

## 31 Prevalence and severity of chronic heart failure

**Organisation supporting this study:** Roche Products Pty Ltd

**Issues:** The prevalence of mild, moderate or severe chronic heart failure (CHF) in general practice patients; the medications used for management; whether current treatment provided adequate control of CHF; clinical investigations used to diagnose CHF and the proportion of CHF patients referred to a specialist.

**Sample:** 2,618 encounters from 89 GPs; data collection period: 25/09/2001 – 29/10/2001.

**Method:** Detailed SAND methods are provided in Chapter 2.

### Summary of results

The prevalence of diagnosed chronic heart failure (CHF) in the general practice patient population was estimated to be 3.5% (95% CI: 2.0–5.1). Mild CHF had been diagnosed in 2.0% of general practice patients, while 1.0% and 0.5% had been diagnosed with moderate and severe CHF respectively. In male patients, 4.0% (95% CI: 0.0–8.7) were diagnosed with CHF compared with 3.1% (95% CI: 0.9–5.3) of female patients. Patients aged 75 + had the highest age-specific rates, with 20.6% diagnosed with CHF.

The medications most commonly used for the control of CHF were frusemide, followed by digoxin and perindopril, used by 58.7%, 22.8% and 16.3% of patients respectively.

GPs were satisfied that the current treatment provided satisfactory control of CHF in all patients with mild and moderate CHF. GPs felt that four out of 13 (30.8%) patients with severe CHF were not having their CHF adequately controlled by their medications.

The majority (80.0%) of patients diagnosed with CHF had, at some point, been referred to a cardiac specialist. Of these, 51.4% were referred more than 3 years ago, 19.4% were referred between 1 and 3 years ago and 29.2% were referred less than a year ago. All 13 patients with severe CHF had been referred to a cardiac specialist.

The most common clinical investigations used to diagnose CHF were 'diagnostic imaging/radiology – general' (which includes chest x-ray), 'diagnostic imaging/radiology cardiovascular' (which includes echocardiography) and 'cardiovascular electrical tracings' (which includes ECG). The three groups respectively accounted for 39.1%, 34.9% and 17.2% of all clinical investigations undertaken. GPs ordered 47.0% of clinical investigations used to diagnose CHF, while cardiac specialists ordered the remaining 53.0%.

*For other related abstracts see: 75 Prevalence, management and investigations for chronic heart failure, 90 Prevalence, management and investigations for 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.*

*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.

**Satisfaction with treatment**

Please indicate whether or not you feel that this treatment is providing **satisfactory control** of this patient's CHF.

**Clinical investigations**

Please advise what **clinical investigations** were used in **diagnosing** this patient's CHF, e.g. ECG, Chest X-ray, ECHO, Angiogram, FBC, Blood chemistry, Thyroid function tests etc.

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

- test ordered by
- Chest X-ray GP specialist
  - Echocardiogram GP specialist

**CHF management**

If 'YES' please write in the **name and dosage** of any **medications** currently being used to treat this patient's CHF.

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**.

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<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>If 'Yes' what management is currently being used?</p> <table border="1"> <thead> <tr> <th>Name</th> <th>Dose</th> </tr> </thead> <tbody> <tr> <td>1. _____</td> <td>_____</td> </tr> <tr> <td>2. _____</td> <td>_____</td> </tr> <tr> <td>3. _____</td> <td>_____</td> </tr> <tr> <td>4. Other _____</td> <td>_____</td> </tr> </tbody> </table>	Name	Dose	1. _____	_____	2. _____	_____	3. _____	_____	4. Other _____	_____	<p>Is this treatment providing satisfactory control of CHF for this patient?</p> <p>YES <input type="checkbox"/></p> <p>NO <input type="checkbox"/> BL36C</p>	<p>This patient was initially referred to a cardiac specialist</p> <p><input type="checkbox"/> &lt;12 months ago</p> <p><input type="checkbox"/> 1-3 years ago</p> <p><input type="checkbox"/> &gt; 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>1. _____</td> <td>GP / specialist</td> </tr> <tr> <td>2. _____</td> <td>GP / specialist</td> </tr> <tr> <td>3. _____</td> <td>GP / specialist</td> </tr> <tr> <td>4. _____</td> <td>GP / specialist</td> </tr> </tbody> </table>	test	ordered by	1. _____	GP / specialist	2. _____	GP / specialist	3. _____	GP / specialist	4. _____	GP / specialist
Name	Dose																							
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4. _____	GP / specialist																							

## 32 Patient use of after-hours medical services

**Organisation supporting this study:** Commonwealth Department of Health and Ageing

**Issues:** This substudy investigated the proportion of general practice patients who received any after-hours medical service in the previous 12 months. The study further examined what facility/service provider was used; how many times each facility/service provider was used; how many times payment was required, and how much the patient was required to pay prior to any subsequent Medicare claim.

**Sample:** 2,544 respondents from 88 GPs; data collected between 30/10/2001 - 3/12/2001.

**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 (general practice) encounters, with the majority (59.3%) of patients being female.

Of the 2,544 respondents, 595 (23.4%, 95% CI: 20.2–26.5) had received after-hours medical services in the past 12 months. These services included attendance at an emergency department (public or private), a GP visit from the patient's usual practice, a deputising service, a co-operative service, or a service from a GP where the patient was uncertain of the service provider. Attendance at after-hours services was most common among patients aged 1–4 years (46.4%), and least common in children aged less than 1 year (18.0%).

Of the 595 patients who had received after-hours medical services during the past 12 months, 590 indicated one or more service types used. More than half (59.7%) had attended a public emergency department, 9.0% a private emergency department, 16.4% a GP from their current practice, 14.2% a deputising service, 6.6% a co-operative service, and 6.6% a service from an unspecified GP (multiple response was allowed).

These 590 patients reported after-hours service attendance on 664 occasions. For 624 of these visits, the patient recorded the frequency with which they had been asked to pay for each service type or how much they had been asked to pay usually. Of these 624 patient-service type combinations, 95 (15.2%) were usually charged more than \$30 and 25 (4.0%) were charged \$1–30. Altogether, 121 patients (19.4%) had been asked to pay for after-hours services on at least one occasion. None of those who attended a public emergency department was asked to pay for after-hours services.

