101 Types of medicine use and patient use of medicines list

Organisation supporting this study: National Prescribing Service

Issues: To determine: the proportion of general practice patients who regularly take medicine and the type(s) of medicines they take; the types of medicines recorded in the patient's medical record; the use of Medicines Lists in general practice patients who regularly take medicines; the types of medicines included in the Medicines List.

Sample: 5,528 encounters with 187 GPs; data collection period: 11/07/2006 – 18/09/2006

Method: Detailed SAND methods are provided in Chapter 2.

Summary of results

The age distribution of respondents differed a little from the average for BEACH, with fewer patients aged 25–44 years and more aged 75+ at these encounters; sex distribution was similar to BEACH (general practice) encounters, the majority (55.7%) being female.

At the 5,528 patient encounters, GPs indicated that 3,829 (69.3%; 95% CI: 66.5–72.0) patients regularly took at least one of the medicine types listed. Of these, 3,767 specified whether they had as Medicines list, and 31.0% (95% CI: 27.3–34.6) stated they did.

Prescription medications

Overall, 3,493 (63.2%, 95% CI: 60.3–66.1) regularly took prescription medicines and these were said to be recorded in the medical records for 3,415 (98.4%) of 3,470 respondents. Of 3,453 respondents 1,128 (32.7%) had a medicines list. The prescribed medications were said to be on the medicines list by 1,080 (99.7%) of 1,084 patients responding to this question.

Non-prescription medications

Overall, 790 (14.3%, 95% CI: 12.1–16.5) regularly took non-prescription medicines and these medications were said to be in the medical records for 354 (45.3%) of 781 respondents.

A medicines list was held by 234 (30.4) of 771 respondents and the non-prescription medications on the medicines list was confirmed by 148 (65.2%, 95% CI: 56.7–73.7) of 227 respondents to this question

Herbal/natural medicines

Overall, 495 (9.0%, 95% CI: 7.5–10.4) regularly took herbal/natural medicines. For 88 (18.0%) of 488 respondents the herbal/natural medications were in the medical records.

Of 487 respondents 147 (30.2) had a medicines list and the herbal/natural medications was on the medicines list of 72 (51.8%) of 139 respondents

Vitamins/minerals

Overall, 874 (15.8%, 95% CI: 13.4–18.2) regularly took vitamins/minerals and the presence of these vitamins/minerals in the medical record was confirmed for 195 (22.7%) of 861 patients responding to this question.

Of 856 respondents using vitamins/minerals who responded to the medicines list question, 253 (29.6, 95% CI: 23.7–35.4) had a medicines list. The presence of the vitamins/minerals on this list was confirmed by 149 of 240 respondents to this question (62.1%, 95% CI: 52.2–72.0).

For other related abstracts see: 36 Patient use of complimentary therapies.

The following page contains the recording form and instructions with which the data in this abstract were collected.

PLEASE READ CAREFULLY

The shaded section of the following forms asks questions about **TYPES OF MEDICINES AND PATIENT USE OF MEDICINES LIST.**

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

INSTRUCTIONS

Ask **ALL** of the **next 30 PATIENTS** the following questions
in the order in which the patients are seen.
Please **DO NOT select patients** to suit the topic being investigated.

Definitions

Prescription medicines: require a prescription
*Non-prescription medicines: any tablets, syrups, ointments, inhalers or drops that can be bought over the counter at a chemist, health food or grocery store without a prescription. This category excludes herbal and other natural medicines, and vitamins and minerals.
*Herbal and other natural medicines: includes herbal products, homeopathic remedies and traditional medicines.
*Vitamins and minerals: any type of vitamin or mineral available without a prescription.

* These medicines can be self-prescribed or recommended by a health professional, alternative health practitioner or other person. They can be used in place of or in addition to prescription medicines

Regular use of medicines: medicines taken on an ongoing basis or taken for short term treatment of a specific problem.

Medicines List: a document or card where details of the medicines (e.g. name, dose taken, frequency of use, reason for medicine, date of commencement) taken by the patient are recorded. Medicines Lists are carried by patients and provided to health professionals (e.g. GPs, pharmacists) involved in their management.

Types of medicines

Please indicate by ticking the appropriate box/es whether this patient **regularly** takes any of the **listed types of medicines**. *(See definitions)*

Tick as many as apply.

