SAND abstract No. 130 from the BEACH program 2008–09

Subject: Diabetes Type 2 and dyslipidaemia in general practice patients

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

Issues: The prevalence of Type 2 diabetes (T2D) and/or dyslipidaemia among general practice patients and their HbA1c and cholesterol levels. Among those with T2D and/or hyperlipidaemia, the prevalence of hypertension; congestive heart failure (CHF); coronary heart disease (CHD); metabolic syndrome; and current smoking status. Current medication and use of diet and exercise for blood glucose control.

Sample: 3,096 patients from 106 GPs; data collection period: 10/06/2008—14/07/2008


Summary of results

The age–sex distribution of respondents was similar to the distribution for all BEACH encounters, with the majority (57.1%) of patients being female.

Of the 2,957 surveyed patients, 799 had diagnosed T2D and/or dyslipidaemia: 349 (11.8%, 95% CI: 10.2–13.4) had T2D, 615 (20.8%, 95% CI: 17.8–23.8) had dyslipidaemia, and 165 (5.6%) had both conditions. There was no significant difference in these results between male and female patients. Patients aged 45–64 years had a significantly lower rate of T2D and/or dyslipidaemia (31.0%) than patients aged 65–74 years (50.6%) and those aged 75 years and over (45.3%).

Of the 799 patients with diagnosed T2D and/or dyslipidaemia, 755 answered the question on comorbidities: 69.4% had hypertension, 11.1% had CHF, 26.2% had CHD and 8.3% had moderate/severe renal insufficiency, and 12.1% had metabolic syndrome. Of these 755 patients, 610 (80.8%) had at least one of the comorbidities. Current smoking status was recorded for 740 patients and 77 (10.4%) were current smokers.

Of 338 patients with T2D who responded to the question, 57.1% had an HbA1c level of ≤7 and 35.5% had an HbA1c level >7, and for 7.4% the HbA1c level was not known or had never been tested.

Of 575 patients with dyslipidaemia who responded to the question, 247 (43.0%) had a total cholesterol level of ≥5.0, and of the 171 responding patients with T2D without diagnosed dyslipidaemia, 25.2% had a total cholesterol level of ≥5.0.

Of 334 patients with T2D for whom medication management of blood glucose was recorded, 269 (80.5%) were currently taking at least one medication: 32.0% were on metformin monotherapy; 29.7% were on dual therapy of metformin and a sulphonylurea; 10.4% were on mono-therapy sulphonylurea; 9.7% were taking insulin as a mono therapy, and 6.7% were taking metformin and insulin as dual therapy. Of the 337 medications for which duration of use was specified, 82.8% had been taken for years and 17.2% for months. Of 205 respondents, 67.3% were taking at least one medication and using diet/exercise, and 26.8% were not taking medication but were using diet/exercise to manage their blood glucose.

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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.

Type 2 diabetes and/or hyper/dyslipidaemia
Please use the tick boxes to indicate if this patient has either Type 2 diabetes and/or hyper/dyslipidaemia.
If the patient does not have either Type 2 diabetes and/or hyper/dyslipidaemia you should end the questions here.

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’.

Morbidity
Please use the tick boxes to advise whether the patient has ever been diagnosed with any of the listed conditions.
NB - moderate/severe renal insufficiency defined as creatinine ≤ 50ml/min.

Patient smoking status (if 18+ years)
Please use the tick boxes to advise whether or not the patient is a current smoker.

Medication / management for blood glucose levels
Medications - 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.
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.
If the patient is currently taking 2 or more agents (even if in 1 product) for blood glucose control please indicate the patient’s HbA1c level prior to the addition of the most recent medication. If the HbA1c level prior to the addition of the most recent medication is unknown (e.g. you are not this patient’s regular GP) please tick the box labelled ‘don’t know’.

Does this patient have:
- Hypertension
- Congestive heart failure
- Coronary heart disease
- Mod/severe renal insuff.
- Metabolic syndrome
- None of the above

Does this patient also have:
- Type 2 diabetes
- Hyper/dyslipidaemia
- Neither of the above

Is the patient a current smoker?
- Yes
- No

What are the patient’s most recent levels of:
- HbA1c ______%  
- Total chol ______ mmol/L
- LDL-C ______ mmol/L
- HDL-C ______ mmol/L

Don’t know/never tested

The current medication / management for this patient’s BLOOD GLUCOSE levels is / are:

Name & Form  
Strength  
Dose  
Frequency  
Duration of use  
(mths/ys)

If the patient is on 2 or more agents, what was the HbA1c prior to the addition of the most recent medication?
- HbA1c ______%  
- Don’t know

Diet/exercise? Yes/No

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