*For other related abstracts see: 10 Length of consultation; after-hours arrangements; co-morbidity.*

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



### 33 Prevalence and management of cardiovascular risk factors

**Organisation supporting this study:** Aventis Pharma Pty Ltd

**Issues:** This study was designed to measure the prevalence of cardiovascular risk factors in general practice patients. The issue explored was whether those with risk factors were using any preventive therapies to manage them, and if so which medications were being prescribed.

**Sample:** 3,108 encounters from 105 GPs. Data collected between 04/12/2001 – 21/01/2002.

**Method:** Detailed SAND methods are provided in Chapter 2.

**Methods for this study:** A list of risk factors for cardiovascular disease included: hypertension, high total cholesterol (>5.2 mmol/L), low HDL (<0.9 mmol/L), current smoker, microalbuminuria, evidence of previous vascular disease, none of the above. A list of cardiovascular conditions included: hypertension, coronary artery disease, peripheral vascular disease, stroke (including previous), diabetes (any type), none of the above.

#### Summary of results

The age-sex distribution of respondents was similar to the distribution for all BEACH (general practice) encounters, with the majority (58.3%) of patients being female.

The prevalence of at least one cardiovascular risk factor in this general practice patient population was 39.5% (95% CI: 36.4–42.5), the majority (58.8%) having only one risk factor. The most prevalent cardiovascular risk factor was hypertension (25.7%, 95% CI: 23.1–28.4), followed by high cholesterol (17.8%, 95% CI: 15.8–19.8). The most common risk factor/combination of risk factors was hypertension only, which was found in 365 (29.9%) patients. Other common risk factor combinations were hypertension and high cholesterol, followed by current smoker only, which were the risk profiles of 17.9% and 13.7% of patients respectively.

Almost a third (31.5%, 95% CI: 28.6–34.5) of patients had at least cardiovascular disease. The most common cardiovascular disease was hypertension (alone or in combination), diagnosed for 26.0% ( $n=796$ ) of the 3,063 patients who provided these data. Other cardiovascular diseases were considerably less common, with 7.9% of patients having coronary artery disease and 7.6% having diabetes. Of those 796 patients with hypertension 49.6% had no other cardiovascular disease.

Of the 966 patients with at least one cardiovascular disease, 72.0% were prescribed at least one preventive medication by their GP. The three most common medications prescribed were aspirin (13.4% of preventers), atorvastatin (7.3%) and simvastatin (6.8%). Of patients with at least one of the listed cardiovascular diseases, 43.2% (95% CI: 39.2–47.1) were taking an ACE inhibitor. The majority of ACE inhibitors prescribed were for management of hypertension (76.9%), but other indications included elevated blood pressure (4.8%), IHD (4.5%) and heart failure (3.3%).

*For other related abstracts see: 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 FACTORS, CONDITIONS AND PREVENTIONS**  
 You may tear out this page as a guide to completing the following section of forms.

**INSTRUCTIONS**

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<p><b>Patient's risk factors</b></p> <p>Does the patient have any of the following risk factors for cardiovascular disease?</p> <p>Please tick the appropriate box/es to indicate which risk factors.</p>	<p><b>Cardiovascular conditions</b></p> <p>Does this patient have any of the cardiovascular conditions listed.</p> <p>Please tick the appropriate box/es to indicate which ones.</p>	<p><b>Use of preventive agents</b></p> <p>If the patient has any of the <u>cardiovascular conditions listed in the previous question</u>, is the patient using any preventive agent/s for these conditions?</p> <p>Please list any medications being used as preventive agents.</p> <p>If no preventive agents are being used, please write 'none' in the line space beside number '1'.</p>	<p><b>Use of ACE inhibitor</b></p> <p>Please advise whether or not this patient is taking an ACE inhibitor</p>	<p><b>ACE inhibitor &amp; dose</b></p> <p>If the patient is taking an ACE inhibitor please write in the name, dose and frequency of the prescribed medication and the condition for which it is used.</p>
<p>Does this patient have any of these risk factors for cardiovascular disease?</p> <p><input type="checkbox"/> Hypertension</p> <p><input type="checkbox"/> High total cholesterol (&gt;5.2mmol/L)</p> <p><input type="checkbox"/> Low HDL (&lt;0.9 mmol/L)</p> <p><input type="checkbox"/> Current cigarette smoker</p> <p><input type="checkbox"/> Microalbuminuria</p> <p><input type="checkbox"/> Evidence of previous vascular disease</p> <p><input type="checkbox"/> None of the above</p> <p>BL388</p>	<p>Does the patient have any of the following cardiovascular conditions?</p> <p><input type="checkbox"/> Hypertension</p> <p><input type="checkbox"/> Coronary Artery disease</p> <p><input type="checkbox"/> Peripheral Vascular disease</p> <p><input type="checkbox"/> Stroke (including previous)</p> <p><input type="checkbox"/> Diabetes (any type)</p> <p><input type="checkbox"/> None of the above</p>	<p>If 'Yes' to any of the previous conditions, is the patient using any preventive agent(s) for these conditions (Please list)</p> <p>1. _____</p> <p>2. _____</p> <p>3. _____</p> <p>4. _____</p>	<p>Is this patient taking an ACE inhibitor?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	<p>If 'Yes' which ACE inhibitor?</p> <p>_____</p> <p>Dose _____</p> <p>Frequency _____</p> <p>For which condition?</p> <p>_____</p>

## 34 Gastro-oesophageal reflux disease (GORD)

**Organisation supporting this study:** Janssen-Cilag Pty Ltd

**Issues:** Prevalence of gastro-oesophageal reflux disease (GORD) in general practice patients; medications used for treatment of GORD; medication regimen; patient level of satisfaction with medication effectiveness; initiator of prescribed treatment; and changes in medication during the past 12 months.