If the patient does not take any medicines **please end the questions** here.

Medicines recorded in the medical record

Please indicate by ticking the appropriate box/es which **types of medicines** are **recorded in the patient's medical record**. *(See definitions)*

Tick as many as apply.

Medicines List

Please advise if the patient keeps a **list of the medicines** they take regularly. *(See definitions)*

If **'no'** or **'unsure'** please **end the questions** here.

Medicines included in the Medicines List

If the patient has a Medicines List, either from you or from another source, please advise the **types of medicines included in the list.**

Does the patient regularly take any of the following? *(tick all that apply)*

☐ Prescription medicines
☐ Non-prescription medicines
☐ Herbal and/or other natural medicines
☐ Vitamins and/or minerals
☐ None → **End questions**   BL84B

What medicines are recorded in the patient's medical record? *(tick all that apply)*

☐ Prescription medicines
☐ Non-prescription medicines
☐ Herbal and/or other natural medicines
☐ Vitamins and/or minerals
☐ None

Does the patient keep a list of any of the medicines they take regularly?

☐ Yes
☐ No → **End questions**
☐ Unsure → **End questions**

Which of the following are included in the patient's Medicines List? *(tick all that apply)*

☐ Prescription medicines
☐ Non-prescription medicines
☐ Herbal and/or other natural medicines
☐ Vitamins and/or minerals

102 Alzheimer's disease or dementia in patients attending general practice

Organisation supporting this study: Pfizer Australia

Issues: The proportion of general practice patients with diagnosed or suspected Alzheimer's disease or dementia; the proportion of these patients who have had cognitive assessments; the provider who performed these assessments; severity of diagnosed Alzheimer's disease; medications prescribed for diagnosed Alzheimer's disease.

Sample: 2,863 respondents from 99 GPs; data collection period: 15/08/2006 – 18/09/2006.

Method: Detailed SAND methods are provided in Chapter 2.

Summary of results

The sex distribution of patients was similar to the distribution for all respondents, with 55.4% of the patients being female. There were a significantly larger proportion of patients aged 75 years or more at these encounters (19.2%, 95% CI: 15.9–22.5) than at overall BEACH encounters in 2004–05 (13.9%, 95% CI: 13.1–14.7), and significantly fewer aged 25–44 years.

At least one of the listed conditions was indicated for 119 patients, with an overall prevalence of 4.2%. Prevalence increased with age from 1.3% among 45–64 year olds to 17.1% in those aged 75 years and over. The prevalence of diagnosed Alzheimer's disease was 1.3%, while suspected Alzheimer's disease had a prevalence of 1.3%, diagnosed dementia 1.1% and suspected dementia 1.4%. One patient had been diagnosed with both Alzheimer's disease and dementia.

Of the 37 patients with diagnosed Alzheimer's disease, GPs answered the question on cognitive assessment using the Alzheimer's disease Assessment Scale Cognitive Test (ADAS-Cog) for 17 patients, of whom six had been assessed, all by specialists. None of the patients with suspected Alzheimer's disease has been assessed using the ADAS-Cog. Information about assessment using the ADAS-Cog for patients with either diagnosed or suspected dementia was provided for 39 of the 67 patients with these conditions. Seven patients had been assessed, four by a specialist, two by a GP and one by another health provider.

Severity of diagnosed Alzheimer's disease was provided for 34 patients. Of these, 38.2% were regarded as having severe Alzheimer's disease, while 41.1% had a moderate level of severity.

Of patients on current medication for Alzheimer's disease (*n*=14), details were provided for 13 patients. Donepezil hydrochloride was the most common medication, taken by 9 patients, 3 patients were taking galantamine hydrobromide and one patient was taking olanzapine. Of the six patients who had changed medication, reasons for this change were listed for 5 patients. Lack of efficacy was the reason for change for two patients and two patients changed due to side effects.

For other related abstracts see: 28 Prevalence of Alzheimer's disease and dementia.

The following page contains the recording form and instructions with which the data in this abstract were collected.

PLEASE READ CAREFULLY

The shaded section of the following forms asks questions about **PATIENTS WITH ALZHEIMER'S DISEASE OR DEMENTIA.**

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

INSTRUCTIONS

Answer the following questions for **ALL** of the **next 30 PATIENTS**

in the order in which the patients are seen.

