

71 Patient BMI, morbidity and medication use in adults

Organisation supporting this study: Merck Sharp and Dohme (Australia) Pty Ltd

Issues: The proportion of general practice patients who are underweight, in a normal weight range, overweight or obese *according to their body mass index (BMI)*; the selected conditions for which adult patients are being prescribed a medication; the types of medications that are being prescribed for these conditions; the duration of each of the conditions since diagnosis.

Sample: 1,913 adult respondents (18 years and over) from 75 GPs; data collection period: 20/07/2004 – 23/08/2004.

Method: Detailed SAND methods are provided in Chapter 2.

Summary of results

The age-sex distribution of the adult respondents was similar to the distribution for all adult BEACH encounters, with the majority of patients (57.1%) being female. Patients aged 45–64 years accounted for 26.8% of the sample.

In this analysis, the standard method of BMI was applied to adults (aged 18+ years) only. Therefore, the sample size was 1,913 adult patients. Of the 1,735 patients for whom BMI could be calculated, more than half (56.8%, 95% CI: 51.0–62.5) were overweight or obese and 7.6% (95% CI: 6.1–9.0) were underweight. One-third (35.7%, 95% CI: 32.8–38.6) had a normal BMI.

Of 1,913 adult respondents, one-quarter (25.4%) were taking a prescribed medication for hypertension, 12.1% for elevated cholesterol, 11.5% for osteoarthritis, 8.9% for depression, 7.3% for cardiovascular disease (CVD) or peripheral vascular disease (PVD), and 6.1% were taking a prescribed medication for diabetes type 2.

There were 649 prescribed medications for hypertension in adult patients. Perindopril and irbesartan were the most common medications (10.5% and 10.3% respectively). They were followed by ramipril (9.2%) and atenolol (8.9%).

Of 411 adult patients taking a prescribed medication for hypertension and responding to the question about duration of hypertension since diagnosis, 84.9% had suffered from hypertension for more than 24 months, 4.9% for about 24 months and 6.3% for approximately 12 months. The remainder (3.9%) had hypertension newly diagnosed.

In the overweight or obese adult respondents ($n=985$), about one-third (32.0%) were taking a prescribed medication for hypertension, 15.8% for elevated cholesterol, 14.2% for osteoarthritis, 10.0% for depression, 8.6% for diabetes type 2, and 8.5% for CVD or PVD.

Of the 750 underweight or normal weight adult respondents, 18.0% were taking a prescribed medication for hypertension, 9.2% for osteoarthritis, 7.9% for depression, 7.3% for elevated cholesterol, 6.3% for CVD or PVD, and 2.4% for diabetes type 2.

Overweight or obese adult patients were more likely to be taking a prescribed medication for hypertension, elevated cholesterol, and diabetes type 2, when compared with their underweight or normal weight adult counterparts.

For other related abstracts see: 55 Patient weight, perception of weight and weight loss, 68 Patient weight, perception of weight and weight loss in adults, 69 Patient weight, methods and medications tried for weight loss in adults and Section 4.1 Body mass index of adults.

Further reading:

Charles, J., Britt, H., & Knox, S. 2006, 'Patient perception of their weight, attempts to lose weight and their diabetes status', *Australian Family Physician*, vol. 35, no. 11, pp. 925–928.

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 **PATIENT CONDITIONS and MEDICATION USE**.
You may tear out this page as a guide to completing the following section of forms.

INSTRUCTIONS

ASK THE PATIENT ALL the following questions

185

Patient height & weight

What is the patient's height (without shoes)?
 What is their weight (unclothed) ?

*(You are **NOT REQUIRED** to weigh or measure the patient, but if the patient is unsure, you may either do so or take information from the medical records.)*

Other conditions and prescribed medications

Please advise whether or not the patient has any of the listed conditions for which they may currently be taking any prescribed medication.

If the patient has none of the listed conditions, please tick the box marked 'none'.

Along side each condition ticked, please write details of the prescribed medication being taken for this condition.

If the patient has a condition, but is not taking a prescribed medication for its management, please tick the 'no medication' box.

Duration of condition

Please circle an option to indicate the approximate length of time the patient has had the nominated condition.

Ask the patient their	Does the patient have any of the following conditions for which they are taking a prescribed medication?	<input type="checkbox"/> None of the conditions	<u>Name & Form</u>	<u>Strength</u>	<u>Dose</u>	<u>Freq</u>	<u>No medication</u>	<u>Duration of condition since diagnosis (please circle)</u>
Height <input type="text"/> cm Weight <input type="text"/> kg	<input type="checkbox"/> Overweight	<input type="checkbox"/>	_____	_____	_____	_____	<input type="checkbox"/>	new / 12 mths / 24 mths / >24 mths
	<input type="checkbox"/> Hypertension	<input type="checkbox"/>	_____	_____	_____	_____	<input type="checkbox"/>	new / 12 mths / 24 mths / >24 mths
	<input type="checkbox"/> Osteoarthritis	<input type="checkbox"/>	_____	_____	_____	_____	<input type="checkbox"/>	new / 12 mths / 24 mths / >24 mths
	<input type="checkbox"/> Diabetes Type 1	<input type="checkbox"/>	_____	_____	_____	_____	<input type="checkbox"/>	new / 12 mths / 24 mths / >24 mths
	<input type="checkbox"/> Diabetes Type 2	<input type="checkbox"/>	_____	_____	_____	_____	<input type="checkbox"/>	new / 12 mths / 24 mths / >24 mths
	<input type="checkbox"/> CVD or PVD	<input type="checkbox"/>	_____	_____	_____	_____	<input type="checkbox"/>	new / 12 mths / 24 mths / >24 mths
	<input type="checkbox"/> Elevated cholesterol	<input type="checkbox"/>	_____	_____	_____	_____	<input type="checkbox"/>	new / 12 mths / 24 mths / >24 mths
	<input type="checkbox"/> Depression	<input type="checkbox"/>	_____	_____	_____	_____	<input type="checkbox"/>	new / 12 mths / 24 mths / >24 mths

72 Contraception use among female general practice patients aged 16–44 years

Organisation supporting this study: Janssen-Cilag Pty Ltd

Issues: The prevalence of contraception use in female patients aged 16 years or more and the type of contraception used; where an oral contraception pill (OCP) was prescribed for contraception, the name of OCP used; the type of prescription for the OCP, and the patient reported level of compliance with the OCP regimen.

Sample: 536 female patient respondents (aged 16 to 44 years) from 76 GPs; data collection period: 13/07/2004 – 30/10/2004.

Method: Detailed SAND methods are provided in Chapter 2.

Summary of results

Five hundred and thirty-six women aged 16 to 44 years answered the questions on contraception. Nearly half (49.8, 95% CI: 42.9–56.8) were on a form of contraception. Of those on contraception, the majority were using an oral contraceptive (63.2%), 8.7% (23/266) were using implants, 5.3% (14/266) were using pharmacological injections, and 15.0% (40/266) were using condoms. Only 2 women were using diaphragms for contraception.

Just over half of young female patients aged 16–24 years were using a form of contraception (56.1%). Slightly fewer than half the women aged 25 to 44 years were using a contraceptive (47.4%). Women aged 25–44 years were less likely to be using oral contraceptives (27.8%, 95% CI: 22.3–33.4) than younger women (40.8%, 95% CI: 33.5–48.2).

