

# 9 Cholesterol

## 9.1 Background

Elevated cholesterol is one of the factors contributing to cardiovascular disease in Australia. Heart, stroke and vascular disease are the leading causes of death among Australians, accounting for 42% of all deaths in 1996 (Commonwealth Department of Health and Aged Care and Australian Institute of Health and Welfare 1999a).

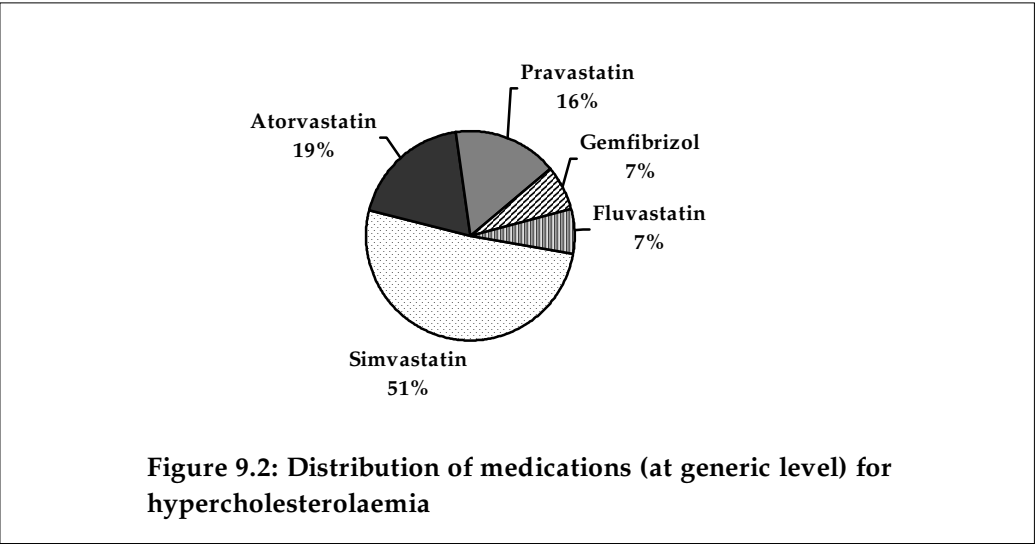
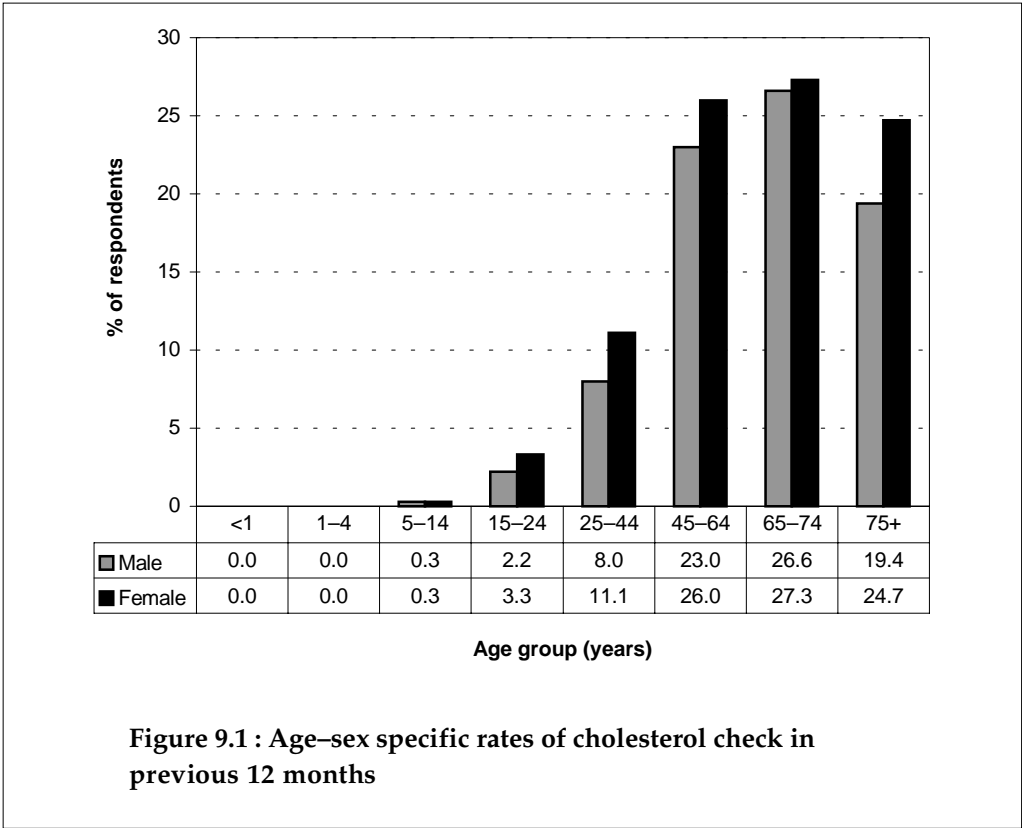
It is widely recognised that the lowering of cholesterol levels is one modifiable factor in the prevention of cardiovascular disease. Little information is available about the prevalence of cholesterol screening in general practice in Australia and how those people with hypercholesterolaemia are being managed. Of particular interest is the level of High Density Lipoproteins (HDL) screening. A high level of HDL is associated with lower levels of artery disease. Never-the-less, no national data have been collected to provide a measure of trends in community cholesterol levels since 1989 (Commonwealth Department of Health and Aged Care and Australian Institute of Health and Welfare 1999a).

General practitioners have a unique role in primary prevention, as the community perceives doctors as the most authoritative source of information on factors and behaviours associated with reducing the risk of disease (Royal Australian College of General Practitioners 1996). At the same time, many patients are perceived by their doctor to be dissatisfied with the consultation if they are not given a prescription (Butler et al. 1998; de Burgh et al. 1995). Between 1994–95 and 1995–96, the total cost of lipid lowering drugs increased by 30% (Waters et al. 1998). Given these conflicting forces, it was considered timely to investigate the extent to which GPs in Australia are undertaking cholesterol screening, and what management strategies are being used (both medically and in terms of lifestyle advice) for those with hypercholesterolaemia.

## 9.2 Research questions

1. What proportion of general practice patients have had their cholesterol checked in the previous 12-month period?
2. What proportion of these also had their level of High Density Lipoproteins (HDL) checked?
3. What is the prevalence of hypercholesterolaemia in general practice patients in Australia?
4. How is hypercholesterolaemia being managed in Australian general practice?





## 9.5 Discussion

The results of this study indicate, with good reliability, that of persons attending general practitioners in Australia, approximately one-third will have had a cholesterol check in the previous 12 months and about half of these would be aware they had their HDL checked at the same time. High cholesterol would be indicated in 28–36% of these patients and, of these, 40–50% would be on medication for high cholesterol levels. The vast majority of people on medication for high cholesterol levels would be aware of the extent to which the level is controlled and the cholesterol levels of two-thirds of those on medication would be controlled. Persons using diet and or exercise (no medication) in order to control their cholesterol levels may be less aware of the extent to which it was controlled. The extent of control with diet and/or exercise is therefore possibly a less reliable estimate.