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

Alzheimer's disease or dementia

Please indicate by ticking the appropriate box/es whether this patient has **diagnosed Alzheimer's disease or dementia, or suspected (i.e. early signs of) Alzheimer's disease or dementia.**
Tick as many as apply.

If the patient does not have diagnosed or suspected Alzheimer's disease or dementia **please end the questions** here.

Medications prescribed for Alzheimer's disease

Please indicate if the patient is currently taking a **prescribed medication for Alzheimer's disease**. Please specify the **name of the current medication**.
If the patient has changed medications or is no longer currently taking a previously prescribed medication **please indicate the name of the previous medication** and the **reason for change or cessation**.
If the patient has never had a medication prescribed for Alzheimer's disease, please tick the box labelled '**no medication ever prescribed'**.

Diagnostic cognitive assessment

Please advise whether the patient has been assessed using the **Alzheimer's Disease Assessment Scale cognitive subscale (ADAS-Cog)**, the **Mini-Mental State Examination (MMSE)** and/or **other cognitive assessments**. If yes please indicate:
- **who performed the test** - a GP, specialist or other health provider (tick appropriate box)

For **other cognitive assessments** please indicate the **name of the assessment tool** used.

Future management plan

For patients who **have not had an ADAS-Cog or a MMSE** please select **one option** that best describes your **future management plan** for this patient.

Severity of Alzheimer's disease

For **patients with diagnosed Alzheimer's disease** please advise the **level of severity** of disease for this patient as determined by cognitive assessment and your clinical opinion.

Does the patient have?
(tick all that apply)
- ☐ Diagnosed Alzheimer's
- ☐ Suspected Alzheimer's
- ☐ Diagnosed dementia
- ☐ Suspected dementia
- ☐ None of the above
  ↳ **End questions**

Has the patient had cognitive assessment using:

• **ADAS-Cog**
(see definition)
- ☐ Yes - done by
  - ☐ GP
  - ☐ Specialist
  - ☐ Other
- ☐ No
- ☐ Don't know

• **MMSE**
(see definition)
- ☐ Yes - done by
  - ☐ GP
  - ☐ Specialist
  - ☐ Other
- ☐ No
- ☐ Don't know

• **Other cognitive assessment**
- ☐ Yes - _____
  (please specify assessment)
- done by ☐ GP
  - ☐ Specialist
  - ☐ Other
- ☐ No
- ☐ Don't know

Future management plan for patients who have not had an ADAS-Cog or a MMSE is: *(tick only one)*
- ☐ Patient is awaiting specialist appt.
- ☐ Referral to specialist for assessment
- ☐ I plan to perform assessment
- ☐ Currently no plan to assess
- ☐ Other _____
  (please specify)

For those with diagnosed Alzheimer's disease:

• Severity:
(see definition)
- ☐ mild
- ☐ moderate
- ☐ severe
- ☐ unsure

• Alzheimer's meds: *(please specify)*
- ☐ Current med _____
- ☐ Previous med _____

Reason for medication change:
- ☐ lack of efficacy
- ☐ side effects
- ☐ other _____ *(please specify)*

☐ No medication ever prescribed

BL85C

103 Cardiovascular risk in patients attending general practice

Organisations supporting this study: The Australian General Practice Statistics & Classification Centre on behalf of The George Institute.

Issues: Smoking status of patients attending general practice aged 18 years or older; proportion who have an existing cardiovascular disease (CVD)/risk factors for CVD; medications taken for management of existing CVD/risk factors for CVD (statins, antiplatelet therapy, ACE inhibitors, angiotensin receptor blockers, beta blockers, other antihypertensives); blood pressure (BP), serum creatinine, and cholesterol levels, and the proportion of these that are unknown.

Sample: 2,618 adult respondents (18 years and over) from 99 GPs; data collection period: 19/09/2006–23/10/2006.

Method: Detailed SAND methods are provided in Chapter 2.

Methods for this study: Heart Foundation guidelines were used to classify blood pressure (available from <www.heartfoundation/downloads/hypertension_management_guide _2004>).