**Sample:** 3,018 respondents from 102 GPs; data collection period: 04/12/2001 – 21/01/2002

**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 (57.1%) of patients being female.

The prevalence of diagnosed GORD in this population was estimated to be 19.9% ( $n=599$ , 95% CI: 16.8–22.9). The proportion of patients with GORD who had been diagnosed at the current encounter was 12.5% ( $n=75$ ), while 87.5% ( $n=524$ ) had been diagnosed at a previous encounter. The prevalence of GORD increased significantly with age, being far higher in older patients (34.3% of 65+ age group) than in younger patients (3.4% of under 25 age group). There was no significant difference in the rates of GORD between males (20.7%) and females (19.2%).

Of the patients with GORD, 80.0% ( $n=479$ ) were currently taking medication for its management. The majority of these patients (96.7%) were taking one medication only.

Proton pump inhibitors (PPIs) made up 51.1% of the total GORD medications. The most common (generic) medication taken for GORD was omeprazole, which accounted for 34.1% of all GORD medications, followed by ranitidine (28.7%).

Three-quarters (75.0%) of those taking GORD medications reported that a daily regimen had been recommended, while 25.0% were taking their GORD medications as required (prn). Over two-thirds (69.1%) of GORD medications had been initiated by the GP, while specialists initiated 25.2% of medications. Of the patients taking GORD medication, 18.9% ( $n=99$ ) had changed their medication over the previous 12 months. The medications previously taken were most commonly ranitidine (50.3%,  $n=74$ ) and omeprazole (15.0%,  $n=22$ ). Forty-eight per cent of patients were completely satisfied with their GORD medication while 4.2% said they were dissatisfied.

*For other related abstracts see: 18 Drugs for the treatment of peptic ulcer and reflux, 24 Gastro-oesophageal reflux disease (GORD) in general practice patients, 51 Use of proton pump inhibitors for gastrointestinal problems, 60 Prevalence of GORD and associated proton pump inhibitor use, 62 Use of proton pump inhibitors by general practice patients, 91 Prevalence and management of gastrointestinal symptoms, 100 Gastrointestinal symptoms 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 **GASTRO-OESOPHAGEAL REFLUX DISEASE & MEDICATIONS**.  
 You may tear out this page as a guide to completing the following section of forms.

**INSTRUCTIONS**

**FOR THE DOCTOR**

These questions refers to any patient who has been diagnosed with **gastro-oesophageal reflux disease** either today or at a previous encounter.

If 'Yes' to **either** option please continue the questions.

If **NO** - questions **END** here.

*This question refers to medication/s currently being taken by the patient to treat their reflux disease.*

**Medication** - please write the name of reflux medication in the space provided. There is room to write up to 3 medications.

**Regimen** - along side the medication name please circle a response to indicate whether the patient has been advised to take the medication daily or only when required (p.r.n.) to treat symptoms.

**Initiated by** - along side the regimen please circle a response to indicate whether the patient originally began taking this medication as a result of a prescription from a GP, a prescription from a specialist, or a recommendation from another source (if the medication is an 'over-the-counter' preparation).

**Patient satisfaction** - please ask the patient to rate how satisfied they are with the effectiveness of each medication by circling a response from 1 to 5, where **1 is unsatisfied** and **5 is very satisfied**.

**Changed medication** - please indicate, by ticking the appropriate box, whether or not the patient's **reflux medication has been changed in the past 12 months**.

If '**NO**' - **END QUESTIONS** here.

**Previous medications** - If '**YES**' to the previous question, please write the names of any **reflux medications** the patient used **prior to that change**.

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<p>Has this patient been diagnosed with <b>gastro-oesophageal reflux disease</b>?</p> <p><input type="checkbox"/> Yes - at this encounter</p> <p><input type="checkbox"/> Yes - at a previous encounter</p> <p><input type="checkbox"/> No → <b>end questions</b></p> <p><small>BL38C</small></p>	<p>What medication is <b>currently</b> being taken for treatment? <input type="checkbox"/> None</p> <table border="1"> <thead> <tr> <th><u>Medication</u></th> <th><u>Regimen</u></th> <th><u>Initiated by</u></th> <th colspan="5"><u>Patient Satisfaction</u></th> </tr> </thead> <tbody> <tr> <td>1. _____</td> <td>Daily / p.r.n</td> <td>GP/Spec'st/other</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>5</td> </tr> <tr> <td>2. _____</td> <td>Daily / p.r.n</td> <td>GP/Spec'st/other</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>5</td> </tr> <tr> <td>3. _____</td> <td>Daily / p.r.n</td> <td>GP/Spec'st/other</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>5</td> </tr> </tbody> </table>	<u>Medication</u>	<u>Regimen</u>	<u>Initiated by</u>	<u>Patient Satisfaction</u>					1. _____	Daily / p.r.n	GP/Spec'st/other	1	2	3	4	5	2. _____	Daily / p.r.n	GP/Spec'st/other	1	2	3	4	5	3. _____	Daily / p.r.n	GP/Spec'st/other	1	2	3	4	5	<p>Has this patient's reflux medication been <b>changed in the past 12 months</b></p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No → <b>end questions</b></p>	<p>Which medication/s has the patient <b>previously used</b> for this condition?</p> <p>1. _____</p> <p>2. _____</p> <p>3. _____</p>
<u>Medication</u>	<u>Regimen</u>	<u>Initiated by</u>	<u>Patient Satisfaction</u>																																
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## 35 Smoking status of adults and their attempts to quit

**Organisation supporting this study:** Commonwealth Department of Health and Ageing

**Issues:** The smoking status of adult patients and their levels of success, the methods used by current and former smokers in attempts to quit, the time since they last smoked or last attempted to quit were examined.

**Sample:** 5,823 encounters with patients aged 18 and over, from 231 GPs; data collection period: 21/01/2002 – 01/04/2002.

**Method:** Detailed SAND methods are provided in Chapter 2.

**Methods for this study:** A Quit Smoking Key List with 12 quitting methods, including 'cold turkey', nicotine patches and bupropion (Zyban), was made available to patients to indicate which methods they had used to quit (former smokers) or attempt quitting (current smokers).

