

## **SAND abstract No. 54 from the BEACH program 2002–03**

### **Subject: Secondary prevention of heart attack or stroke**

**Organisation supporting this study:** Department of Health and Ageing

**Issues:** This study investigated the proportion of general practice patients with a cardiovascular risk factor; the proportion of patients with at least one risk factor who are taking anti-platelet or coagulant medication for secondary prevention of heart attack or stroke; the reasons for non-use of these medications for secondary prevention by patients with cardiovascular risk factors.

**Sample:** 2,833 encounters from 97 GPs; data collection period: 25/02/2003–30/03/2003

**Method:** Detailed in the paper entitled 'SAND Method: 2002-03' on the FMRC website ([http://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 was similar to the expected distribution for general practice encounters, with the majority (59.7%) of patients being female.

Of the respondents, 34.7% (95% CI: 30.7–38.6) had at least one cardiovascular risk factor - 22.2% had one risk factor and 12.4% had two or more risk factors. The most common risk factor was hypertension reported by 25.7% of patients. The second most common risk factor was 'other risk factors' (8.2%) followed by stable/unstable angina (4.1%).

Of the patients with at least one risk factor (n = 982), 58.0% were on at least one anti platelet/anti-coagulant medication, the majority taking only one medication (56.6%). The most common medication taken by patients to manage their risk factor(s) was aspirin (taken by 46.0% of the 982 risk factor patients). The second most common medication was warfarin (5.4%), followed by clopidogrel (4.7%).

Of the 412 patients who had at least one risk factor and indicated that they were not taking anti-platelet/anti-coagulants, 86% percent had a reason for not taking a preventative medication. Of the risk factor patients who were not currently taking a preventative medication (n = 412), 45.9% were not doing so because it was not clinically indicated, 15.8% because the patient had a history of PUD or GORD, and 11.7% listed 'other' reasons.

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