

## **SAND abstract No. 90 from the BEACH program 2005–06**

### **Subject: Prevalence, management and investigations of chronic heart failure in general practice patients**

**Organisation supporting this study:** Roche Products Pty Ltd

**Issues:** The proportion of general practice patients with chronic heart failure (CHF); its severity and management; who initiated therapy; objectives of management; proportion referred to a specialist; investigations ordered to diagnose CHF.

**Sample:** 2,859 encounters from 98 GPs; data collection period: 16/08/2005 – 19/09/2005.

**Method:** Detailed in the paper entitled 'SAND Method 2005–06 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 for all BEACH encounters, with the majority (57.8%) of patients being female.

The prevalence of chronic heart failure (CHF) in this general practice patient sample was 4.1% (95% CI: 2.8–5.3). In male patients, 4.7% were diagnosed with CHF compared with 3.6% of female patients. Patients aged 75 + had the highest age-specific rates, with 19.8% diagnosed with CHF. CHF was classified as mild in 50.0% of these 116 patients, moderate in 28.5% and severe in 21.6%.

Medication data were provided for 112 of the CHF patients. Medications most commonly used for the management of CHF were diuretics (33.6% of all listed medications), followed by anti-hypertensives (31.0%), beta-blockers (13.7%) and cardiac glycosides (8.0%). The diuretic commonly used was frusemide (median reported prescribed daily dose (PDD) 40 mg). The most common anti-hypertensive medications were perindopril (median PDD 4 mg), ramipril (median PDD 5 mg) and irbesartan (median PDD 300 mg), and the beta-blocker commonly used was carvedilol (median PDD 25 mg). Digoxin had a median PDD of 0.125 mg. Sixteen (66.7%) of the 24 patients with severe CHF were on three or more CHF medications, while only 8 (4.3%) of the 56 patients with mild CHF were on three or more CHF medications.

Pharmacological treatment was initiated by a GP (47.1% of CHF medications) or by a specialist (52.9%) at similar rates.

GPs considered the factors of 'symptom management' and 'quality of life' significantly more important than 'increased survival' as an objective of management.

The majority (80.2%) of patients diagnosed with CHF had been referred to a cardiac specialist; 38.7% were initially referred more than three years ago; 21.7% were referred between one to three years ago; and 19.8% were referred during the previous 12 months.

Multiple investigations could be reported as being used in diagnosing CHF. Chest X-ray was used to diagnose CHF in 72.3% of cases, echocardiography was used in 63.4% of cases and ECG in 58.9% of cases. GPs ordered 64.9% of chest X-rays, 13.4% of echocardiography and 59.3% of ECGs, with cardiac specialists ordering the rest.

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