### Summary of results

The majority of patients aged 18 or more had never smoked (51.7%, 95% CI: 49.6–53.8). Former daily smokers accounted for 19.5% of patients (95% CI: 18.2–20.9), followed by current daily smokers, representing 18.6% (95% CI: 17.1–20.1). Former occasional smokers and current occasional smokers accounted for 6.8% and 3.4% of patients respectively. Grouping daily and occasional together, former smokers accounted for 26.3% (95% CI: 24.8–27.9) and current smokers 22.0% (95% CI: 20.2–23.7) of patients.

Female patients were significantly more likely than males never to have smoked (59.9% compared with 37.2%). Significantly more male patients were current daily (23.7%) and former daily (29.5%) smokers, compared with female patients (15.8% and 13.9% respectively). Levels of occasional smoking were similar for male and female patients.

There were 1,473 former smokers who indicated a quitting method from the Key list, and 91.9% of these indicated using only one method. Of these, the most frequent single method used was 'cold turkey' (89.0%) followed by nicotine patches (3.5%). Bupropion had been used by 26 patients (1.8%), of whom 17 used only this method.

Of the 1,280 current smokers, 53.3% had tried to quit smoking during the previous 5 years, and the majority (82.6%) of these had used only one method. The most frequently used methods were 'cold turkey' (62.9%) followed by nicotine patches (26.3%) and Bupropion (12.9%).

Of the 1,703 patients who had tried to quit 'cold turkey' (+/- other methods) 75.7% (95% CI: 73.1–78.3) reported they were not currently smoking. Of the 348 who tried using nicotine replacement therapy (i.e. patches/gum/inhaler) (+/- other methods), one-third had quit (37.4% 95% CI: 31.1–43.7). Of the 85 who tried to quit with bupropion, one in four (23.4%, 95% CI: 5.9–40.9) were not currently smoking but the small numbers involved rendered this estimate somewhat unreliable (as shown by the wide confidence intervals).

*For other related abstracts see: 12 Smoking and passive smoking in general practice patients, 53 Smoking status of adults and their attempts to quit, 74 Smoking and passive smoking in the home and Section 4.3 Smoking.*

*Further reading:*

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.

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.

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 **PATIENT SMOKING STATUS AND ATTEMPTS TO STOP SMOKING**  
 You may tear out this page as a guide to completing the following section of forms.

**INSTRUCTIONS**

**THE FOLLOWING QUESTIONS REFER TO THE SMOKING OF ALL TOBACCO PRODUCTS**

***Patient smoking status***

Please ask the patient to describe their current smoking status from the pick list on the 'Smoking status and Key list' card. Tick a box to indicate their answer.

If the patient has '**NEVER SMOKED**' please **END the QUESTIONS HERE**

***For former smokers***

If the patient is a **former smoker** please ask them to advise **how long ago they last smoked**. Please write the patient's response in the space provided.

***Quit Smoking key list***

Please ask the patient to read the list of options on the card. **Circle the numbers** which correspond with any method on the list that they used to **finally** quit smoking. If a combination of methods were used to finally quit, please **circle all methods used**.

***For current smokers***

If the patient is a **current smoker** please ask them if they have tried to quit smoking in the **past 5 years**. Please tick the appropriate box to indicate the patient's response. If '**NO**' please **END QUESTIONS HERE**.

If '**YES**' ask the patient to advise **how long ago they last attempted to quit smoking**. Please write the patient's response in the space provided.

***Quit Smoking key list***

Please ask the patient to read the list of options on the card and to tell you which method they used in their **most recent attempt** to quit smoking.

**Circle the numbers** which correspond with any methods used. If a combination of methods were used please **circle all applicable numbers**.

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<p><b>Please describe your smoking status</b></p> <p><input type="checkbox"/> Current smoker - daily.  <input type="checkbox"/> Current smoker - occasional.  <input type="checkbox"/> Former smoker - daily  <input type="checkbox"/> Former smoker - occasional.  <input type="checkbox"/> Never smoked ⇒ <b>END QUESTIONS</b></p>	<p><b>For former smokers -</b></p> <p>How long since you last smoked?          _____          (yrs /mths /wks /days)</p> <p><b>From the Key list, what method/s did you use (or are currently using) to stop? (circle as many as apply)</b></p> <table border="0"> <tr> <td>1.</td><td>2.</td><td>3.</td><td>4.</td><td>5.</td><td>6.</td> </tr> <tr> <td>7.</td><td>8.</td><td>9.</td><td>10.</td><td>11.</td><td>12.</td> </tr> </table>	1.	2.	3.	4.	5.	6.	7.	8.	9.	10.	11.	12.	<p><b>For current smokers -</b></p> <p>In the <b>past 5 years</b> have you tried to stop smoking?  <input type="checkbox"/> Yes.  <input type="checkbox"/> No ⇒ <b>END QUESTIONS.</b></p> <p>If '<b>YES</b>' how long since your last quitting attempt?          _____          (yrs /mths /wks /days)</p> <p><b>From the Key list, what method/s did you use in this last attempt? (circle as many as apply)</b></p> <table border="0"> <tr> <td>1.</td><td>2.</td><td>3.</td><td>4.</td><td>5.</td><td>6.</td> </tr> <tr> <td>7.</td><td>8.</td><td>9.</td><td>10.</td><td>11.</td><td>12.</td> </tr> </table>	1.	2.	3.	4.	5.	6.	7.	8.	9.	10.	11.	12.
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1.	2.	3.	4.	5.	6.																					
7.	8.	9.	10.	11.	12.																					

## CURRENT SMOKING STATUS

Please describe your smoking status

- Current smoker - daily.
- Current smoker - occasional.
- Former smoker - daily
- Former smoker - occasional.
- Never smoked

## QUIT SMOKING KEY LIST

*Listed below are methods available to assist smokers to stop smoking. In this study, 'smoking' includes all tobacco products.*

1. 'Cold Turkey' i.e. immediate cessation with no method of assistance
2. Nicotine patches
3. Nicotine gum
4. Nicotine inhaler
5. Hypnotherapy
6. Herbal preparations
7. Support / counselling eg 'SmokeStop', 'Quitline'
8. Zyban (Bupropion)
9. Other medication
10. Self-help material e.g. quit smoking manual
11. GP assistance other than above eg counselling
12. Other methods not listed above

## 36 Patient use of complementary therapies

**Organisation supporting this study:** General Practice Statistics & Classification Unit (GPSCU)

**Issues:** The prevalence of complementary therapy use among general practice patients; the conditions for which complementary therapies are used; the patient perceived benefits of complementary therapy use; the attitude to complementary therapy use as a treatment in the future.