Nearly one-quarter (24.4%) of women on oral contraceptives reported obtaining the contraceptive through private prescription. For private prescriptions the most common medication was cyproterone/ethinylestradiol (51.3%), followed by drospirenone/ethinylestradiol (20.5%) and levonorgestrel/ethinylestradiol (20.5%). The most common oral contraceptive medications overall were levonorgestrel/ethinylestradiol (63.3%), cyproterone/ethinylestradiol (13.9%) and norethisterone/ethinylestradiol (7.8%). Over half of the patients on oral contraception (56.0%) reported that they never or very rarely forgot to take their oral contraceptives.

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

INSTRUCTIONS

FOR THE DOCTOR

Ask these questions of your female patients aged 16 years and over.

Is this patient currently using any type of contraceptive?

If 'Yes' please continue to the next question.

If 'NO' you should end the questions here.

Prescription status

Please advise whether the prescription was provided under the PBS, as a private prescription, or other status (eg DVA).

If you did not provide the prescription and the patient does not have this information, please tick the 'don't know' option.

Type of contraceptive

If 'Yes' please advise the type of contraceptive currently being used.

Tick as many as apply.

Oral contraceptive

If the patient is taking an oral contraceptive, please write in the details of the medication and its prescribed regimen (i.e. name, form, strength, dose and frequency)

Medication compliance

Please ask the patient to advise on their level of compliance with the oral contraceptive medication i.e. if they forget to take it, how often?

<p>Is this patient currently using any form of contraception?</p> <p><input type="checkbox"/> YES</p> <p><input type="checkbox"/> No ⇒ END QUESTIONS</p> <p><small>BL64C</small></p>	<p>If 'Yes', which type?</p> <p><input type="checkbox"/> Oral</p> <p><input type="checkbox"/> Implant</p> <p><input type="checkbox"/> Injection</p> <p><input type="checkbox"/> Diaphragm</p> <p><input type="checkbox"/> Condom</p> <p><input type="checkbox"/> Other _____</p> <p><small>(please specify)</small></p>	<p>If an oral contraceptive is being taken, please give details</p> <table border="0"> <tr> <td><u>Name & Form</u></td> <td><u>Strength</u></td> <td><u>Dose</u></td> <td><u>Freq</u></td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </table>	<u>Name & Form</u>	<u>Strength</u>	<u>Dose</u>	<u>Freq</u>	_____	_____	_____	_____	<p>Is the oral contraceptive prescription -</p> <p><input type="checkbox"/> PBS</p> <p><input type="checkbox"/> Private</p> <p><input type="checkbox"/> Other</p> <p><input type="checkbox"/> Don't know</p>	<p>How often do you forget to take the oral contraceptive?</p> <p><input type="checkbox"/> Never forget</p> <p><input type="checkbox"/> once per year</p> <p><input type="checkbox"/> 2 - 3 times per year</p> <p><input type="checkbox"/> once per month</p> <p><input type="checkbox"/> once per week</p>
<u>Name & Form</u>	<u>Strength</u>	<u>Dose</u>	<u>Freq</u>									
_____	_____	_____	_____									

73 Warfarin use in patients with qualifying morbidity

Organisation supporting this study: AstraZeneca (Australia) Pty Ltd

Issues: The prevalence of conditions (or history of conditions) indicating anticoagulants as appropriate therapy; the proportion of these patients taking warfarin; the reasons for not taking warfarin for those conditions.

Sample: 2,572 respondents from 89 GPs; data collection period: 24/08/2004 – 27/09/2004.

Method: Detailed SAND methods are provided in Chapter 2.

Summary of results

The age and sex distribution of this subsample was similar to the annual BEACH sample. Three per cent ($n=79$) had/had a history of atrial fibrillation, 1.3% ($n=33$) had/had a history of stroke, 1.2% ($n=32$) transient ischaemic attack, 1.2% ($n=30$) deep vein thrombosis and 0.7% ($n=17$) had/had a history of pulmonary embolism. Multiple listed conditions were allowed for a patient.

The majority of the 2,572 respondents, 93.2%, (95% CI: 91.4–95.0) had none of the listed conditions, and 159, 6.2% (95% CI: 4.5–7.9), had/had a history of one. Only 16 patients, 0.6% (95% CI: 0.3–1.0), had/had a history of two conditions.

Of 173 patients having/with a history of at least one listed condition and for whom age could be calculated, more than three-quarters (77.5%) were aged 65 years and over, 16.2% were between 45 and 64 years, and 6.4% were 25–44 years old. Of 173 patients having/with a history of at least one of the listed conditions and their sex recorded, about half (49.1%) were male.

Of 174 patients having/with a history of at least one of the listed conditions, 52.3% (95% CI: 39.3–65.3) were currently taking warfarin. Of 78 patients having/with a history of atrial fibrillation and responding to the question about warfarin use, 69.2% were currently taking warfarin. Among 17 patients having/with a history of pulmonary embolism, 14 (82.4%) were using warfarin. Of 30 patients having/with a history of deep vein thrombosis and responding to the warfarin use question, 70% ($n=21$) were currently taking warfarin.

Patients having/with a history of stroke or transient ischaemic attack, were less likely to use warfarin. Of 33 patients having/with a history of stroke and responding to the warfarin use question, eight (24.2%) were taking warfarin. Among 32 patients having/with a history of transient ischaemic attack and responding to this question, four (12.5%) were using warfarin.

Of 83 patients having/with a history of at least one of the listed conditions and responding to the question about reason(s) for not using warfarin (multiple response allowed), 30.1% ($n=25$) indicated that the risk of bleeding outweighs risk reduction, four (4.8%) indicated there were contraindications, three (3.6%) recorded drug interactions, eight (9.6%) were due to patient preference, nine (10.8%) patients were unable to cope with monitoring/dose adjustment, 47 (56.6%) were using anti-thrombotics other than warfarin, and 22 (26.5%) suggested other reasons.

There were 42 anti-thrombotics other than warfarin being used for the listed conditions. Of these aspirin was most common (54.8%, $n=23$), followed by clopidogrel ($n=7$, 16.7%) and aspirin +dipyridamole ($n=6$, 14.3%).

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 **PATIENT USE OF WARFARIN**.
 You may tear out this page as a guide to completing the following section of forms.

INSTRUCTIONS

189

Patient conditions

Please advise using the tick boxes, whether or not the patient has any of the listed conditions, or has a history of any of the listed conditions.

Tick as many as apply.

If the patient has none of the listed conditions, you may end the questions here.

Warfarin use

If the patient has any of these conditions, please advise whether or not he/she is taking warfarin.

If the patient is taking warfarin you may end the questions here. Otherwise, continue to the final question.

Reason for non-use of warfarin

If the patient is not taking warfarin for their condition/s, please advise why not. Tick as many as apply.

If a different anti-thrombotic is being taken, please write the name of this other medication in the space provided.

If the reason is not one of those listed, (e.g. 'history of Peptic Ulcer Disease or GORD' ; 'not clinically indicated' etc) please write the other reason in the space provided.