Summary of results

The age and sex distributions were similar to all adult BEACH encounters for the 2005–06 data collection period, with 60.3% of patients being female.

Smoking status: Data on patient smoking status was available for 2,583 patients. About one in six (16.8%) patients were current smokers, 4.0% had quit within the last 12 months, and 22.6% had quit >12 months ago. Smoking was defined as a cardiovascular risk factor for current smokers and smokers who quit less than 12 months ago. Therefore, 20.8% of patients had a cardiovascular risk factor related to their smoking status.

Existing CVD/risk factors: Of 2,615 adult patients whom CVD/risk factor status could be determined, 1,614 (61.7%, 95% CI: 58.6–64.8) had at least one of eight risk factors. Prevalence of at least one CVD/risk factor was similar for males and females (65.9% c.f. 59.0%), but significantly different by age, increasing from 42.7% for ages 18–24 to 75.0% for 75+.

Prescribed medications for CVD/risk factors: Of 2,553 respondents, 1,006 (39.4%) were currently taking at least one of six listed medications (statins 20.4%, antiplatelet therapy 18.1%, ACE inhibitors 17.6%, angiotensin receptor blockers 11.6%, beta blockers 10.8%, other antihypertensives 14.4%). Males were significantly more likely to be taking a medication (45.0%) than females (35.8%). Likelihood increased significantly from 1.3% of those aged 18–24 to 80.5% of those aged 75+.

Measured BP & serum creatinine: BP was not known for 11.0% of adult patients. Of the 2,282 patients for whom BP was known, 514 (22.5%) had normal BP, 1,142 (50.0%) had high-normal BP, and 10.0% had high BP.

Measured total and HDL cholesterol & triglycerides: Of 2,552 respondents to the total cholesterol question, 2,457 to HDL question and 2,534 to the triglycerides question, levels were not known/never tested for 38.6%, 53.2% and 41.8% respectively. For those with test results supplied, mean total cholesterol level (n=1,568) was 5.07 mmol/L (95% CI: 5.00–5.13), mean HDL cholesterol (n=1,151) was 1.53 mmol/L (95% CI: 1.49–1.57) and the mean triglycerides (n=2,534) was 1.56 mmol/L (95% CI: 1.50–1.63).

For other related abstracts see: 20 Screening and management of blood cholesterol, 33 Prevalence and management of cardiovascular risk factors, 46 Coronary heart disease, risk factors and lipid lowering medication, 97 Statin medication use among high CHD risk patients attending general practice, 103 Cardiovascular risk in patients attending general practice.

The following page contains the recording form and instructions with which the data in this abstract were collected.

PLEASE READ CAREFULLY

The shaded section of the following forms asks questions about **CARDIOVASCULAR RISK FOR PATIENTS.**

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

INSTRUCTIONS

These questions investigate the **whole cardiovascular risk for patients aged 18 years or more.** For the **next 30 PATIENTS,** ask every adult (18+) the following questions. If the patient is less than 18 years of age leave the questions blank. Please **DO NOT select patients** according to their age or to suit the topic being investigated.

ASK THE PATIENT

If this patient is 18 years of age or older please ask which category best describes their **smoking status.**

Current therapy

Please indicate whether, this patient is currently taking **statins, antiplatelet therapy, ACE inhibitors, Angiotensin receptor blockers, Beta blockers or other antihypertensives.**

Cholesterol levels

Please advise, **at the time of most recent testing,** the patient's levels of -
- Total Cholesterol (TC),
- High Density Lipoprotein Cholesterol (HDLC),
- Triglycerides (TG)

If you do not know the patient's cholesterol levels or this patient has never been tested tick 'don't know'.

Please indicate **when the most recent tests were performed** (i.e.<12 months ago or >12 months ago) for each of the TC, HDLC and TG levels.

Existing cardiovascular disease and risk factors

Please use the tick boxes to indicate whether this patient has any of the listed diseases or risk factors (**overweight** = BMI>25; **obesity** = BMI>30; **family history of premature heart disease** = a mother or sister younger than 55 years, or a father or brother younger than 65 years when diagnosed with heart disease; **proteinuria** includes microalbuminuria, albuminuria and proteinuria).

