

SAND abstract No. 97 from the BEACH program 2006–07

Subject: Statin medication use among high CHD risk patients attending general practice

Organisations supporting this study: Merck Sharp & Dohme (Australia) Pty Ltd

Issues: The proportion of patients attending general practice who are in a high risk category for coronary heart disease (CHD); the proportion of these patients taking statin medication; National Heart Foundation (NHF) lipid targets reached by patients taking statin medication; proposed treatment of patients who had not reached targets.

Sample: 2,707 respondents from 94 GPs; data collection period: 28/03/2006–05/05/2006.

Method: Detailed in the paper entitled 'SAND Method 2006–07' on this website: <www.fmrc.org.au/publications/SAND_abstracts.htm>. High CHD risk conditions of interest for this sample of patients were hypertension, diagnosed coronary heart disease, familial hyperlipidaemia, diabetes mellitus, cerebrovascular disease and peripheral vascular disease.

Summary of results

The age and sex distributions of respondents were similar to those for all BEACH encounters, the majority (60.0%) of patients being female. Of the 2,707 patients, 1,042 (38.5%, 95% CI: 35.2–41.8) had at least one of the high CHD risk conditions, hypertension being most common (29.6% of patients), followed by familial hyperlipidaemia (9.2%).

Of the 1,015 CHD high risk patients responding to the question on statin use, 489 (48.2%) were currently taking or commencing a statin medication. Statin use was highest for the 65–74 years age group, where 57.8% were taking a statin medication, and it was significantly higher for male patients (54.7%, 95% CI: 48.7–60.8) than for female patients (43.0%, 95% CI: 38.0–47.9). Statin use was highest (78.3%) among patients with diagnosed CHD, followed by those with familial hypercholesterolaemia (76.5%).

Of the 489 patients taking or commencing a statin, specific details on those medications were provided for 437 patients (89.4%). The most common statins taken (or commenced at that encounter) were atorvastatin (54.2% of all statins recorded) and simvastatin (31.1%).

Of the 477 responses to the question on NHF target for lipid levels, 328 patients (68.8%) had achieved the target. Of patients with coronary heart disease, 74.6% had achieved target levels, while 66.9% of patients with familial hyperlipidaemia had achieved target levels. There were no significant differences found in the rate of target lipid levels achieved with different statin medications.

There were 473 respondents for whom details on NHF targets and up-titration suitability were recorded. Of these, 145 (30.7%) had not achieved target levels. For 33 (22.8%) of these patients, up-titration was not possible. The most common reason given for not up-titrating the statin was that the patient was on maximum dose (53.1%). Intolerance of a higher dose was the second most common reason, given for 21.9% of these patients. The ongoing lipid treatment proposed for most of these patients, 59.3%, was to maintain the current statin.

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