.8% of those aged 65–74 years. It then decreased slightly (though not significantly) to 15.3% among patients aged 75 years and over. Where patient sex was provided ($n=2,758$), prevalence was estimated as 8.9% (95% CI: 7.1–10.8) among males and 6.8% (95% CI: 5.6–8.1) among females, these results were not significantly different.

Of 192 patients with Type 2 diabetes for whom HbA1c levels were recorded, over half (54.7%) had an optimal HbA1c level of $\leq 7.0\%$ ($n=105$), with the remaining 45.3% ($n=87$) having levels considered high ($> 7.0\%$). Of the patients who had a HbA1c level $> 7.0\%$, one-third had a HbA1c level greater than 8.0%.

The time since the last HbA1c was provided for 169 patients, 146 (86.4%) of whom had been tested in the previous 6 months and 18 (10.7%) in the previous 7–12 months, with 5 patients (3.0%) having not had a HbA1c test for more than 12 months.

Blood pressure (BP) was recorded for 192 of the 215 patients with Type 2 diabetes. Two-fifths (40.6%) of these had BP defined as high-normal according to the National Heart Foundation classification, 16.7% had normal BP, 34.4% had isolated systolic hypertension and 8.3% had high BP.

Of 205 respondents with type 2 diabetes who provided medication information, half (48.3%) were taking aspirin only (39.0% prescribed; 9.3% OTC), and 5.9% were taking clopidogrel only. There were four patients (2.0%) who were taking both prescribed aspirin and clopidogrel. Overall, 56.1% of patients were taking aspirin, clopidogrel or both medications.

Two-thirds ($n=136$) of patients for whom ACE inhibitor status was provided ($n=206$) were taking an ACE inhibitor medication. Eighty-one patients (39.7%) were taking an ACE inhibitor with aspirin or clopidogrel, and 53 patients were taking the ACE inhibitor alone.

Almost half (47.6%) of 206 respondents with type 2 diabetes also had at least one of the four listed cardiovascular related conditions/symptoms (IHD 33.5%, CVD 9.2%, PVD 15.1% and microalbuminuria/proteinuria 18.9%).

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AIHW Australian GP Statistics and Classification Centre, 2008. SAND abstract No. 115 from the BEACH program: Type 2 diabetes among general practice patients. Sydney: AGPSCC University of Sydney. ISSN 1444-9072

PLEASE READ CAREFULLY

The shaded section of the following forms asks questions about **TYPE 2 DIABETES**.
 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's HbA1C level

From the results of their **most recent test**, please write the patient's **HbA1C level** in the space provided.

Patient's blood pressure

Please **check** the patient's **blood pressure** and write the result in the space provided.

Patient ACE inhibitor use

Please advise whether the patient is currently taking an **ACE inhibitor**.

Type 2 diabetes

Please advise whether this patient has Type 2 diabetes, diagnosed either today or at a previous encounter.

If 'No' you should **end the questions here** for this patient.

Time since last HbA1C test

Please advise the approximate **time since the patient's most recent HbA1C test**, and **circle an option** to indicate whether the time is in weeks or months

e.g. 4
wks/mths ago.
 (Please circle)

Patient aspirin use

Please advise whether the patient is currently taking **aspirin** (either prescribed or advised for over-the-counter purchase by you or another clinician), or **clopidogrel** prescribed by you or by another clinician. If the patient is **not taking** either of these medications please tick the box labelled '**none of the above**'.

Patient cardiovascular history and risk factors

Please use the tick boxes to advise whether the patient has any of the listed conditions.

If the patient does **not** have any of these conditions please tick the box labelled '**none of the above**'.

Does this patient have Type 2 Diabetes?

- Yes
 No → end questions

If 'Yes' what was their most recent HbA1C level?

_____ %

The patient's most recent HbA1C test was approximately

_____ **wks/mths ago.**
 (please circle)

The patient's blood pressure level today is:

____ / ____
mmHg

Is the patient currently taking:

- Aspirin (prescribed)?
 Aspirin (OTC)?
 Clopidogrel?
 None of the above

Is the patient currently taking an ACE inhibitor?

- Yes
 No

Does the patient have:
 (tick all that apply)

- Ischaemic heart disease?
 Cerebrovascular disease?
 Peripheral vascular disease?
 Microalbuminuria/proteinuria?
 None of the above