**Sample:** 5,567 respondents from 193 GPs; data collection period: 16/01/2001 – 19/02/2001 and 27/03/2001 – 30/04/2001.

**Method:** Detailed SAND methods are provided in Chapter 2.

### Summary of results

The age-sex distribution of patients was similar to the distribution of the total BEACH sample with the majority (58.3%) being female. Patients aged 45–64 years accounted for 29.4% of the sample.

The proportion of patients indicating use of complementary/alternative therapies during the previous 12 months was 21.9% (95% CI: 19.7–24.0). Almost half (46.7%, 95% CI: 43.2–50.1) indicated they would consider using complementary/alternative therapies in the future, while 51.7% (95% CI: 48.3–55.2) had not used complementary therapies in the previous 12 months and would not consider using them in the future.

Of the 1,216 patients who indicated having used a complementary therapy, 40.3% (95% CI: 35.6–44.9) had used chiropractic therapy, 31.6% (95% CI: 26–37.2) had used naturopathy (which includes herbal medicine), 22.7% and 20.8% had used remedial massage and acupuncture respectively.

In 89.5% of problems managed with chiropractic therapy, the problem was musculoskeletal. Problems managed with naturopathy were more general in nature (33.5% of problems), including preventive/health maintenance and general weakness/tiredness. Remedial massage and acupuncture were mainly used for musculoskeletal problems, both at a rate of 68.5% of problems managed by that therapy.

*For other related abstracts see: 101 Types of medicine use and patient use of medicines list.*

*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 **COMPLEMENTARY / ALTERNATIVE THERAPIES**. You may tear out this page as a guide to completing the following section of forms.

**INSTRUCTIONS**

**ASK THE PATIENTS**

Ask each patient if they have used any of the **complementary / alternative therapies** listed during the last 12 months.

If **NO** please go to the last question.

If **'Yes'** please write in the space beside the therapy name, the **condition this therapy was used to treat / relieve**. If the patient has used one of these therapies for **health maintenance or preventive care** rather than to treat or relieve a specific condition, please write this in the 'condition' space.

Please **circle a response** to indicate the patient's opinion of the **therapy's benefit** in treating or relieving the condition.

Please indicate whether or not the patient would **consider using** complementary / alternative therapies for conditions which may arise **in the future**, or for conditions which currently exist, but for which they have not previously considered complementary / alternative therapies.

**NB - Naturopathy** includes herbal remedies e.g., St John's Wort, Evening Primrose etc. Please **do not** include Vitamin & Mineral supplements.

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<p>Q.1</p> <p>1. In the past 12 mths have you used any of the following complementary / alternative therapies?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No → go to Question 3.</p>	<p>Q.2</p> <p>For what conditions? Were they beneficial?</p>	<p><i>Condition</i></p> <p>1. Chiropractic _____</p> <p>2. Acupuncture _____</p> <p>3. Hypnotherapy _____</p> <p>4. Naturopathy _____</p> <p>5. Remedial Massage _____</p> <p>6. Other _____</p>	<p><i>Beneficial?</i></p> <p>Yes / No / unsure</p>	<p><i>Condition</i></p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p><i>Beneficial?</i></p> <p>Yes / No / unsure</p>	<p>Q.3</p> <p>In the future would you consider using complementary / alternative therapies</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p style="text-align: right;">BL31C</p>
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## 37 Prevalence of common morbidities in patients encountered in general practice

**Organisation supporting this study:** General Practice Statistics & Classification Unit (GPSCU)

**Issues:** The prevalence of significant morbidity affecting general practice patients irrespective of whether or not the morbidity was managed at the encounter; the number of times general practice patients consult a GP annually.

**Sample:** 11,342 respondents from 378 GPs; data collection period: 21/08/2001 – 31/12/2001 and 22/01/2002 – 30/03/2002.

**Method:** Detailed SAND methods are provided in Chapter 2.

**Methods for this study:** Visit frequency and morbidity were directly standardised against the known age-sex distribution of all patients who attended general practice in Australia between April 2000 and March 2001.

### Summary of results

The age–sex distribution of patients was similar to the distribution of the total BEACH sample with the majority (59.1%) being female. Patients aged 25–44 years (26.7%) or 45–64 years (25.1%) accounted for more than half of the sample, with the mean patient age being 46 years.

The most common morbidities were hypertension (19.5% of respondents), depression (10.2%), lipid disorder (9.1%) and asthma (8.0%). After direct standardisation the estimated prevalence rates for the general practice population were hypertension 13.5% (95% CI: 12.5–14.4), depression 9.5% (95% CI: 8.6–10.3), asthma 8.8% (95% CI: 8.1–9.5) and lipid disorders 6.9% (95% CI: 6.2–7.6).

The respondents attended a GP on average 8.8 times per year. The age–sex standardised average was 7.8 visits per year (95% CI: 7.4–8.2), increasing among older adults. The standardised mean number of annual visits for all reasons was 13.0 (95% CI: 12.0–14.1) for patients with diagnosed diabetes, 12.6 (95% CI: 11.7–13.5) for patients with depression, 9.2 (95% CI: 8.5–9.9) for patients with asthma and 6.1 (95% CI: 5.5–6.6) for patients with current upper respiratory tract infection.

*For other related abstracts see: 7 Health services utilisation, lifestyle status and chronicity, 61 Prevalence of chronic illnesses identified as National Health Priority Areas among general practice patients, 89 Estimates of the prevalence of chronic illnesses identified as Health Priority Areas.*

*Further reading:*

Knox, S. A. & Britt, H. 2004, 'The contribution of demographic and morbidity factors to self-reported visit frequency of patients: a cross-sectional study of general practice patients in Australia', *BMC.Fam Pract.*, vol. 5, no. 1, p. 17.

