

## SAND abstract No. 149 from the BEACH program 2009–10

### Subject: Dyslipidaemia and lipid management

**Organisation supporting this study:** Abbott Australasia

**Issues:** The proportion of general practice patients who were having their lipids managed for diagnosed dyslipidaemia and/or other risk factors/conditions; current lipid lowering medication; most recent levels of total cholesterol (TC), low-density lipoprotein (LDL), high-density lipoprotein (HDL) cholesterol and triglycerides, all in mmol/L; GP opinion on whether lipids had reached target; lipid subfraction/s targeted with current medication.

**Sample:** 2,960 respondents from 103 GPs; data collection period: 09/06/2009–13/07/2009.

**Method:** Detailed in the paper entitled *SAND method 2009–10* at:  
<[www.fmrc.org.au/publications/SAND\\_abstracts.htm](http://www.fmrc.org.au/publications/SAND_abstracts.htm)>.

### Summary of results

The age–sex distribution of respondents did not differ from the distribution for all 2008–09 BEACH encounters, with the majority of patients (56.6%) being female.

Of the 2,960 surveyed patients, 796 (26.9%, 95% CI: 24.0–29.8) were having their lipids managed. One in five ( $n=663$ , 22.4%, 95% CI: 19.6–25.2) had diagnosed dyslipidaemia and 167 (5.6%, 95% CI: 3.9–7.4) were having lipids managed for other risk factors/conditions (multiple response allowed). Lipid management rates did not differ significantly for males (30.7%) and females (24.0%). The proportion of adult patients under lipid management increased with age, from 7.1% of those aged 25–44 years to 57.1% of those aged 75 years and over.

Of 796 patients with lipids being managed, lipid medication status was available for 783 patients. Three-quarters of these ( $n=607$ , 77.5%, 95% CI: 73.1–82.0) were using lipid lowering medication. The remaining 22.5% were having their lipids managed without lipid medication. Of the 607 patients on lipid medication, 575 (94.7%) were using a statin; of these 557 (96.9%) were on a single statin and 18 (3.1%) were on statin combination medication.

Of the 796 patients with lipids being managed, most recent TC, LDL, HDL and triglyceride data was available for 759, 693, 701, and 745 patients respectively. One-quarter ( $n=187$ , 24.6%) of respondents had TC <4.0, and the proportion of patients reaching target (TC<4.0) was significantly higher in males (35.2%) than females (14.6%). The mean TC was 4.9 (sd=1.3), 4.6 for males and 5.2 for females. Almost half (45.6%), and significantly more males (53.3%) than females (38.4%), had LDL<2.5. The mean LDL was 2.8 (sd=1.1), 2.6 for males and 2.9 for females. Four in five (79.5%), and significantly more females (89.7%) than males (69.7%), had HDL>1.0. The mean HDL was 1.4 (sd=0.4), 1.2 for males and 1.5 for females. Almost half (46.4%) had triglycerides<1.5, with similar proportions for males (48.8%) and females (44.4%). The mean triglyceride level was 1.7 (sd=1.0), 1.8 for males and 1.7 for females.

According to the GPs clinical opinion, target was reached for 61.6%, 58.4%, 82.5% and 68.7% of patients for TC, LDL, HDL and triglycerides respectively.

Of the 607 patients who had lipids managed by medication, 81.1% had total cholesterol targeted, 76.6% had LDL specifically targeted, 36.7% had HDL specifically targeted and 43.7% had triglycerides specifically targeted (multiple response allowed).

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AIHW Australian GP Statistics and Classification Centre, 2010. SAND abstract No. 149 from the BEACH program: Dyslipidaemia and lipid management. Sydney: AGPSCC University of Sydney. ISSN 1444-9072

# PLEASE READ CAREFULLY

The shaded section of the following forms asks questions about **DYSLIPIDAEMIA**.  
 You may tear out this page as a guide to completing the following section of forms.

## INSTRUCTIONS

Please answer the following questions for **ALL** of the **next 30 PATIENTS** in the order in which the patients are seen.

Please **DO NOT** select patients to suit the topic being investigated.

## Dyslipidaemia and lipid management

Please indicate whether this patient has **diagnosed dyslipidaemia** or **other risk factors/conditions that require their lipid levels to be managed** (e.g. high cardiovascular risk).

If the patient does not have dyslipidaemia and their lipid levels are not being managed for other reasons you should **end the questions here** for this patient.

## Lipid lowering therapy

Please write the **name** and **form** of the **current medication(s)** taken by this patient for their dyslipidaemia.

Please also indicate the regimen (i.e. **strength, dose and frequency**) of the medication(s).

If the patient is **not currently taking a medication** for their dyslipidaemia please tick the box labelled '**NO medication**'.

## Lipid levels

Please advise the patient's **lipid levels** at the **most recent testing**, of:

- **total cholesterol**
- **low density lipoprotein cholesterol (LDL-C)**
- **high density lipoprotein cholesterol (HDL-C)**
- **triglycerides.**

Please circle an option to indicate whether, in your **clinical opinion**, **target lipid levels** have been reached for this patient.

## Target of treatment

Please use the tick boxes to indicate **which specific lipid subfraction(s)** you are **targeting** with the **current medication**.

**Tick as many as apply.**

### Does the patient have:

- Dyslipidaemia
- Lipid levels managed for other reasons
- Neither of the above → **End questions**

### Current lipid lowering medication(s) is:

Name & Form    Strength    Dose    Frequency

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- NO lipid lowering medication**

### What are the patient's most recent lipid levels?

Total chol \_\_\_\_\_ mmol/L

LDL-C \_\_\_\_\_ mmol/L

HDL-C \_\_\_\_\_ mmol/L

TG \_\_\_\_\_ mmol/L

### In your clinical opinion, have target levels been reached?

*(please circle)*

Yes / No

Yes / No

Yes / No

Yes / No

### Which lipid subfraction(s) are you targeting with the current medication?

*(Tick all that apply)*

- Total cholesterol
- LDL-C
- HDL-C
- Triglycerides