Blood pressure / Serum creatinine

Please advise the patients **most recent blood pressure (BP) reading.**
If you do not know the patients blood pressure please tick 'don't know'.

Please also indicate this patient's **most recent serum creatinine level.** If never tested or unknown please tick 'don't know'.
(Please use micromole/L - μmol/L)

For patients aged 18+ years: Which best describes your smoking status?	Does the patient have: *(tick all that apply)*	Yes/No	Don't know	Is this patient currently taking:	Yes/No	What was this patient's most recent BP reading?	What were the most recent levels of:	Don't know
Current smoker ☐	Coronary heart disease ☐	☐	☐	Statins ☐	☐	_____ / _____ mmHg	Total Cholesterol _____ mmol/L	☐
Quit <12 months ago ☐	Cerebrovascular disease ☐	☐	☐	Antiplatelet therapy ☐	☐	☐ Don't know	HDL Cholesterol _____ mmol/L	☐
Quit >12 months ago ☐	Peripheral vascular disease ☐	☐	☐	ACE Inhibitors ☐	☐	What was the most recent serum creatinine level?	Triglycerides _____ mmol/L	☐
Never smoked ☐	Overweight/obesity ☐	☐	☐	Angiotensin receptor blockers ☐	☐	_____ μmol/L	Most recent tests were:	Don't know
	Family History of heart disease ☐	☐	☐	Beta blockers ☐	☐	☐ Don't know	<12 mths ago for - ☐ TC ☐ HDLC ☐ TG	☐
	Proteinuria ☐	☐	☐					
	Diabetes ☐	☐	☐	Other antihypertensives ☐	☐	BL86B	>12 mths ago for - ☐ TC ☐ HDLC ☐ TG	☐

255

104 Asthma management and medication use among patients attending general practice

Organisation supporting this study: AstraZeneca Pty Ltd

Issues: The proportion of general practice patients with asthma; frequency of asthma management by a GP; frequency of asthma medication alterations; inhaled corticosteroid (ICS) use by patients with asthma; short acting beta agonist use by patients with asthma.

Sample: 2,862 respondents from 97 GPs; data collection period: 19/09/2006 – 23/10/2006.

Method: Detailed SAND methods are provided in Chapter 2.

Summary of results

The age and sex distributions of respondents were similar to the distribution for all BEACH (general practice) encounters, with the majority (60.3%) of patients being female.

Of the 2,862 respondents, 442 patients (15.4%; 95% CI: 13.6–17.3) had been diagnosed with asthma. Prevalence was highest among patients aged 15–24 years (22.0%; 95% CI: 16.8–27.1), followed by those aged 5–14 yrs (16.1%, 95% CI: 8.8–23.5), and lowest in patients aged 1–4 years (11.4%; 95% CI: 5.0–17.8). There was no difference in the prevalence of diagnosed asthma among male (15.3%) and female (15.5%) patients.

Of the 442 asthma patients, 421 responded about the number of GP visits in the previous 12 months. In that time, 34 patients (8.1%) had not visited a GP prior to the current visit, 111 (26.4%) had visited 2–4 times, and 71 patients (16.9%) had visited a GP more than 15 times. At these visits, 246 patients had had asthma managed—102 (24.3%) had asthma managed once, and 95 (22.6%) had asthma managed at 2–3 visits. A further 174 (41.3% of the 421 respondents) had not had asthma managed in the previous 12 months. Of these respondents, 168 provided details of when their asthma was last managed. For 72.6% of these, it had been more than 2 years. Approximately half (48.6%) of the 246 patients with asthma managed in the previous 12 months had not had their asthma medication altered during that time, 33.5% had medication altered once, and 13.9% had medication altered two or three times.

Of the 414 asthma patients who provided responses about asthma medication, 225 (54.3%) used an ICS and 189 (45.7%) did not. More than one third (36.2%) of ICS users took an ICS daily. Details of generic medication were available for 213 patients. Fluticasone/salmeterol in combination was used by 43.7%, budesonide by 19.3%, fluticasone by 16.0% and the budesonide/eformoterol combination was used by 14.1% of patients. The median daily dose reported for the most frequently recorded ICS, fluticasone/salmeterol, was 1,100 mcg.