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

**INSTRUCTIONS**

**GP consultations in the previous year.**

Please check with the patient and write in the approximate number of times this patient has consulted you or any other GP at this or any other practice within the past 12 months.

**Co-morbidity**

Please write in **any other significant** present or past health problems of this patient that were **not managed at this consultation** e.g. -

- **chronic illnesses** or other health problems that require **continuing management** or **surveillance**;
- **past problems** which may need **consideration in future care** e.g. mastectomy;
- **any significant health influencing social problems** e.g. marital disharmony.

i.e. enter any problem you would include in a health summary.

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<p>How many times (approximately) has this patient consulted a GP at any practice in the last 12 months?</p> <p>_____</p>	<p>What other significant diagnoses / problems does this patient have which are not being managed at today's encounter?</p> <p>BL35C</p>	<p>1. _____</p> <p>2. _____</p> <p>3. _____</p> <p>4. _____</p>	<p>5. _____</p> <p>6. _____</p> <p>7. _____</p> <p>8. _____</p>	<p>9. _____</p> <p>10. _____</p> <p>11. _____</p> <p>12. _____</p>
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## 38 Prevalence of chronic heart failure, management and control

**Organisation supporting this study:** Roche Products Pty Ltd

**Issues:** Chronic heart failure (CHF) is a condition with high mortality and a major burden in public health. This study investigated the prevalence of chronic heart failure (CHF) in general practice patients; management being used to treat CHF; whether the management was initiated by general practitioners or specialists; referrals to a cardiac specialist; clinical investigations being used to diagnose CHF; initiation of the clinical investigation of CHF.

**Sample:** 3,082 encounters from 106 GPs; data collection period: 02/04/2002 – 06/05/2002.

**Method:** Detailed SAND methods are provided in Chapter 2.

### Summary of results

The age-sex distribution of respondents was similar to total BEACH sample of general practice encounters, with the majority (60.4%) of encounters with female patient and 18.7% of encounters with patient aged 65 years or over.

Of the 3,082 respondents, 3.2% (95% CI: 2.2–4.1) were diagnosed with CHF. Among these respondents, 51 (1.7%) were diagnosed with mild CHF, while 33 (1.1%) and 13 (0.4%) were diagnosed with moderate and severe CHF respectively. Patients aged 75 years or more had the highest age-specific-rate, 21.6% being diagnosed with CHF.

Diuretics were the most commonly used medication group in treating CHF, being taken by 64.9% of CHF patients. These were followed by ACE inhibitors (single or combination) (32.0%) and cardiac glycosides (10.5%). At generic level, frusemide was most commonly used in 52.6% of CHF patients, and was followed by digoxin and potassium chloride, being used in 20.6% and 11.3% of CHF patients respectively. Of the 182 medications being used to treat CHF, 51.6% was initiated by a GP and 48.4% by a specialist.

GPs indicated that on average increasing survival, relieving symptoms, and improving quality of life were equally important in managing CHF.

Of the 92 CHF patients who responded to the referral question, 81.5% were referred to a cardiac specialist at some point of time. Among these CHF patients, 24 (26.1%) were referred in the previous 12 months, 15 (16.3%) between 1 and 3 years ago, and 36 (39.1%) more than 3 years ago.

In order to diagnose CHF, chest x-ray had been used in 71.1% of CHF patients, echocardiogram (ECHO) had been used in 69.1%, and electrocardiogram (ECG) in 60.8%. GPs ordered 60.3% of chest x-rays, 19.0% of ECHO tests and 52.0% of ECGs, while specialists ordered the remaining tests.

*For other related abstracts see: 31 Prevalence and severity of chronic heart failure, 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 **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**.

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<p><b>Does this patient have Chronic Heart Failure (CHF)?</b></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>BL418</p>	<p><b>If 'Yes' what management is currently being used?</b></p> <table border="1"> <thead> <tr> <th>Name &amp; 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><b>What is most important in managing this patient's CHF?</b></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><b>This patient was initially referred to a cardiac specialist</b></p> <p><input type="checkbox"/> &lt;12 months ago</p> <p><input type="checkbox"/> 1-3 years ago</p> <p><input type="checkbox"/> &gt; 3 years ago</p> <p><input type="checkbox"/> never referred</p>	<p><b>What clinical investigations were used to diagnose the CHF?</b></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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## 39 Severity of asthma, medications and management

**Organisation supporting this study:** AstraZeneca (Australia) Pty Ltd

**Issues:** The prevalence and severity of asthma managed in the general practice patient population; the use of asthma medications; asthma management tools; and patient confidence in predicting changes in their asthma.

**Sample:** 3,070 encounters from 105 GPs; data collection period 02/04/2002 – 06/05/2002

**Method:** Detailed SAND methods are provided in Chapter 2.

**Methods for this study:** Asthma severity was established using the National Asthma Campaign's severity classification, which was provided on a card to participating GPs. This severity classification differs for children (aged <18 years) and adults.

### Summary of results

The age-sex distribution of respondents was similar to the distribution for all BEACH (general practice) encounters, with the majority (59.9%) of patients being female. The prevalence of asthma among the respondents was 13.9% (95% CI: 12.0–15.7,  $n=426$ ). Patients aged 5–14 years had the highest prevalence of asthma (26.3%, 95% CI: 15.1–37.4), this was significantly higher than all other age groups (12.9%, 95% CI: 11.0–14.8).

Among 312 adult patients (18 years and over) with asthma, 35.9% had very mild, 31.4% had mild, 27.2% had moderate and 5.5% had severe asthma. Of the 97 children (aged <18 years) with asthma, 82.5% had infrequent asthma, 15.5% had frequent and 2.1% persistent asthma.