<p>Does the patient have (or have a history of) any of the following conditions?</p>	<p><input type="checkbox"/> Atrial fibrillation</p> <p><input type="checkbox"/> Deep vein thrombosis</p> <p><input type="checkbox"/> Pulmonary embolism</p> <p><input type="checkbox"/> Stroke</p> <p><input type="checkbox"/> Transient ischaemic attack</p> <p><input type="checkbox"/> No → END QUESTIONS</p>	<p>If 'Yes' to any, is the patient currently taking Warfarin?</p> <p><input type="checkbox"/> Yes → END QUESTIONS</p> <p><input type="checkbox"/> No</p>	<p>If 'No', warfarin is not being taken by the patient because:</p>	<p><input type="checkbox"/> Risk of bleeding outweighs risk reduction</p> <p><input type="checkbox"/> Contraindications</p> <p><input type="checkbox"/> Drug interactions</p> <p><input type="checkbox"/> Patient preference</p> <p><input type="checkbox"/> History of poorly controlled INR levels</p> <p><input type="checkbox"/> limited access to INR tests</p>	<p><input type="checkbox"/> Patient unable to cope with monitoring / dose adjustments</p> <p><input type="checkbox"/> other anti-thrombotic is being used</p> <p>_____ (please specify which)</p> <p><input type="checkbox"/> Other reason _____ (please specify)</p>
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74 Smoking and passive smoking in the home

Organisation supporting this study: Australian General Practice Statistics and Classification Centre (AGPSCC)

Issues: Exposure to tobacco smoke in the home environment (all patients); the current smoking status of adult patients; attempts of daily smokers to quit or reduce tobacco use; years since quitting for previous smokers.

Sample: 2,789 respondents from 96 GPs; data collection period: 24/08/2004 – 27/09/2004.

Method: Detailed SAND methods are provided in Chapter 2.

Summary of results

The age-sex distribution of respondents was similar to the distribution for all BEACH encounters, with the majority of patients (57.1%) being female. Patients aged 45–64 years accounted for 28.1% of the sample.

When asked about smoking in the home, almost half the respondents (47.8%) indicated ‘smoking is permitted outside only’ and a further one-third (32.2%) indicated that ‘people are not permitted to smoke anywhere’. Smoking was permitted only in certain areas inside the home in 4.5% of respondents’ households, in the house occasionally in 5.8%, or in the house frequently in 9.7% of households.

So, in the majority of households there was no passive smoke in the home (80.1%, 95% CI: 77.2–83.0). In a further 10.3% (95% CI: 8.3–12.3) of households there was limited passive smoke (where smoking is permitted only in certain areas, or smoking in the home is only occasional), and in 9.7% (95% CI: 7.8–11.6) of households there was unlimited passive smoke.

Patients aged 18 years and over were asked to indicate their smoking status. About half (49.1%) had never smoked, and 28.5% were previous smokers. Daily smokers accounted for 17.9% of the responding patients and a further 4.5% reported smoking occasionally.

Of the 434 adult daily smokers, data on their quit/reduction attempts during the previous 12 months was available for 420. Each could indicate more than one quit/reduction option attempted. Only 7.4% had successfully given up smoking for 1 month or more (but subsequently started again), and one-third (33.1%) had a failed quit attempt during the past 12 months. About one in ten adult daily smokers (11.2%) had changed to a lower tar or nicotine brand cigarette, and about a quarter (23.1%) had reduced the average number of cigarettes smoked per day.

In the previous 12 months: over one-third of adult daily smokers (37.9%) had attempted to quit smoking by either quitting for 1 month or more (then starting again) and/or having an unsuccessful quit attempt; over a quarter of all adult daily smokers (28.1%) had attempted to reduce smoking effects by changing brand and/or reducing the number of cigarettes smoked.

For other related abstracts see: 12 Smoking and passive smoking in general practice patients, 35 Smoking status of adults and their attempts to quit, 53 Smoking status of adults and their attempts to quit and Section 4.3 Smoking.

Further reading:

Valenti, L., Charles, J., & Britt, H. 2005, ‘Passive smoke in Australian homes: 1999 to 2004 [letter]’, *Australian and New Zealand Journal of Public Health*, vol. 28, no. 4, pp. 387–388.

Doran, C. M., Valenti, L., Robinson, M., Britt, H., & Mattick, R. P. 2006, ‘Smoking status of Australian general practice patients and their attempts to quit’, *Addict.Behav.*, vol. 31, no. 5, pp. 758–766.

Degenhardt L, Knox S, Barker B, Britt H, Shakeshaft A. The management of alcohol, tobacco and illicit drug use problems by general practitioners in Australia. *Drug Alcohol Rev* 2005; 24(6):499–506.

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

INSTRUCTIONS

PLEASE NOTE:
 The home smoking question is asked of **all** patients, but smoking status is only asked of patients **18 years of age and over**.
 The term 'smoking' here is used to mean tobacco smoking of any kind, including cigarettes, pipes and cigars.

191

Ask the patient
 Which category best describes their home situation?
 If the patient is a child, their carer may answer the question about the child's home situation.
 Tick one box

Smoking status
 Which category best describes the patient's smoking status?
NB. This question should only be asked if the patient is **18 years of age or over**.

Patients who describe themselves as 'daily smokers'
 In the past 12 months has the patient tried any of the options listed?
 Tick as many as apply.

Patients who describe themselves as 'previous smokers'
 Approximately how long ago did the patient last smoke tobacco?
 Tick as many as apply.

<p>Which of the following best describes your home situation?</p> <ul style="list-style-type: none"> <input type="checkbox"/> People are not permitted to smoke anywhere <input type="checkbox"/> Smoking is permitted outside only <input type="checkbox"/> People are permitted to smoke in certain areas only <input type="checkbox"/> People occasionally smoke in the house <input type="checkbox"/> People frequently smoke in the house 	<p>Which best describes your smoking status?</p> <ul style="list-style-type: none"> <input type="checkbox"/> Smoke daily <input type="checkbox"/> Smoke occasionally <input type="checkbox"/> Previous smoker <input type="checkbox"/> Never smoked 	<p>If daily smoker: In the last 12 months, have you:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Successfully given up smoking (for more than a month)? <input type="checkbox"/> Tried to give up unsuccessfully? <input type="checkbox"/> Changed to a brand with lower tar or nicotine content? <input type="checkbox"/> Reduced the amount of tobacco you smoke in a day? <input type="checkbox"/> None of the above 	<p>If previous smoker: When did you last smoke tobacco?</p> <ul style="list-style-type: none"> <input type="checkbox"/> < 6 months <input type="checkbox"/> 6 - 12 months <input type="checkbox"/> 1 - 2 years <input type="checkbox"/> 2 - 5 years <input type="checkbox"/> 5 - 10 years <input type="checkbox"/> > 10 years
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75 Prevalence, management and investigations for chronic heart failure

Organisation supporting this study: Roche Products Pty Ltd

Issues: Prevalence and severity of chronic heart failure (CHF) among patients attending general practice; types of management (whether the management was initiated by a GP or specialist, and the main objective of management); proportion of patients referred to a cardiac specialist; clinical investigations used to diagnose CHF.

Sample: 2,735 respondents from 95 GPs; data collection period: 28/09/2004 - 01/11/2004.

