

## **SAND abstract No. 77 from the BEACH program 2004–05**

### **Subject: Heart failure—underlying causes and medication management**

**Organisation supporting this study:** Janssen-Cilag Pty Ltd

**Issues:** The prevalence of heart failure in patients attending general practice; severity of heart failure in these patients; the underlying causes of heart failure; the health professional who initially diagnosed the heart failure; current medication management, and the rate of hospitalisation of patients with heart failure.

**Sample:** 2,660 respondents from 91 GPs; data collection period: 07/12/2004–17/01/2005.

**Method:** Detailed in the paper entitled 'SAND Method 2004–05' on this 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 distribution of the total BEACH sample with the majority of patients (56.3%) being female. Patients aged over 75 years accounted for 16.9% of the sample.

The severity of heart failure was defined using the New York Heart Association Classification. There were 4 classes, Class I (least severe) to Class IV (most severe). Class I heart failure was diagnosed in 2.1% of general practice patients, while 2.7%, 0.9% and 0.2% were diagnosed with Class II, III and IV heart failure respectively.

The prevalence of diagnosed heart failure in the general practice patient sample was 6.1% (95% CI: 4.7–7.6) (n=163). In male patients, 6.3% had been diagnosed with heart failure compared with 5.9% of female patients. Patients aged 75+ had the highest age-specific rates, with 23.3% diagnosed with heart failure.

Multiple responses were allowed to the question about the underlying causes of heart failure. A total of 241 causes were given. Of the 163 patients with heart failure, 93 (57.1%) had hypertension and 89 (54.6%) had ischaemic heart disease as the underlying cause(s) of heart failure. Twenty (12.3%) had acute myocardial infarction, and 39 (23.9%) had causes other than the three above-mentioned conditions.

Initial diagnosis of heart failure was made by a GP for 61.9% of patients, by a cardiologist for 33.1%, and the remaining patients (5.0%) were diagnosed by an 'other health professional'.

For each heart failure patient, up to five medications for heart failure could be recorded by the GP. Three or more medications for heart failure were taken by one-third (33.8%) of heart failure patients. On average each patient took two medications for heart failure. There were a total of 338 medications listed for the 163 heart failure patients.

The medication most commonly used for the control of heart failure was frusemide, followed by digoxin, perindopril, and carvedilol (23.1%, 9.8%, 7.4% and 5.9% of heart failure medications respectively).

Of the 153 heart failure patients responding to the question about hospitalisation for heart failure, the majority (83.0%) had not been hospitalised in the past 12 months. Eighteen (11.8%) were hospitalised for decompensated /exacerbated heart failure, four (2.6%) were hospitalised for medication change, and nine (5.9%) were hospitalised for other reasons.

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