SAND abstract No. 15 from the BEACH program 2000–2001

Subject: Lipid lowering medication

Organisation supporting this study: Commonwealth Department of Health and Ageing (Pharmaceutical Benefits Branch).

Issues: This sub-study investigated the proportion of general practice patients receiving lipid lowering medications and for those on lipid lowering therapy the prevalence of coronary heart disease (CHD) and risk factors for CHD. The types of medications used for lipid lowering therapy and the levels of cholesterol for different risk factors were examined.

Sample: 5,669 patients from 189 GPs; data collection periods: 6/06/00 – 10/07/00, 15/08/00 – 18/09/00.

Method: Detailed in the paper entitled 'SAND Method' on this website (http://www.fmrc.org.au/beach.htm).

Summary of results

The age–sex distribution of the respondents was similar to the distribution for BEACH overall, with the majority, (57.7%) of patients being female.

Overall, 10.2% of respondents were taking lipid lowering drugs (n=576) at the time of the encounter. Rates of lipid lowering drug therapy were comparable for males (11.0%) and females (9.5%). Patients aged 45 years and over were more likely than younger patients to be on lipid lowering therapy. Those most likely to be on lipid lowering drugs were aged between 65 and 74 years (27.2%).

Five percent of respondents on lipid lowering therapy (29/530) were commencing therapy at the encounter. There were 564 medications used for lipid lowering therapy, very few patients using more than one lipid lowering medication. The most common generic medication used was simvastatin, accounting for 40% of all lipid lowering medications, followed by atorvastatin (36.5%) and pravastatin (13.5%). Coronary heart disease (CHD) was reported as present in 35.0% (n=203) of those on lipid lowering therapy.

Hypertension was the most common risk factor, reported by 55.0% (n=317) of those on lipid lowering therapy. Hypertension without CHD was reported for 31.3% of those on lipid lowering therapy. One in six (16.3%, n=94) of those on lipid lowering therapy had diabetes, 26.2% (n=151) had a family history of hypercholesteraemia and 23.7% (n=137) had a family history of coronary heart disease. One in ten (10.6%, n=61) had peripheral vascular disease. Sixteen per cent (n=91) of those on lipid lowering therapy did not report any of the listed risk factors/conditions.

For those commencing therapy the mean cholesterol level of the most recent test was 6.9 mmol/L. For those continuing therapy the mean cholesterol level at the start of therapy was 7.2 mmol/L.

There were few differences in cholesterol levels for patients with different risk factors, although those with coronary heart disease had started therapy at lower levels of cholesterol (mean 6.9 mmol/L) than those without coronary heart disease (mean 7.4 mmol/L, $p < 0.001$).

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