Method: Detailed SAND methods are provided in Chapter 2.

Summary of results

The age-sex distribution of respondents was similar to the distribution of patients at all BEACH encounters, with the majority (60.4%) of patients being female.

The prevalence of CHF among the 2,735 respondents was estimated to be 4.2% (95% CI: 3.1-5.2). Mild CHF was diagnosed in 2.2% of patients, while 1.4% and 0.6% were diagnosed with moderate and severe CHF respectively. Of male patients, 4.8% were diagnosed with CHF compared with 3.7% of female patients. Patients aged 75 years and over had the highest age-specific rate of CHF (18.1%).

The medications most commonly used for the control of CHF were frusemide (30.3% of CHF medications), followed by digoxin (8.8%), ramipril (8.0%) and perindopril (5.6%). Specialists initiated 59.4% of CHF medications and GPs initiated the remainder (40.6%).

GPs used a scoring system (1=most important to 3=least important) to rank the factors they considered most important in the management of CHF. The factors of 'symptom management' (score 1.4, 95% CI: 1.2-1.6) and 'quality of life' (score 1.6, 95% CI: 1.4-1.8) were rated equally important in the management of CHF, and these were significantly more important than 'survival' (score 2.2, 95% CI: 2.0-2.4).

The majority (85.1%) of patients diagnosed with CHF had been referred to a cardiac specialist: 46.7% were referred more than 3 years ago, 21.5% were referred between 1 and 3 years ago, and the remainder (16.8%) had been referred during the previous 12 months.

Multiple investigations could be used in diagnosing CHF. Chest x-ray had been used in diagnosing CHF in 71.9% of cases, ECHO had been used in 74.6% of cases and ECG in 65.8% of cases. GPs had ordered 60.8% of chest x-rays, 25.3% of ECHOs and 56.7% of ECGs, with cardiac specialists ordering the rest.

For other related abstracts see: 31 Prevalence and severity of chronic heart failure, 38 Prevalence of chronic heart failure, its management and control, 57 Prevalence and management of chronic heart failure in general practice patients, 77 Heart failure-underlying causes and medication management, 90 Prevalence, management and investigations for chronic heart failure.

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

INSTRUCTIONS

Chronic Heart Failure (CHF)

Please indicate by ticking the appropriate box whether this patient has **Chronic Heart Failure (CHF)** at either a **mild, moderate or severe** level.

If 'No' you should end the questions here.

Main treatment objective

Please indicate your **main objective** in this patient's management, **ranking the options** in order of importance from 1 to 3, where 3 is the least important.

Clinical investigations

Please advise using the tick boxes what **clinical investigations** were used in **diagnosing** this patient's CHF. If tests other than ECG, ECHO or Chest X-ray (e.g angiogram, FBC, blood chemistry, thyroid function tests etc) were used, please list in 'other'.

Please indicate by circling an option **who ordered each test**. e.g. GP or specialist.

CHF management

If 'YES' please write in the **name and form** of any **medications** currently being used to treat this patient's CHF. Please indicate the regimen (i.e. **strength, dose and frequency**) of the medication and circle an option to advise whether this treatment was initiated by a GP or Specialist.

Please also list any **non-pharmacological management** e.g cardiac rehabilitation, physiotherapy etc.

Referral

If this patient has been referred to a **cardiac specialist** for management, please indicate **when they were initially referred**.

193

<p>Does this patient have Chronic Heart Failure (CHF)?</p> <p>Yes - mild <input type="checkbox"/></p> <p>- moderate <input type="checkbox"/></p> <p>- severe <input type="checkbox"/></p> <p>No - <input type="checkbox"/> → END</p> <p>BL66B</p>	<p>If 'Yes' what management is currently being used?</p> <table border="1"> <thead> <tr> <th>Name & Form</th> <th>Strength</th> <th>Dose</th> <th>Freq</th> <th>initiated by</th> </tr> </thead> <tbody> <tr> <td>1. _____</td> <td></td> <td></td> <td></td> <td>GP/spec</td> </tr> <tr> <td>2. _____</td> <td></td> <td></td> <td></td> <td>GP/spec</td> </tr> <tr> <td>3. _____</td> <td></td> <td></td> <td></td> <td>GP/spec</td> </tr> <tr> <td>4. Other _____</td> <td></td> <td></td> <td></td> <td>GP/spec</td> </tr> </tbody> </table>	Name & Form	Strength	Dose	Freq	initiated by	1. _____				GP/spec	2. _____				GP/spec	3. _____				GP/spec	4. Other _____				GP/spec	<p>What is most important in managing this patient's CHF?</p> <p>(please circle a number for each option, ranking 1-3 where 3 is least important)</p> <table border="1"> <thead> <tr> <th></th> <th>1</th> <th>2</th> <th>3</th> </tr> </thead> <tbody> <tr> <td>Increase survival</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Relieve symptoms</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Improve quality of life</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>		1	2	3	Increase survival				Relieve symptoms				Improve quality of life				<p>This patient was initially referred to a cardiac specialist</p> <p><input type="checkbox"/> <12 months ago</p> <p><input type="checkbox"/> 1-3 years ago</p> <p><input type="checkbox"/> > 3 years ago</p> <p><input type="checkbox"/> never referred</p>	<p>What clinical investigations were used to diagnose the CHF?</p> <table border="1"> <thead> <tr> <th>test</th> <th>ordered by</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> ECG</td> <td>GP / spec</td> </tr> <tr> <td><input type="checkbox"/> ECHO</td> <td>GP / spec</td> </tr> <tr> <td><input type="checkbox"/> Chest X-Ray</td> <td>GP / spec</td> </tr> <tr> <td><input type="checkbox"/> Other _____</td> <td>GP / spec</td> </tr> </tbody> </table>	test	ordered by	<input type="checkbox"/> ECG	GP / spec	<input type="checkbox"/> ECHO	GP / spec	<input type="checkbox"/> Chest X-Ray	GP / spec	<input type="checkbox"/> Other _____	GP / spec
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3. _____				GP/spec																																																			
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Relieve symptoms																																																							
Improve quality of life																																																							
test	ordered by																																																						
<input type="checkbox"/> ECG	GP / spec																																																						
<input type="checkbox"/> ECHO	GP / spec																																																						
<input type="checkbox"/> Chest X-Ray	GP / spec																																																						
<input type="checkbox"/> Other _____	GP / spec																																																						

76 Patients with risk factors for metabolic syndrome

Organisation supporting this study: Merck Sharp and Dohme (Australia) Pty Ltd

Issues: Prevalence of the following risk factors in patients attending general practice.

All patients: triglycerides >150 mg/dL (1.68 mmol/L); blood pressure >130/85 mmHg; fasting glucose >110 mg/dL (6.1 mmol/L).

Males: waist circumference >102 cm (>40 ins); HDL cholesterol <40 mg/dL (1.03 mmol/L).

Females: waist circumference >88 cm (>35 ins); HDL cholesterol <50 mg/dL (1.29 mmol/L).

Sample: 2,845 encounters from 96 GPs; data collection period: 02/11/2004 – 06/12/2004.

Method: Detailed SAND methods are provided in Chapter 2.