Of the 426 patients with asthma, 87.8% were currently taking asthma medications, at an average rate of 142.7 medications per 100 asthma patients. Reliever medications were the most common medication used to treat asthma, being taken by 85.9% of asthma patients. These were followed by preventer medications (34.5%), combination medications (16.7%) and symptom controllers (5.2%). The use of relievers alone (37.8%) was the most common treatment regimen for asthma patients, followed by a combination of relievers and preventers (24.4%). The most common medication taken for asthma was salbutamol which was used by 70.0% of patients with asthma, followed by fluticasone/salmeterol (16.7%). Of the 298 patients using salbutamol, 62.8% had been using it for more than 6 months. Almost one-third (30.4%) of patients reported decreased use of relievers in the past 6 months.

Among the asthma patients, 150 (35.2%) used at least one asthma management tool (note that multiple response was allowed), 120 (28.2%) had an asthma action/management plan, 50 (11.7%) used asthma symptom diary cards, and 43 (10.1%) used asthma drug diary cards. Of the 108 asthma action/management plan users who responded to the question about the frequency of use of this plan, 66.7% reported using it less than monthly, 22.2% monthly, 8.3% weekly and 2.8% daily.

The patients with asthma were asked to rate their confidence in predicting changes in asthma due to weather, exercise etc. on a scale of 1 (confident) to 5 (not confident). The mean score of confidence was 2.5 for the 398 asthma patients who responded to the question.

*For other related abstracts see: 3 Asthma, 22 Asthma – prevalence, severity 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, 104 Asthma management and medication use among patients attending general practice.*

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

**INSTRUCTIONS**

**ASK ALL PATIENTS**

Ask each patient if they **currently suffer from asthma**.

If **No** asthma - no further questions

**Current medications used**

Please list the **current asthma medications** being used by this patient for the management of their asthma. Please include the **name & form, strength, dose & frequency** for each, and **circle an option** to indicate whether the patient has been taking this medication for **more than 6 months or less than 6 months** e.g.

What asthma medication is currently being used?

Name & Form	Strength	Dose	Freq	6mth duration
1. Pulmicort Turb	400mcg	800mcg	bd	<u>more</u> / less
2. _____				more / less

Ask the patient whether the use of their **reliever medication** has **increased, decreased or not changed** in the past 6 months. Tick the appropriate box to indicate their response.

**Asthma self monitoring**

Please ask the patient how **confident** they are at **monitoring** their own asthma eg **predicting changes** due to weather, exercise etc. Circle a number to indicate the **degree of confidence** they feel.

**Severity of asthma**

If **'YES'** please ask the patient with asthma about the **severity** of their asthma. Show them the **'Severity of asthma reference card'** included in your research pack and tick the appropriate box to indicate their response.

**Asthma management tools**

Ask the patient if they use any of the listed **asthma management tools** and use the tick boxed to indicate their response. Please circle an option to indicate **how frequently** they refer to these tools.

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<p><b>Does this patient suffer from Asthma?</b></p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p>↓</p> <p><b>End questions</b></p>	<p><b>If 'Yes' how severe is the asthma? (See cards)</b></p> <p style="text-align: center;"><b>Severity</b></p> <table border="0"> <tr> <td colspan="2"><b>Child</b></td> <td colspan="2"><b>Adult</b></td> </tr> <tr> <td><input type="checkbox"/> Infrequent</td> <td><input type="checkbox"/> Very mild</td> <td><input type="checkbox"/> Mild</td> <td><input type="checkbox"/> Severe</td> </tr> <tr> <td><input type="checkbox"/> Frequent</td> <td><input type="checkbox"/> Moderate</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Persistent</td> <td></td> <td></td> <td></td> </tr> </table> <p>B41C</p>	<b>Child</b>		<b>Adult</b>		<input type="checkbox"/> Infrequent	<input type="checkbox"/> Very mild	<input type="checkbox"/> Mild	<input type="checkbox"/> Severe	<input type="checkbox"/> Frequent	<input type="checkbox"/> Moderate			<input type="checkbox"/> Persistent				<p><b>What asthma medication is currently being used?</b></p> <table border="1"> <thead> <tr> <th>Name &amp; Form</th> <th>Strength</th> <th>Dose</th> <th>Freq</th> <th>6mth duration</th> </tr> </thead> <tbody> <tr> <td>1. _____</td> <td></td> <td></td> <td></td> <td>more / less</td> </tr> <tr> <td>2. _____</td> <td></td> <td></td> <td></td> <td>more / less</td> </tr> <tr> <td>3. _____</td> <td></td> <td></td> <td></td> <td>more / less</td> </tr> </tbody> </table> <p><b>In the past 6 mths use of reliever medication has</b></p> <p><input type="checkbox"/> increased   <input type="checkbox"/> decreased   <input type="checkbox"/> no change</p>	Name & Form	Strength	Dose	Freq	6mth duration	1. _____				more / less	2. _____				more / less	3. _____				more / less	<p><b>How often do you use an asthma management tool?</b></p> <p><input type="checkbox"/> Action/management plan   daily / weekly / monthly / less</p> <p><input type="checkbox"/> Symptom diary cards   daily / weekly / monthly / less</p> <p><input type="checkbox"/> Drug diary cards   daily / weekly / monthly / less</p> <p><input type="checkbox"/> Other _____   daily / weekly / monthly / less</p> <p><input type="checkbox"/> Never</p>	<p><b>How confidently can you predict changes in your asthma due to weather, exercise etc?</b></p> <p style="text-align: center;">1   2   3   4   5</p> <p>Confident                      Not confident</p>
<b>Child</b>		<b>Adult</b>																																						
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## **Severity of asthma reference card**

### **Children**

<b>Severity*</b>	<b>Common features</b>
Infrequent episodic	Episodes 6-8 weeks or more apart and from 1 to 2 days up to 1-2 weeks duration; usually triggered by URTI or environmental allergen; attacks generally not severe; symptoms rare between attacks; normal examination and lung function except when symptomatic.
Frequent episodic	Attacks <6 weeks apart; attacks more troublesome; minimal symptoms such as exercise induces wheeze between attacks; normal examination and lung function except when symptomatic; commonly troubled through winter months only.
Persistent	Symptoms most days; nocturnal asthma > 1/wk with sleep disturbance; early morning chest tightness; exercise intolerance and spontaneous wheeze; daily use of beta2 antagonist; abnormal lung function; history of emergency room visits or hospital admissions.

