61 Prevalence of chronic illnesses identified as National Health Priority Areas among general practice patients

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

Issues: What proportion of general practice patients have chronic conditions which require ongoing management by their GP, in particular those health problems identified as National Health Priority Areas (Cardiovascular health, asthma, arthritis, depression, diabetes).

Sample: Patients at 8,911 encounters from 299 GPs; data collection periods: 19/08/2003 – 22/09/2003 and 28/10/2003 – 19/01/2004

Method: Detailed SAND methods are provided in Chapter 2.

Methods for this study: The GP was presented with a list of morbidities and asked: 'Does this patient have any of the following conditions which require ongoing management?'

Crude rates for each problem were calculated as the proportion of the patient sample with each listed morbidity.

Estimates of the prevalence of each morbidity in the general practice sub-population were obtained by weighting each patient age group by the mean number of annual GP visits for that age group (MBS unpublished data).

Summary of results

The sex distribution of the SAND sample was similar to the total BEACH sample, however the SAND substudy sampled a significantly larger proportion of patient aged 75 years and over (17.0 95% CI: 15.4–18.6) compared with the total BEACH sample (12.7%, 95% CI: 11.9–13.4).

Crude rates: Around 30% of patients sampled had a diagnosed cardiovascular problem, of which ischaemic heart disease was the most common (11.0%). Eighteen per cent of patients had uncomplicated hypertension. Asthma was recorded for more than one in ten patients (11.4%, 95% CI: 10.5–12.3). Nine per cent of patients had diagnosed diabetes, 7.3% Type 2 diabetes (NIDDM). Osteoarthritis was common among the patients sampled (20.0%). Fifteen per cent of patients had depression recorded as a health problem.

Adjusted rates: After weighting for the age–sex distribution of the sample against the population of general practice patients, the adjusted prevalence estimates were generally lower than the crude sample rates. In particular cardiovascular disease (19.0%) and osteoarthritis (11.9%), which are related to older age were less prevalent after adjustment. The estimated prevalence of asthma (11.6%) and depression (13.5%) were largely unaffected by adjustment.

Conclusion: By adjusting for age we calculated what might be a better estimate of the prevalence of diagnosed health problems among all general practice patients after taking into account the frequency of GP visits related to age.

For other related abstracts see: 37 Prevalence of common morbidities in patients encountered in general practice,
89 Estimates of the prevalence of chronic illnesses identified as Health Priority Areas.

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

INSTRUCTIONS

Co-morbidity and chronic disease

The aim of these questions is to determine the prevalence of **co-morbidity** and some of the **chronic illnesses** or **conditions** in the **National Goals and Targets** priority areas.

Most of the conditions listed below require continual management or surveillance and may need consideration in future care.

Please use the tick boxes to indicate whether the patient has any of the listed conditions even if you have already managed one of these problems today. Tick as many as apply.

If the patient **does not** have any of these conditions or problems, please tick the box marked **'none of these conditions'**.

Does this patient have any of the following conditions which require ongoing management? (tick as many as apply, even if you have managed the problem today)	**Cardiovascular disease**	**Psychological problems**	**Respiratory problems**	**Arthritis**	**Diabetes**	
	☐ Ischaemic heart disease	☐ Depression	☐ Asthma - Mild	☐ Osteoarthritis	☐ Type 1	☐ Hyperlipidaemia
	☐ Cerebrovascular disease	☐ Anxiety	☐ Asthma - Moderate	☐ Rheumatoid	☐ Type 2	☐ Chronic back pain
	☐ Peripheral vascular disease	☐ Insomnia	☐ Asthma - Severe	☐ Other arthritis	☐ Other	☐ Malignant neoplasm
	☐ Congestive Heart Failure	☐ Other psych problem	☐ Chronic Obstructive Airways Disease			☐ Gastro-oesophageal Reflux disease
	☐ Hypertension - complicated					
	☐ Hypertension - uncomplicated				☐ **None of these conditions**	
	☐ Other					BL55B

62 Use of proton pump inhibitors by general practice patients

Organisations supporting this study: Janssen-Cilag Pty Ltd and the Australian Government Department of Health and Ageing

Issues: The proportion of general practice patients who are taking, or have taken, a proton pump inhibitor (PPI) medication; the conditions for which patients are being prescribed a PPI; whether different PPIs (or regimens) are being prescribed at different stages of the disease process; which PPI medications are being taken by patients with gastro-oesophageal reflux disease (GORD) at various stages of the disease process.

Sample: 5,245 encounters from 182 GPs; data collection period: 19/08/2003 – 27/10/2003.