Summary of results

The age-sex distribution of 2,845 respondents was similar to the distribution for all BEACH encounters, with the majority of patients (58.1%) being female.

None of the risk factors were present in 57.2% of the sample. One in five patients (22.7%) had one listed risk factor, 10.9% had two, 5.6% had three, 2.7% had four, and 1.1% (n=30) had all five.

However of the 674 male patients without any risk factors 81% did not know or had never been tested for at least one factor. This represented 45% of the 1,190 male patients surveyed. Only one-third of male patients (33.0%) knew their status on all five factors. Of the 1,654 female patients with no recorded risk factors, 89% did not know their status for at least one factor. Only one-third (31.8%) of female patients knew their status on all five factors. The number of risk factors present increased with age.

Among the 1,190 male respondents, 23.6% had blood pressure >130/>85 mmHg, 18.8% had a waist circumference >102 cm, 18.1% had triglyceride levels >150 mg/dL, 10.7% had HDLC <40 mg/dL and 10.3% had fasting glucose >110 mg/dL.

Among the 1,654 female respondents, one in five (20.7%) had blood pressure >130/>85 mmHg. Nearly one-quarter (23.3%) had a waist circumference of >88 cm and 14.9% had triglyceride levels >150 mg/dL, 7.6% had HDLC <50 mg/dL and 13.4% had fasting glucose >110 mg/dL.

Considering these results in terms of the number of patients for whom status was known: 26.9% of 1,275 females had blood pressure >130/>85 mmHg; 36.2% of 1,065 females had a waist circumference >88 cm; 29.3% of 873 females had triglyceride levels >150 mg/dL; 17.7% of 713 females had HDLC <50 mg/dL; 13.4% of 941 females had fasting glucose >110 mg/dL; 32.9% of 851 males had blood pressure >130/>85 mmHg; 28.7% of 780 males had a waist circumference >102 cm; 33.8% of 637 males had triglyceride levels >150 mg/dL; 23.5% of 541 males had HDLC <40 mg/dL and 18.9% of 646 males had fasting glucose >110 mg/dL.

Of the total respondents, 9.3% had metabolic syndrome defined as 3 or more of the nominated risk factors (4.8% males and 4.5% of females). For males, 392 had been tested for all risk factors and 103 (31.3%) had metabolic syndrome defined as 3 or more of the nominated risk factors. For females, 525 had been tested for all risk factors and 102 (19.4%) had metabolic syndrome defined as 3 or more of the nominated risk factors.

For other related abstracts see: 92 Metabolic syndrome and ethnic origin.

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 **PATIENT RISK FACTORS for METABOLIC SYNDROME**.
 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.

The first three questions are for **all** patients.

The last two questions are slightly different for **male** and **female** patients because health risks occur at different levels for males and females when assessing abdominal obesity and HDL (high density lipoprotein) cholesterol.

For **each risk factor**, if you do not know a level because the patient is someone you have not seen before, or if the patient has never been tested, please tick the 'don't know / never tested' option.

Does this patient have any of the following:-							
	Yes	No	Don't know / never tested	(Male patients)	Yes	No	Don't know / never tested
Triglycerides >150 mg/dL (1.68 mmol/L)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Waist circumference >102 cm (>40 ins)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Blood pressure >130/>85 mmHg	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	HDL cholesterol <40 mg/dL (1.03 mmol/L)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fasting glucose >110 mg/dL (6.1 mmol/L)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(Female patients)			
				Waist circumference >88 cm (>35 ins)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				HDL cholesterol <50 mg/dL (1.29 mmol/L)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

77 Heart failure—underlying causes and medication management

Organisation supporting this study: Janssen-Cilag Pty Ltd

Issues: The prevalence of heart failure in patients attending general practice; severity of heart failure in these patients; the underlying causes of heart failure; the health professional who initially diagnosed the heart failure; current medication management, and the rate of hospitalisation of patients with heart failure.

Sample: 2,660 respondents from 91 GPs; data collection period: 07/12/2004 – 17/01/2005.

Method: Detailed SAND methods are provided in Chapter 2.

Summary of results

The age-sex distribution of respondents was similar to the distribution of the total BEACH sample with the majority of patients (56.3%) being female. Patients aged over 75 years accounted for 16.9% of the sample.

The severity of heart failure was defined using the New York Heart Association Classification. There were 4 classes, Class I (least severe) to Class IV (most severe). Class I heart failure was diagnosed in 2.1% of general practice patients, while 2.7%, 0.9% and 0.2% were diagnosed with Class II, III and IV heart failure respectively.

The prevalence of diagnosed heart failure in the general practice patient sample was 6.1% (95% CI: 4.7–7.6) (n=163). In male patients, 6.3% had been diagnosed with heart failure compared with 5.9% of female patients. Patients aged 75+ had the highest age-specific rates, with 23.3% diagnosed with heart failure.

Multiple responses were allowed to the question about the underlying causes of heart failure. A total of 241 causes were given. Of the 163 patients with heart failure, 93 (57.1%) had hypertension and 89 (54.6%) had ischaemic heart disease as the underlying cause(s) of heart failure. Twenty (12.3%) had acute myocardial infarction, and 39 (23.9%) had causes other than the three above-mentioned conditions.

Initial diagnosis of heart failure was made by a GP for 61.9% of patients, by a cardiologist for 33.1%, and the remaining patients (5.0%) were diagnosed by an 'other health professional'.

For each heart failure patient, up to five medications for heart failure could be recorded by the GP. Three or more medications for heart failure were taken by one-third (33.8%) of heart failure patients. On average each patient took two medications for heart failure. There were a total of 338 medications listed for the 163 heart failure patients.

The medication most commonly used for the control of heart failure was frusemide, followed by digoxin, perindopril, and carvedilol (23.1%, 9.8%, 7.4% and 5.9% of heart failure medications respectively).

Of the 153 heart failure patients responding to the question about hospitalisation for heart failure, the majority (83.0%) had not been hospitalised in the past 12 months. Eighteen (11.8%) were hospitalised for decompensated/exacerbated heart failure, four (2.6%) were hospitalised for medication change, and nine (5.9%) were hospitalised for other reasons.

For other related abstracts see: 31 Prevalence and severity of chronic heart failure, 38 Prevalence of chronic heart failure, its management and control, 57 Prevalence and management of chronic heart failure in general practice patients, 75 Prevalence, management and investigations for chronic heart failure, 90 Prevalence, management and investigations for chronic heart failure.

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 **HEART FAILURE**.
 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.

Heart failure

Please indicate by ticking the appropriate box whether this patient currently has heart failure at a level classified as follows:-

- Class I** - patients with no limitation of activities; they suffer no symptoms from ordinary activities.
- Class II** - patients with slight, mild limitation of activity; they are comfortable with rest or with mild exertion
- Class III** - patients with marked limitation of activity; they are comfortable only at rest
- Class IV** - patients who should be at complete rest, confined to bed or chair; any physical activity brings on discomfort and symptoms occur at rest. *(New York Heart Association Classificaton)*

If 'No' you should end the questions here.

Medications

Please advise which medication/s this patient is taking for heart failure management, including the **name & form, the strength, dose and frequency of use** for each medication.