Of the 442 patients who had been diagnosed with asthma, 398 (90.1%) used a short-acting beta agonist (SABA). Of the 246 patients who had had their asthma managed in the previous 12 months, 232 (94.3%) used a SABA. The most common regimen (for 13.8% of these 232) was twice daily, and just over 10% responded that they used a SABA less than once per year. Of the 174 patients who had no asthma management in the previous year, 91.4% used a SABA.

For other related abstracts see: 3 Asthma, 22 Asthma—prevalence, severity and management, 39 Severity of asthma, medications and management, 48 Asthma prevalence and management, 63 Asthma-prevalence, management and medication side-effects, 70 Inhaled corticosteroid use for asthma management, 96 Inhaled corticosteroid use for asthma management.

Further reading:
Henderson, J., Knox, S., Pan, Y., & Britt, H. 2004, 'Changes in asthma management in Australian general practice', *Prim.Care Respir.J*, vol. 13, no. 3, pp. 138–143.

The following page contains the recording form and instructions with which the data in this abstract were collected.

PLEASE READ CAREFULLY

The shaded section of the following forms asks questions about **FREQUENCY OF ASTHMA MANAGEMENT & OF MEDICATION USE.**
You may tear out this page as a guide to completing the following section of forms.

INSTRUCTIONS

Ask **ALL** of the next **30 PATIENTS** the following questions in the order in which the patients are seen.
Please **DO NOT select** patients to suit the topic being investigated.

Presence of asthma

Has this patient ever been diagnosed with **asthma?**

If **No** you should end the questions here.

If '**Yes**' please answer the following questions **about the patient's asthma.** You may need to ask the patient or check their notes. If you do not know the exact number please give your **best estimation**.

Previous management

If the patient's asthma was **not managed** in the past 12 months, please advise how long since the **most recent visit** where asthma was managed.

Inhaled Corticosteroid Use

Please advise whether the patient is using an **Inhaled Corticosteroid (ICS)** either as a single or combination product, and if so, **when** the ICS is used i.e. daily, seasonally (during winter or high allergy times), only during periods when asthma worsens. If an ICS is **not** used, please tick the box labelled '**not at all**'.

If the patient is using an **Inhaled Corticosteroid (ICS)** please write the **daily regimen** including **name, form, strength, dose** and **frequency** - for example :-

Name & Form	Strength	Dose	Freq
Fluticasone (inhaler)	250mcg	1 puff	bd

Number of visits to a GP

Please use the tick boxes to indicate the approximate **number of times** the patient has consulted a GP **for ANY reason, including** asthma management, during the past 12 months. **Do not include today's visit** in this estimation.

GP visits for asthma management

Please advise the approximate number of occasions when **asthma** was managed during the past 12 months, either as **the main or secondary reason** for the patient's visit.

Changes to management

Where the patient **has** had their asthma managed during the past 12 months, please advise the approximate **number of occasions** when **either** the **asthma medication** or the **dose** and/or **regimen** were **altered** for any reason?

Short-acting beta agonist use

Please ask the patient approximately **how frequently** they use a **short-acting beta agonist** for their asthma.

Has this patient ever been diagnosed with Asthma?	If 'Yes' how many times has the patient visited a GP for any reason in the past 12 months (apart from today)?	At how many visits was their asthma managed?	If the patient has NOT had their asthma managed in the past 12 months, approximately how long ago was the asthma last managed?	How many times has ANY asthma medication and/or dose been altered in the past 12 months?	When does the patient use an Inhaled corticosteroid?	How often does the patient use a short-acting beta agonist?
☐ Yes → ☐ No ↓ *End questions*	☐ none ☐ once only ☐ 2-4 times ☐ 5-7 times ☐ 8-10 times ☐ 11-15 times ☐ >15 times	☐ none ☐ 2-3 ☐ one ☐ 4-6 only ☐ >6	☐ < 1.5 yrs ☐ < 2 yrs ☐ > 1.5 yrs ☐ > 2 yrs	☐ never ☐ 2-3 ☐ once ☐ 4-5 only ☐ >6	☐ not at all ☐ when asthma worsens ☐ daily ☐ seasonally (e.g winter, high allergy, etc) **If used please advise:** Name & Form Strength Dose Freq	_____ times / day _____ times / week _____ times / month _____ times / year ☐ < once / year BL86C