

## **SAND abstract No. 94 from the BEACH program 2005–06**

### **Subject: Type 2 diabetes—investigations and related conditions**

**Organisation supporting this study:** National Prescribing Service

**Issues:** The prevalence of type 2 diabetes among patients attending general practice, the most recent HbA1c level and time since last HbA1c test; current blood pressure level; the proportion of type 2 diabetes patients taking aspirin, clopidogrel, and/or an ACE inhibitor; the prevalence of specified co-morbidities among the type 2 diabetes patients.

**Sample:** 2,713 patient encounters with 92 GPs; data collection: 17/01/2006 – 20/02/2006.

**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)>. In this study: specified co-morbidities included ischaemic heart disease (IHD), cerebrovascular disease (CVD), peripheral vascular disease (PVD) or microalbuminuria/proteinuria. Blood pressure levels were defined according to the classification from the Heart Foundation (available from: [http://www.heartfoundation/downloads/hypertension\\_management\\_guide\\_2004](http://www.heartfoundation/downloads/hypertension_management_guide_2004))

### **Summary of results**

The age–sex distribution of the respondents was similar to the distribution for all BEACH encounters, with the majority of patients (58.0%) being female. Patients aged 45–64 years accounted for 26.5% of the sample.

Of the 2,713 respondents, 224 (8.3%, 95% CI: 6.7–9.8) had been diagnosed with type 2 diabetes. There was no significant difference in the prevalence between males and females.

The most recent HbA1c level was provided for 206 (92.0%) of these patients. More than half (53.9%) had an optimal HbA1c level of  $\leq 7.0\%$ , while 18.5% of patients had an HbA1c level of more than 8.0%. The mean HbA1c level was 7.2% (95% CI: 7.0–7.3). Two-thirds of these patients had their last HbA1c test within the previous three months. Only 4.9% of patients had not had their HbA1c tested for over 12 months.

For 217 Type 2 diabetic patients blood pressure readings were taken and recorded at the consultation. According to Heart Foundation definitions, 49.3% of the patients had 'high-normal' blood pressure and 7.4% had mild, moderate or severe hypertension.

For 223 type 2 diabetic patients questions about selected current medications were answered. Nearly half these patients (49.3%) were taking aspirin and a further 5.4% were taking clopidogrel. Over two-thirds (64.7%) were using an ace inhibitor medication. A combination of aspirin/clopidogrel and an ace inhibitor was reported for 41.3% of these respondents while 12.6% were taking aspirin/clopidogrel only and 23.8% an ace inhibitor only.

There were 217 patients for whom both medication and blood pressure data were complete. Of those with 'normal' blood pressure 51.7% were taking an ace inhibitor. Of those with 'high-normal' blood pressure 66.4% were taking an ace inhibitor and of those with 'high' blood pressure 75.0% were taking an ace inhibitor.

Two in five (42.1%) of respondents (n=216) had at least one of the four listed co-morbidities or risk factors, the most common co-morbidity being IHD (24.5% of patients with diabetes), followed by microalbuminuria/proteinuria (13.4%), CVD (7.8%) and PVD (7.9%).

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