Hospitalisations

If the patient was hospitalised **because of their heart failure** during the previous 12 months, please indicated the **reason** using the tick boxes. Tick as many reasons as apply.

In the spaces provided, please write in the **number of times** the patient was hospitalised and the **length of stay** (in days) for their **most recent hospitalisation**.

Underlying cause(s)

If 'YES' please advise the **underlying cause(s)** of this patient's heart failure.

Initial diagnosis

Please advise who **initially diagnosed** heart failure in this patient (i.e., GP / cardiologist / other health professional).

<p>Does this patient suffer from heart failure?</p> <input type="checkbox"/> Yes - Class I <input type="checkbox"/> Yes - Class II <input type="checkbox"/> Yes - Class III <input type="checkbox"/> Yes - Class IV <input type="checkbox"/> Yes - Class unknown <input type="checkbox"/> No → End questions	<p>Underlying cause(s) of the heart failure are:</p> <input type="checkbox"/> Hypertension <input type="checkbox"/> IHD <input type="checkbox"/> AMI <input type="checkbox"/> Other:- _____ <i>(please specify)</i>	<p>Heart failure was initially diagnosed by:</p> <input type="checkbox"/> GP <input type="checkbox"/> Cardiologist <input type="checkbox"/> Other health professional:- _____ <i>(please specify)</i>	<p>Heart failure medications currently taken are?</p> <table border="1"> <thead> <tr> <th>Name & Form</th> <th>Strength</th> <th>Dose</th> <th>Frequency</th> </tr> </thead> <tbody> <tr><td>1. _____</td><td></td><td></td><td></td></tr> <tr><td>2. _____</td><td></td><td></td><td></td></tr> <tr><td>3. _____</td><td></td><td></td><td></td></tr> <tr><td>4. _____</td><td></td><td></td><td></td></tr> <tr><td>5. _____</td><td></td><td></td><td></td></tr> </tbody> </table>	Name & Form	Strength	Dose	Frequency	1. _____				2. _____				3. _____				4. _____				5. _____				<p>How many times has this patient been hospitalised because of their heart failure in the past 12 months?</p> <table border="1"> <thead> <tr> <th></th> <th>No. of times</th> <th>Most recent Length of stay</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> None</td> <td>_____</td> <td>_____ days</td> </tr> <tr> <td><input type="checkbox"/> Decompensated/exacerbated</td> <td>_____</td> <td>_____ days</td> </tr> <tr> <td><input type="checkbox"/> Medication change</td> <td>_____</td> <td>_____ days</td> </tr> <tr> <td><input type="checkbox"/> Other _____</td> <td>_____</td> <td>_____ days</td> </tr> </tbody> </table> <p style="text-align: right;"><small>BL688</small></p>		No. of times	Most recent Length of stay	<input type="checkbox"/> None	_____	_____ days	<input type="checkbox"/> Decompensated/exacerbated	_____	_____ days	<input type="checkbox"/> Medication change	_____	_____ days	<input type="checkbox"/> Other _____	_____	_____ days
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78 NSAID & acid suppressant use in general practice patients

Organisation supporting this study: AstraZeneca (Australia) Pty Ltd

Issues: Proportion of patients taking non-specific non-steroidal anti-inflammatory drugs, COX-2 inhibitors or aspirin, the indications for their use, therapeutic regimen and duration of therapy; proportion also taking an acid suppressant medication, their therapeutic regimen and duration of therapy; proportion of patients on all NSAIDs with existing or pre-existing gastrointestinal disorders; the relationship of acid suppressant and NSAID use and the reason for that relationship.

Sample: 2,783 respondents from 96 GPs; data collection period: 07/12/2004 - 17/01/2005

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 (56.2%) of patients being female.

Three-quarters (75.8%) of the patients were not on any NSAID or aspirin medication. Eleven per cent were taking aspirin, 7.7% were taking a non-specific NSAID and 6.9% were taking a COX-2 inhibitor. Regimens combining two or more of the medications were uncommon (1.3% of patients).

Non-specific NSAIDs were most commonly (71.0%) used as necessary. However most (52.8%) patients had been taking them for over 12 months with 16.3% taking NSAIDs continuously for more than 12 months. Most (54.0%) COX-2 inhibitors were used continuously and 34.0% had been used continuously for over 12 months. Almost all (89.2%) patients reported in this study as taking aspirin were taking it continuously and most (82.1%) for more than 12 months.

A quarter (25.0%) of 144 patients were taking non-specific NSAIDs for various forms of arthritis while this was the indication for almost three-quarters (70.8%) of the 127 patients taking COX-2 inhibitors. In contrast 9 out of 10 (90.2%) of 204 patients were on aspirin for preventive care.

About one-third (31.5%) of NSAID patients had at least one gastrointestinal (GI) condition. The vast majority (27.8%) of these were GI symptoms with small numbers of peptic ulcers (3.4%) or GI bleeds (2.2%).

Almost a third of patients on NSAIDs were taking acid suppression medication (32.0%). The rate of acid suppression medication use was significantly higher for those on COX-2 inhibitors (40.9%, 95% CI: 33.0–48.8), than for those on non-specific NSAIDs (22.1%, 95% CI: 16.2–28.0) but not statistically different from the rate for patients on aspirin (34.2%, 95% CI: 27.6–40.8).

The most common acid suppression medication was a proton pump inhibitor (65.2% of listed medications) followed by H2RA inhibitors (17.8%) and antacids (17.0%). Acid suppressants were most commonly taken for treatment of GI symptoms with smaller numbers being taken for prevention of symptoms (16.0%). Almost a third (31.6) of acid suppressants were being taken for reasons unrelated to NSAID therapy.

For other related abstracts see: 49 Health status and management of patients on non-steroidal anti-inflammatory drugs, 88 Arthritis rates and NSAID use in general practice patients, 29 Non-steroidal anti-inflammatory drugs (NSAIDs) and acid suppressant use.

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 NSAID and acid suppressant 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.

Medication use

Please indicate by ticking the appropriate box whether this patient is **currently taking a NSAID and/or aspirin** and write in the space provided the **reason** for the NSAID/ aspirin use.

NB - selective Cox-2 NSAIDs include coxibs (Celebrex) **AND** meloxicam (Mobic)

Please **circle** an option to advise whether the NSAID and/or aspirin is **taken as required (prn) or continually** and the **duration of usage** (in months). Include any NSAID and/or aspirin that will be **commenced following today's consultation**.

If **no NSAID or aspirin** is being taken you should **tick the box marked 'None of the above'** and **end the questions here**.

If a NSAID and/or aspirin **is** being taken please advise whether the patient is **also taking any acid suppressant medication**, either prescribed or an over-the-counter (OTC) preparation. Write in the space provided the **name of the acid suppressant** and **circle an option** to indicate whether it is being **taken as required or continually**, and the **duration of usage** (in months).

Conditions

Please use the tick boxes to indicate the **patient's status** regarding the listed conditions.

Circle an option to advise whether **this condition currently exists or is one of which the patient has a history**.

Related medication use

If the patient's **acid suppression use is related to their NSAID / aspirin use**, please use the tick boxes to **indicate the reason**.