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 (59.5%) being female. Patients aged 65 years and over accounted for 27.9% of the sample.

The proportion of general practice patients who had either taken a PPI in the past 12 months or were commencing a PPI was 13.4% (95% CI: 11.9–14.9). There were 733 conditions for which a PPI was prescribed. Oesophageal reflux accounted for 58.9% of these conditions (95% CI: 54.6–63.3), almost a quarter were oesophagitis (23.6%, 95% CI: 19.6–27.6), 10.5% (95% CI: 7.9–13.1) were peptic ulcer disease, and the remainder (7.0%, 95% CI: 5.0–8.9) were conditions other than those listed.

The stage of the condition for which a PPI was prescribed was recorded for 669 patients. Four out of five patients (80.0%, 95% CI: 76.7–83.2) were on maintenance treatment, 16.0% were having initial treatment or were in the healing phase, and the remainder (4.0%) were at other stages of disease.

Both initial and maintenance PPI medications were recorded for 313 patients. Of these, 90.1% (*n*=282) had the same PPI (at the generic level), while 9.9% (*n*=31) had different PPIs for initial and maintenance treatment. Of the 438 initial PPI medications, 46.4% were omeprazole, 21.2% were pantoprazole, 17.6% were esomeprazole, 7.8% were lansoprazole, and 7.1% were rabeprazole.

The proportion of patients who were on initial treatment for GORD was 14.4% (*n*=61). There were 206 initial PPI medications recorded with a specific strength for oesophageal reflux. Of these, omeprazole 20 mg was the most common at 42.7% (*n*=88). Pantoprazole 40 mg (22.3%, *n*=46) and esomeprazole 40 mg (13.6%, *n*=28) followed. The proportion of patients who were on maintenance treatment for oesophageal reflux was 81.4%. There were 299 PPI maintenance medications recorded with a specific strength for GORD. Omeprazole 20 mg was the most common (44.2%, *n*=132), followed by pantoprazole 40 mg (17.1%, *n*=51) and esomeprazole 20 mg (12.0%, *n*=36).

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, 34 Gastro-oesophageal reflux disease (GORD), 51 Use of proton pump inhibitors for gastrointestinal problems, 60 Prevalence of GORD and associated proton pump inhibitor use, 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 **PROTON PUMP INHIBITORS for GASTRO-INTESTINAL DISEASE.**
You may tear out this page as a guide to completing the following section of forms.

INSTRUCTIONS

FOR THE DOCTOR

Has this patient taken a **Proton Pump Inhibitor (PPI)** medication in the **past 12 months** <u>OR</u> will they be **commencing a PPI** as a result of today's consultation?

If **'Yes'** continue to the next question.

If **'NO'** you should **end the questions here.**

Indication for PPI medication

If **'Yes'** please advise the condition for which the PPI was indicated.

If the indication is not one of those with tick boxes, please write the indication beside the box marked 'other' in the space provided.

Stage of Disease / illness

Please use the tick boxes to indicate the patient's **stage of disease or illness** i.e. the initial (acute) treatment <u>or</u> healing phase, the maintenance phase, or other phase.

If you tick the box marked '**other**' please **write your response** in the space provided.

PPI for INITIAL treatment

Please use the tick boxes to advise **which PPI** the patient is / was / will be taking for disease management in the <u>initial</u> **(acute) treatment** <u>or</u> **healing phase**. Please circle an option to advise the strengh of the PPI.

Please advise the **frequency** of medication use (i.e. daily / bd) and the **duration of usage** of the PPI for treatment of this stage of the patient's illness.

PPI for MAINTENANCE phase

Please use the tick boxes to advise **which PPI** the patient is / was / will be taking for disease management in the <u>maintenance</u> **phase**. Circle an option to advise the **strength** of the PPI.

Please advise the **frequency** of PPI medication use (i.e. daily / bd / prn) and the **duration of usage** of the PPI for treatment of this stage of the patient's illness.

