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MEDIA RELEASE

MANAGEMENT OF PATIENTS WITH HEART DISEASE IN GENERAL PRACTICE “SUBOPTIMAL”

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GENERAL practice management of patients with cardiovascular disease (CVD) is “suboptimal”, with only 57% of patients with established CVD prescribed the guideline-recommended treatments, according to research published today by the *Medical Journal of Australia*.

Researchers led by Associate Professor Charlotte Hespe, Head of General Practice and General Practice Research for the University of Notre Dame in Sydney, examined implementation of the 2012 CVD treatment guidelines in general practice by analysing baseline electronic medical record (eMR) data from 102 225 patients from 95 general practices in four states and territories.

They found that 10 631 (10.4%) had established CVD and 12 983 (12.7%) had clinically high risk conditions; the estimated CVD risk was high for 2760 (2.7%) and low or intermediate for 46 205 people (45.2%), while the available eMR data were inadequate for estimating risk for 29 645 participants (29%).

“Among patients with established CVD, 6038 (56.8%) had been prescribed the guideline-recommended treatments; blood pressure targets had been achieved by 4114 patients (38.7%) and low-density lipoproteins (LDL) targets by 5645 (53.1%),” Hespe and colleagues found.

“Among the 15 743 patients at high CVD risk, 6486 (41.2%) were prescribed recommended treatments; 8988 (57.1%) had achieved blood pressure targets and 5714 (36.3%) LDL-C targets.”

Hespe and colleagues wrote that: “Our findings indicate that primary care management of patients with CVD is sub-optimal”.

“Adopting the absolute risk assessment approach has not improved adherence to management guidelines, similar to the experience in Europe, Canada, and the United Kingdom.

“GPs play essential roles in identifying patients at risk of CVD and managing their treatment, but ensuring their adherence to evidence-based recommendations is challenging,” they concluded.

“While risk assessment tools are important, overcoming patient, GP, and health system barriers to changes in care delivery will be critical to progress.”

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