199

	<i>Medication</i>	<i>Reason</i>	<i>Taken</i>	<i>For how many months?</i>		
Is this patient taking any of the following medications? →	<input type="checkbox"/> Non-specific NSAID	_____	pm/continually	<3 / 3-6 / 6-12 / >12	Does this patient have any of the following? <input type="checkbox"/> GI Bleeding existing/history of <input type="checkbox"/> Peptic ulcer existing/history of <input type="checkbox"/> GI symptoms ... existing/history of (eg dyspepsia, reflux) (please circle) <input type="checkbox"/> None of the above	Is the acid suppression use related to the patient's NSAID/aspirin use? <input type="checkbox"/> Yes - treatment of GI symptoms <input type="checkbox"/> Yes - prevention of GI symptoms <input type="checkbox"/> Yes - treatment of ulcer or bleed <input type="checkbox"/> Yes - prevention of ulcer or bleed <input type="checkbox"/> other _____ (please specify) <input type="checkbox"/> No
	<input type="checkbox"/> Cox-2 NSAID	_____	pm/continually	<3 / 3-6 / 6-12 / >12		
	<input type="checkbox"/> Aspirin	_____	pm/continually	<3 / 3-6 / 6-12 / >12 (please circle)		
	<input type="checkbox"/> None of the above →	<i>End questions</i>				
If so, are they also taking any acid suppressant medication (prescribed or OTC) (please specify) →	<input type="checkbox"/> Yes	_____	pm/continually	<3 / 3-6 / 6-12 / >12		
	<input type="checkbox"/> Yes	_____	pm/continually	<3 / 3-6 / 6-12 / >12 (please circle)		
	<input type="checkbox"/> No					

BL68C

79 Hypertension and dyslipidaemia—comorbidity and management in general practice patients

Organisation supporting this study: Pfizer Australia Pty Ltd

Issues: The prevalence of diagnosed hypertension and/or dyslipidaemia in patients attending general practice; comorbidities experienced by patients with diagnosed hypertension and/or dyslipidaemia; current medications used to treat diagnosed hypertension and/or dyslipidaemia; other treatments used for diagnosed hypertension and/or dyslipidaemia.

Sample: 2,874 respondents from 97 GPs; data collection period: 18/01/2005 – 21/02/2005.

Method: Detailed SAND methods are provided in Chapter 2.

Summary of results

The age-sex distribution of respondents was similar to the distribution of the total BEACH sample, with the majority of patients (56.9%) being female. Respondents aged between 45 and 64 years accounted for 29.3% of the sample, and 27.2% of the respondents were aged 65 years or more.

Diagnosed hypertension was present in 1,050 patients (28.1%, 95% CI: 25.1–31.0), while 24.0% of patients had diagnosed dyslipidaemia (95% CI: 20.9–27.0). Both conditions were present in 423 of these patients (15.2% of the 2,789 encounters where the status of both conditions was known). Just over one-third of patients (36.7%) had either hypertension and/or dyslipidaemia.

The presence of listed comorbidities was questioned for patients with diagnosed hypertension and/or dyslipidaemia. Of the 832 respondents diagnosed with hypertension and/or dyslipidaemia who completed the question on comorbidities, half (49.9%) did not have any of the listed conditions (49.9%). The most common condition listed as a comorbidity was diabetes (27.0%), followed by ischaemic heart disease (21.9%). Heart failure (8.1%), peripheral vascular disease (6.5%), stroke (6.3%) and renal disease (5.5%) were less common.

Details regarding the use of 14 specified medications were also asked of patients with diagnosed hypertension and/or dyslipidaemia. Four of the medications listed were lipid lowering medications, and 10 were anti-hypertensives. The majority of patients with hypertension and/or dyslipidaemia who responded to the question on medications (n=1,032) were taking only one medication (39.9%), while 31.3% of patients were taking two of the medications listed. There were 12.2% of patients not taking any of the listed medications.

Of the listed lipid lowering medications, the most frequently used was atorvastatin (23.7%). Other statins were used by 24.0% of patients. The most commonly used anti-hypertensives were ACE inhibitors (31.3%), followed by beta-blockers (17.3%) and angiotensin-2 receptor antagonists (13.2%).

For the 126 patients not taking medications for the treatment of hypertension and/or dyslipidaemia, the most common reasons for non-medication (multiple response allowed) were treatment of the condition with diet (82.5%), followed by treatment with exercise (53.2%).

For other related abstracts see: 15 Lipid lowering medication, 20 Screening and management of blood cholesterol, 26 Prevalence of diagnosed hypertension and difficulties in treatment, 30 Lipid lowering medications and coronary heart disease, 46 Coronary heart disease, risk factors and lipid lowering medication, 58 Lipid lowering medications: patient eligibility under PBS, 59 Hypertension management and control in general practice patients, 64 Current use of statins by general practice patients, 67 Risk factors of patients on lipid lowering medications, 97 Statin medication use among high CHD risk patients attending general practice, 98 Management of hypertension and angina in general practice patients, 99 Lipid management in patients with high risk conditions.

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 **HYPERTENSION and DYSLIPIDAEMIA**.
 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.

Hypertension and / or dyslipidaemia

Please indicate by ticking the appropriate box
 whether this patient currently has diagnosed
 hypertension and / or dyslipidaemia

If neither condition has been diagnosed,
 either today or previously, you should end the
 questions here.

Other co-morbidity

Please advise whether the patient also
 has any of the listed conditions. Tick
 as many as apply.

If the patient has none of these
 conditions, please tick the box labelled
 'none of the above'.

Medications

Please use the tick boxes to advise
 which medication/s this patient is
 currently taking for hypertension
 or dyslipidaemia. Tick as many as
 apply.

Non-use of medication

If the patient has hypertension
 or dyslipidaemia but is **NOT**
 taking a medication for
 management of either condition,
 for what reason is a medication
 not being taken?

If the reason is not listed, please
 write it in the space provided.
 Tick as many as apply.