Has/is this patient:	If 'Yes', for which indication?	In which stage of the disease is the patient?	PPI used for INITIAL treatment - *(please circle strength)*	Frequency	PPI used for MAINTENANCE - *(please circle strength)*	Frequency
• taken a PPI in the past 12 months **or** • commencing a PPI today?	☐ Oesophageal reflux ☐ Oesophagitis ☐ Peptic Ulcer Disease ☐ Other _____ *(please specify)*	☐ Initial treatment <u>or</u> healing ☐ Maintenance ☐ Other _____ *(please specify)*	☐ Esomeprazole **20mg / 40mg** ☐ Lansoprazole **15mg / 30mg** ☐ Omeprazole **10mg / 20mg** ☐ Pantoprazole **20mg / 40mg** ☐ Rabeprazole **10mg / 20mg**	☐ daily ☐ twice daily **Duration** ☐ 1 month ☐ 2 months ☐ >2 months	☐ Esomeprazole 20 mg / 40 mg ☐ Lansoprazole 15 mg / 30 mg ☐ Omeprazole 10 mg / 20 mg ☐ Pantoprazole 20 mg / 40 mg ☐ Rabeprazole 10 mg / 20 mg	☐ daily ☐ twice daily ☐ prn **Duration** ☐ 1-2 months ☐ 3-6 months ☐ >6 months
☐ Yes ☐ No ⇨ **END QUESTIONS**						

BL55C

63 Asthma—prevalence, management and medication side-effects

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

Issues: The prevalence and severity of asthma among general practice patients; the medications being utilised for asthma management; side effects of asthma medications.

Sample: 2,527 respondents from 87 GPs; data collection period: 23/09/2003 – 27/10/2003.

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 of the total BEACH sample with the majority (56.6%) being female and those aged 25–44 and 45–64 years accounting for 24.3% and 27.0% of the patient population respectively.

A total of 367 patients (14.5%, 95% CI: 12.6–16.4) had asthma. No significant differences emerged in asthma prevalence for patients across age groups. There was also no significant difference between the prevalence for males (12.7%, 95% CI: 10.4–15.0) and females (15.9%, 95% CI: 13.5–18.2).

The majority of asthma cases were reported in the least severe categories for both adults and children. One in four children (23.0%) with asthma had frequent or persistent asthma, while 28.0% of adult asthma sufferers had asthma rated as moderate or severe.

Of the 367 patients with asthma, 52 (14.2%) were not currently taking any asthma medication. Salbutamol was the most common asthma medication, accounting for 45.1% (*n*=223) of all asthma medications. The fluticasone/salmeterol combination was the second most frequently used, accounting for 14.8% (*n*=73) of asthma medications. Budesonide, fluticasone propionate and terbutaline each accounted for approximately 7.5% of asthma medications being taken by these patients.

Of the 353 patients who provided responses about corticosteroid use, 17.9% (*n*=63) had been prescribed oral corticosteroids in the previous 12 months. Of the 337 patients who responded to the hospitalisation question, 7.7% (*n*=26) had been hospitalised for asthma during the previous 12 months.

Thirty-seven (11.8%) of the 315 patients taking at least one asthma medication reported a side effect. The most common side effect was hoarseness of voice (reported by 18 patients), most of these (*n*=13) being reported as mild. Sixteen patients reported 'other' side effects, the majority (8) of these being rated as moderate in severity. Height reduction was reported by 5 patients, 2 of which were rated as severe. Oral candidiasis was reported by 4 patients (all mild), and adrenal suppression was reported by 3 patients (all rated as moderate).

For other related abstracts see: 3 Asthma, 22 Asthma – prevalence, severity and management, 39 Severity of asthma, medications and management, 48 Asthma prevalence and management, 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 question.

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 e.g.

What asthma medication is currently being used?

	Name & Form	Strength	Dose	Frequency
1.	Pulmicort Turb	400mcg	800mcg	bd
2.				

Side effects of asthma medication

Please use the tick boxes to advise of **any side effects** being experienced by the patient as a result of taking their **asthma medication**.

If **no side effects** are experienced, tick the box marked '**None**'.

If side effects are experienced please tick as many as apply. Please circle an option to advise (from your clinincal opinion) whether they are **mild, moderate or severe**.

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.

Corticosteroid use or Hospitalisation

Please use the tick boxes to advise whether this patient has -

• been **given oral corticosteroids for asthma** and / or
• been **hospitalised for asthma**

at any time during the past 12 months.

Does this patient suffer from Asthma?

☐ Yes
☐ No ⇨ **END QUESTIONS**

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If 'Yes' how severe is the asthma? (See cards)
Severity

Child	Adult
☐ Infrequent	☐ Very mild
☐ Frequent	☐ Mild
☐ Persistent	☐ Moderate
	☐ Severe

What asthma medication is currently being used?

	Name & Form	Strength	Dose	Frequency
1.				
2.				
3.				

In the past 12 months has the patient been -

• given oral corticosteroids

☐ Yes ☐ No ☐ Unsure

• hospitalised for asthma

☐ Yes ☐ No ☐ Unsure

Does the patient have any side effects of medication?

