SAND abstract No. 20 from the BEACH program 2000–2001

Subject: Screening and management of blood cholesterol

Organisations supporting this study: AstraZeneca (Australia)

Issues: This sub-study investigated the proportion of general practice patients having existing coronary heart disease (CHD) or risk factors for CHD, the proportion who had their blood cholesterol tested and the treatments used in the management of 'high cholesterol level' and the effectiveness of different management in decreasing cholesterol level.

Sample: 2,905 respondents from 97 GPs; data collection period: 24/10/2000 – 27/11/2000

Method: Detailed in the paper entitled 'SAND Method' on this web site (http://www.fmrc.org.au/beach.htm). Risk factors included: existing coronary heart disease, diabetes, familial hypercholesteraemia; family history of coronary heart disease, hypertension and peripheral vascular disease.

Summary of results

The age–sex distribution of respondents was similar to the distribution for BEACH overall, with the majority (58.5%) of patients being female.

Over one third (37%) of the 2,905 respondents had at least one risk factor related to CHD.

Overall, more than half (55.0%) the 2,771 patients who responded to the question on cholesterol tests, stated that their cholesterol had been tested. Of the 1,027 patients who had one or more risk factors for high cholesterol and responded to the question about initial cholesterol test, 14.0% had never had a cholesterol test.

The mean cholesterol level for those with one or more risk factors (n=834) was 5.88 mm/L compared with 5.35 mm/L for those with no risk factors (n=604). Of the 764 respondents using some form of treatment(s) for "high cholesterol level", 61.3% were relying on diet/exercise only, 23.3% were on both diet/exercise and any statin medication, and 13.6% were using any statin medication only.

Among 415 respondents who were under cholesterol management and had both initial and most recent cholesterol levels recorded, a significant decrease in cholesterol levels was found for those using both diet/exercise and any statin (t_{224}=9.7, $p<0.001$), or using any statin alone (t_{111}=–7.9, $p<0.001$), compared with those using diet/exercise only. There was no significant difference between those using diet/exercise and any statin compared with those using any statin alone in the extent of cholesterol reduction (t_{225}=0.2, $p=0.82$).

There was a significant reduction in cholesterol levels for those using any statin compared with those on diet/exercise only (t_{386}=11.6, $p<0.001$). Patients using any statin had a significantly greater decrease in cholesterol levels than those not using any statin (t_{402}=10.8, $p<0.001$).

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