<p>Does this patient have diagnosed</p> <p>- Hypertension <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>and / or</p> <p>- Dyslipidaemia <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If neither, end questions here</p>	<p>If 'yes' to either, do they also have:</p> <p><input type="checkbox"/> Diabetes - type I or II <input type="checkbox"/> Ischaemic heart disease <input type="checkbox"/> Peripheral vascular disease <input type="checkbox"/> Renal disease <input type="checkbox"/> Stroke (current or history) <input type="checkbox"/> Heart failure <input type="checkbox"/> None of the above</p>	<p>Tick all patient's current medications for hypertension or dyslipidaemia</p> <table border="0"> <tr> <td><input type="checkbox"/> atorvastatin</td> <td><input type="checkbox"/> ACE inhibitor combination</td> </tr> <tr> <td><input type="checkbox"/> other statin</td> <td><input type="checkbox"/> AT2 antagonist</td> </tr> <tr> <td><input type="checkbox"/> fibrate</td> <td><input type="checkbox"/> AT2 combination</td> </tr> <tr> <td><input type="checkbox"/> bile acid sequestrant</td> <td><input type="checkbox"/> amlodipine</td> </tr> <tr> <td><input type="checkbox"/> diuretic</td> <td><input type="checkbox"/> other DHP CCB</td> </tr> <tr> <td><input type="checkbox"/> beta-blocker</td> <td><input type="checkbox"/> non-DHP CCB</td> </tr> <tr> <td><input type="checkbox"/> ACE inhibitor</td> <td><input type="checkbox"/> other (including alpha-blocker)</td> </tr> </table> <p style="text-align: right;"><input type="checkbox"/> none →</p> <p style="text-align: right;"><i>(tick as many as apply)</i></p>	<input type="checkbox"/> atorvastatin	<input type="checkbox"/> ACE inhibitor combination	<input type="checkbox"/> other statin	<input type="checkbox"/> AT2 antagonist	<input type="checkbox"/> fibrate	<input type="checkbox"/> AT2 combination	<input type="checkbox"/> bile acid sequestrant	<input type="checkbox"/> amlodipine	<input type="checkbox"/> diuretic	<input type="checkbox"/> other DHP CCB	<input type="checkbox"/> beta-blocker	<input type="checkbox"/> non-DHP CCB	<input type="checkbox"/> ACE inhibitor	<input type="checkbox"/> other (including alpha-blocker)	<p>If the patient is taking NO medication for hypertension or dyslipidaemia, why not? <i>(tick as many as apply)</i></p> <p><input type="checkbox"/> treated with diet</p> <p><input type="checkbox"/> treated with exercise</p> <p><input type="checkbox"/> intolerance to medication</p> <p><input type="checkbox"/> Other _____ <i>(please specify)</i></p>
<input type="checkbox"/> atorvastatin	<input type="checkbox"/> ACE inhibitor combination																
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<input type="checkbox"/> bile acid sequestrant	<input type="checkbox"/> amlodipine																
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<input type="checkbox"/> beta-blocker	<input type="checkbox"/> non-DHP CCB																
<input type="checkbox"/> ACE inhibitor	<input type="checkbox"/> other (including alpha-blocker)																

80 Employment status and workers compensation claims in general practice patients

Organisation supporting this study: Australian General Practice Statistics and Classification Centre (AGPSCC) on behalf of the National Occupational Health and Safety Commission

Issues: Types of problems managed for patients aged 15 years and over from different workforce categories and industries; work-related problems; workers' compensation claim status of work-related problems; reasons for not claiming workers' compensation for work-related problems.

Sample: 5,513 respondents aged 15 years and over from 211 GPs; data collection period: 18/01/2005 – 28/03/2005.

Method: Detailed SAND methods are provided in Chapter 2.

Methods for this study: A card listing the industries of employment was provided to participating GPs. Patients were asked to select the industry in which they are currently employed.

Summary of results

The age-sex distribution of patients was the same as the average BEACH results for 2003–2004, with the majority (57.4%) being female. Employment data were recorded for 5,486 patients aged 15 years and over, and 41.5% (95% CI: 38.9–44.2) of them were employed or self-employed.

Of the 2,205 currently employed or self-employed patients who answered the question on industry of employment, 19.1% (95% CI: 17.2–21.1) worked in health and community services, 11.1% (95% CI: 8.7–13.4) worked in manufacturing and 10.1% (95% CI: 8.6–11.6) were in the retail trade.

A total of 3,095 problems were managed for the employed/self-employed patients, most commonly skin or musculoskeletal problems which together made up about one-quarter of these problems. Musculoskeletal problems were the most common problems managed for patients working in the manufacturing, transport, construction and recreational services industries, while skin problems were most common for those in health and community services and the retail industry. Respiratory problems were the most common for government, defence and education workers.

There were 235 work-related problems managed, accounting for 5.7% of the total. Almost one-third of skin injuries managed for these patients were work-related as were almost 30.0% of back complaints and sprains/strains. One-quarter of fractures and acute stress reactions managed for these patients were work-related.

Of the 235 work-related problems, almost 70.0% were managed at workers' compensation claimable encounters. The most common of these problems was back complaint, followed by sprain/strain. At encounters not covered by workers' compensation, the most common work-related problem managed was complete medical examination, followed by acute stress reaction.

For the 67 problems that were managed at encounters where a workers' compensation claim was not made, GPs recorded 37 reasons for not claiming. Most frequently the reason given was 'not serious enough'. Less frequently the reason was that the patient was self-employed.

For other related abstracts see: 6 Employment status and workers' compensation claims, 11 Patient employment status and occupation.

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 **WORK RELATED CONDITIONS**.
 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.

203

Patient employment status

Ask all patients 15 years of age and over, how they would describe their current employment status.

Include part-time and casual employment.

Select **ONE** category only.

Industry of employment

Please give the patient the Industry of employment card from your research kit and ask them to advise the industry in which they are currently employed (either self-employed or employed by another). Use the tick boxes to indicate the patient's response.

For industries **not** on the tick box list, select a number from this list → and write it in the box labelled 'other'.

1 - 5 are listed in the section below

- 6. Mining
- 7. Electricity, Gas & Water Supply
- 8. Wholesale Trade
- 9. Retail Trade
- 10. Accommodation, Cafes & Restaurants
- 11. Communication Services
- 12. Finance & Insurance
- 13. Property & Business Services
- 14. Government Administration & Defence
- 15. Education
- 16. Cultural & Recreational Services
- 17. Personal & Other Services

Workers' compensation claims

If the patient had a work-related problem managed at today's encounter but has **NOT** made or **WILL NOT** make a workers' compensation claim for that problem, please advise the reason for **not** claiming.

<p>What is this patient's current employment status?</p> <p><input type="checkbox"/> Employee</p> <p><input type="checkbox"/> Self-employed</p> <p><input type="checkbox"/> Student and employed</p> <p><input type="checkbox"/> Unemployed</p> <p><input type="checkbox"/> Home duties</p> <p><input type="checkbox"/> Student (not employed)</p> <p><input type="checkbox"/> Retired</p> <p><input type="checkbox"/> Not working due to health problems</p> <p><input type="checkbox"/> Other _____ <i>(please specify)</i></p>	<p>If currently employed or self-employed, in what industry is the patient mainly working?</p> <p><input type="checkbox"/> 1. Manufacturing</p> <p><input type="checkbox"/> 2. Health & Community Services</p> <p><input type="checkbox"/> 3. Transport and Storage</p> <p><input type="checkbox"/> 4. Construction</p> <p><input type="checkbox"/> 5. Agriculture, Forestry & Fishing</p> <p><input type="checkbox"/> Other <i>(please enter number from card)</i></p>	<p>If no workers' compensation claim was made for a work related condition managed today, what was the reason for not claiming?</p> <p><input type="checkbox"/> Not serious enough</p> <p><input type="checkbox"/> Self-employed</p> <p><input type="checkbox"/> Covered by other means (eg employer paid)</p> <p><input type="checkbox"/> Didn't know I could claim</p> <p><input type="checkbox"/> Other _____ <i>(please specify)</i></p>
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(please specify)

(please enter number from card)

(please specify)

Industry of employment

1. Manufacturing
2. Health & community services
3. Transport & storage
4. Construction
5. Agriculture
6. Mining
7. Electricity, gas & water supply
8. Wholesale trade
9. Retail trade
10. Accommodation, cafes & restaurants
11. Communication services
12. Finance & insurance
13. Property & business services
14. Government administration & defence
15. Education
16. Cultural & recreational services
17. Personal & other services