SAND abstract number 229 from the BEACH program 2014–15

Subject: Pharmacological management of type 2 diabetes among general practice patients

Organisation collaborating for this study: Novartis Pharmaceuticals Australia Pty Ltd.

Issues: Prevalence of diagnosed type 2 diabetes among patients attending general practice; use of metformin medication in the management of type 2 diabetes; concomitant use of selected glucose-lowering medications (sulfonylurea and dipeptidyl peptidase-4 [DPP-4] inhibitor [known as gliptin]) with the metformin.

Sample: 3,104 patients from 104 GPs; data collection period: 10/06/2014 – 14/07/2014.


Summary of results

The age of the patient was recorded at 3,096 encounters. The age distribution of patients in this sample did not differ from those of patients at all BEACH encounters in 2013–14. Patient sex was known for 3,084 respondents of whom 45.3% (95% CI: 42.3–48.3) were male, a significantly larger proportion than among those at all BEACH encounters in 2013–14, where 40.1% (95% CI: 39.2–41.0) were male.

Of the 3,104 sampled patients, 344 (11.1%, 95% CI: 9.5–12.7) had diagnosed type 2 diabetes. After statistical adjustment to reflect patients attending general practice at least once in the year, prevalence of diagnosed type 2 diabetes among the attending population was 7.1% (95% CI: 5.7–8.4). Assuming those who did not attend did not have diagnosed type 2 diabetes, population prevalence was estimated as 6.1% (95% CI: 4.9–7.3).

There was a significant step-wise increase in prevalence of diagnosed type 2 diabetes with patient age group, from 3.3% (95% CI: 1.9–4.7) of patients aged 25–44 years, to 21.7% (95% CI: 17.3–26.1) of those aged 65–74 years. The rate then remained steady among those aged 75 years or more with 19.8% (95% CI: 16.1–23.4) having the condition. Prevalence did not significantly differ between the sexes, with 13.2% of males and 9.4% of females having type 2 diabetes. Of 331 respondents with diagnosed type 2 diabetes, 65.3% (n = 216) were currently taking metformin. The question about concomitant sulfonylurea and/or gliptin use was answered for 211 of these patients, most of whom (63.5%) did not take either medication. Metformin and sulfonylurea were being taken by 45 patients, metformin and gliptin were taken by 28 patients, and 4 patients took all three medications.

Of the 45 patients taking metformin and a sulfonylurea only, reasons for taking a sulfonylurea rather than a gliptin were given for 43. The most common reasons were efficacy of sulfonylurea (n = 23), and ‘other’ (non-listed) reasons (18 patients). Most of the latter group indicated satisfactory long-term use of a sulfonylurea.

Reasons for use of gliptin rather than sulfonylurea were provided for the 28 patients taking metformin and a gliptin only. The most common reasons given were concern about an adverse event associated with a sulfonylurea (n = 13), and efficacy of gliptin (n = 10).

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Family Medicine Research Centre, University of Sydney. SAND abstract No. 229 from the BEACH program: Pharmacological management of Type 2 diabetes among general practice patients. Sydney: FMRC University of Sydney, 2015. ISSN 1444-9072.
**PLEASE READ CAREFULLY**

The shaded section of the following forms asks questions about **TYPE 2 DIABETES MANAGEMENT**.

You may tear out this page as a guide to completing the following section of forms.

**INSTRUCTIONS**

The following 30 forms relate to the **next 30 patients** in the order in which the patients are seen.

Please **DO NOT select patients** to suit the topic being investigated.

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**Type 2 diabetes**

Please advise whether this patient has been diagnosed with **Type 2 diabetes**.

If the patient **does not have** Type 2 diabetes please end the questions here for this patient.

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**Sulfonylurea and Gliptin use**

For patients taking **metformin**, please indicate whether they were also taking a **sulfonylurea** or a dipetidyl peptidase-4 (DPP-4) inhibitor (i.e. a Gliptin) in dual therapy. These medications may be taken separately or as a combination product.

If the patient is **not taking** metformin in combination with sulfonylurea or gliptin, please end the questions here for this patient.

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**Metformin use**

Please use the tick boxes to indicate whether the patient is currently taking metformin for the management of Type 2 diabetes.

If ‘no’, please end the questions here for this patient.

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**Reasons for metformin + sulfonylurea use**

For patients taking **metformin** in combination with **sulfonylurea**, please indicate the **reason/s** that the sulfonylurea was chosen in preference to a gliptin.

Note: Efficacy includes glycaemic control.

Please tick all options that apply.

If the reason/s is not listed, please write the reason/s in the space provided.

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**Reasons for metformin + gliptin use**

For patients taking **metformin** in combination with **gliptin**, please indicate the **reason/s** that the gliptin was chosen in preference to a sulfonylurea.

Note: Efficacy includes glycaemic control.

If the reason/s is not listed, please write the reason/s in the space provided.

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**Does the patient have Type 2 diabetes?**

- Yes
- No → End questions

**Is the patient currently taking metformin?**

- Yes
- No → End questions

**Is the patient also taking (either as a separate agent or in a combination product):**

- Sulfonylurea
- DPP-4 inhibitor (Gliptin)
- None of the above → End questions

**For patients taking metformin + sulfonylurea, why was sulfonylurea chosen, rather than gliptin?**

- Efficacy of sulfonylurea
- Adverse event with gliptin use
- Concern for adverse event associated with gliptin
- Gliptin contraindicated
- Other (please specify):

- Don’t know

**For patients taking metformin + gliptin, why was gliptin chosen, rather than sulfonylurea?**

- Efficacy of gliptin
- Adverse event with sulfonylurea use
- Concern for adverse event associated with sulfonylurea
- Sulfonylurea contraindicated
- Other (please specify):

- Don’t know