### **Adults**

<b>Severity*</b>	<b>Common features</b>
Very mild	Episodic
Mild	Occasional symptoms (up to 2/wk); exacerbations >6-8 weeks apart; normal FEV <sub>1</sub> when asymptomatic
Moderate	Symptoms most days; exacerbations <6-8 weeks apart which affect day-time activity and sleep; exacerbations last several days; occasional emergency room visit.
Severe	Persistent; limited activity level; nocturnal symptoms > 1/wk; frequent emergency room visits and hospital admission in past year; FEV <sub>1</sub> may be significantly reduced between exacerbations.

\* The severity classes are adapted from the NAC Asthma Management Handbook 1998 edition, updated March 2002

## 40 Type 2 diabetes mellitus, prevalence and management

**Organisation supporting this study:** Roche Products Pty Ltd

**Issues:** The prevalence of type 2 diabetes among general practice patients; the treatments being utilised for type 2 diabetes management; HbA1c levels and regularity of testing; frequency of GP consultations for diabetes management.

**Sample:** 2,876 respondents from 97 GPs; data collection period: 07/05/2002 – 10/06/2002.

**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 (58.8%) being female and those aged 25–44 and 45–64 years accounting for 23.6% and 26.3% of the patient population respectively.

A total of 205 patients (7.1%, 95% CI: 5.6–8.7) had confirmed type 2 diabetes. Prevalence for patients aged 65–74 years was 17.6% (95% CI: 8.9–26.2), while patients aged 45–64 and those aged 75 or more had similar rates (11.0%, 95% CI: 4.7–17.3 and 12.4%, 95% CI: 0.0–26.4 respectively). There were no significant differences between any of these age groups. There was also no significant difference between the prevalence for males (8.0%, 95% CI: 4.3–11.8) and for females (6.2%, 95% CI: 3.5–8.9).

Diet and/or exercise was the most commonly used treatment, being utilised by 75.9% of patients with type 2 diabetes, either alone or in combination with other methods. Metformin was the current treatment for 50.7%, sulfonylurea for 33.5% and insulin for 16.3% of patients with type 2 diabetes. Almost half (44.3%) of the patients with type 2 diabetes used one treatment method only, 35.0% used two treatment methods, and the remaining 20.7% used between 3 and 5 treatments. Diet/exercise in combination with one or more medications was used by 50.3% of patients with type 2 diabetes, diet/exercise alone was used by 25.6%, and medication(s) alone was used by 24.1%.

The most recent HbA1c level was available for 182 of the 205 patients with type 2 diabetes. The mean HbA1c level for these patients was 7.3% (95% CI: 7.0–7.6), the median was 7.0% with a range of 5.1% to 13.2%. Patients using only one treatment method had a mean HbA1c level of 6.8% (95% CI: 6.6–7.1) while those using 2 treatments and 3–5 treatments had mean levels of 7.5% (95% CI: 7.1–8.0) and 7.7% (95% CI: 7.2–8.2) respectively. Patients using diet/exercise only had a mean HbA1c level of 6.4% (95% CI: 6.2–6.5) which was significantly lower than the mean level for patients using medication(s) only (7.6%, 95% CI: 7.0–8.1) and those using diet/exercise plus medication(s) (7.6%, 95% CI: 7.2–8.0). The average number of months since their last HbA1c test was 3.6 (95% CI: 3.0–4.2) with a median of 3 and a range 0.03–22 months. The average number of GP visits during the previous 12 months for patients with type 2 diabetes was 6.6 (95% CI: 5.5–7.6) visits with a median of 5 visits and a range of 0 to 30 visits.

*For other related abstracts see: 21 Diabetes – prevalence, management and screening, 25 Prevalence of diabetes, medications and control, 45 Diabetes mellitus prevalence, management and risk factors, 94 Type 2 diabetes – investigations and related conditions, 86 Diabetes Types 1 and 2 and coronary heart disease, 87 Management of cardiovascular or diabetes related 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 **TYPE 2 DIABETES**.  
 You may tear out this page as a guide to completing the following section of forms.

**INSTRUCTIONS**

**FOR THE DOCTOR**

Please indicate by ticking the appropriate box whether or not this patient has **confirmed Type 2 diabetes**.

If 'Yes' continue to the next question.

If 'No' end the questions here.

**DIABETES MANAGEMENT**

Please use the tick boxes to indicate how the patient's diabetes is **currently being managed**.

Tick as many options as apply.

If you tick the box labeled 'other' please **write the type of management** being used in the space provided.

**HbA1c LEVEL**

Please write in the space provided the **patient's HbA1c level** at their most recent test.

**HbA1c TESTING**

Please write in the space provided the approximate length of time since the **patient's HbA1c was last tested** i.e. when the most recent test occurred. Please circle an option to indicate whether **days, weeks or months**.

**GP CONSULTATIONS**

Ask the patient to help you determine the **approximate number of times** they have consulted you or any other GP about their diabetes in the past 12 months. Please **include today's consultation** in your estimate.

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<p>Does this patient have confirmed type 2 diabetes?</p> <p><input type="checkbox"/> Yes - continue →</p> <p><input type="checkbox"/> No - end questions</p> <p><small>BL42B</small></p>	<p>If 'Yes' what treatment is currently being used to manage this patient's diabetes? <i>(Tick as many options as apply)</i></p> <p><input type="checkbox"/> diet / exercise</p> <p><input type="checkbox"/> metformin</p> <p><input type="checkbox"/> sulfonyurea</p> <p><input type="checkbox"/> glitazone</p> <p><input type="checkbox"/> insulin</p> <p><input type="checkbox"/> other _____</p> <p><input type="checkbox"/> none of the above</p>	<p>What was the patient's most recent HbA1c level?</p> <p>_____ %</p>	<p>How long since their HbA1c was last tested?</p> <p>_____</p> <p>days/wks/mths <i>(Please circle)</i></p>	<p>Approximately how many times in the past 12 months has this patient consulted you or any other GP about their diabetes? (including today's visit)</p> <p>_____ times</p>
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