	If 'Yes' - Side effects are
☐ None	
☐ hoarseness of voice	mild / moderate / severe
☐ oral candidiasis	mild / moderate / severe
☐ height reduction	mild / moderate / severe
☐ adrenal suppression	mild / moderate / severe
☐ other _____	mild / moderate / severe
(please specify)	*(please circle)*

Severity of asthma reference card

Children

Severity*	Common features
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

Severity*	Common features
Very mild	Episodic
Mild	Occasional symptoms (up to 2/wk); exacerbations >6-8 weeks apart; normal FEV_1 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_1 may be significantly reduced between exacerbations.

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

64 Current use of statins by general practice patients

Organisation supporting this study: AstraZeneca (Australia) Pty Ltd

Issues: The proportion of patients currently using statins, cholesterol level at the commencement of statin therapy, proportion of patients have existing cardiovascular disease or risk factors for cardiovascular disease, initial statin regimen and duration of usage at the commencement of statin, current statin regimen and duration of usage, most recent cholesterol levels since the commencement of statin, GPs' clinical opinion on control of their patients' cholesterol levels.

Sample: 3,202 respondents from 109 GPs; data collection period: 02/12/2003 – 19/01/2004.

Method: Detailed SAND methods are provided in Chapter 2.

Summary of results

The sex distribution of the sample was similar to that of total BEACH encounters, with the majority (59.0%) of female patients. Patients aged 1–24 years made up 17.1%, lower than national average (21.2%) during April 2002 – March 2003 BEACH period.

Of the 3,202 respondents, 14.4% (n=462) were currently taking a statin, most commonly by patients aged 65–74 years (35.1%). The use of statin was significantly more likely in male (17.5%, 95% CI: 14.7–20.3) than in female patients (12.3%, 95% 10.2–14.4).

At the time of commencing statins, mean total cholesterol (TC) was 6.84 mmol/L, the mean of higher density lipoprotein (HDL) was 1.34 mmol/L, the mean of low density lipoprotein (LDL) 4.44 mmol/L, and the mean of triglycerides (TG) 2.44 mmol/L. After commencing statins, mean TC was 4.80 mmol/L, mean HDL 1.45 mmol/L, mean LDL 2.57 mmol/L, and mean TG was 1.83 mmol/L.

Of the 432 current statin users responding to the risk factor question, 66.9% had hypertension, 41.7% had existing coronary heart disease, and 24.5% had diabetes mellitus. None of the listed risk factors were recorded for 18.1% of the respondents. (Multiple response was allowed).

Details of initial treatment were available for 366 statin users. Of these, atorvastatin (42.4%), simvastatin (39.6%) and pravastatin (15.0%) accounted for 97.0% of initial medications.

Details of current statin medication were available for 398 statin users. There were 398 statins in the current treatment. Atorvastatin (47.0%), simvastatin (38.9%) and pravastatin (13.3%) remained the most common and accounted for 99.2% in total.

GPs reported that cholesterol level was adequately controlled for the majority (69.9%) of the 419 current statin users responding to management plan question. The remainder (30.1%, n=126) were the patients whose cholesterol level was not sufficiently controlled. Of these 126 patients, GPs had other management plans for 61.9%, increased the dose of statin for 37.3%, changed the statin being used for 6.4% and had additional therapy for 4.0%.

Of the 73 other managements proposed for patients whose cholesterol was not adequately controlled, 28.8% were lifestyle changes, which included change of diet, weight loss, or exercise.

For other related abstracts see: 15 Lipid lowering medication, 20 Screening and management of blood cholesterol, 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, 67 Risk factors of patients on lipid lowering medications, 79 Hypertension and dyslipidaemia – comorbidity and management in general practice patients, 97 Statin medication use among high CHD risk patients attending general practice, 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.

INSTRUCTIONS

FOR THE DOCTOR

Please advise whether this patient is **currently taking a statin medication.** This includes any statin medication either prescribed today or at a previous encounter by you or another GP.

If **No** - end the questions here.

Cholesterol level

Please advise the patient's levels of -
- **Total Cholesterol (TC)**
- **High Density Lipoprotein Cholesterol (HDLC)**
- **Low Density Lipoprotein Cholesterol (LDLC)**
- **Triglycerides (TG)**

at the time of **commencing statin medication** therapy.

Risk factors

Please use the tick boxes to indicate whether this patient has any of the listed **risk factors.** Tick as many as apply.

Statin therapy

Please write the **name, regimen and duration of usage** of the **initial statin medication** taken by this patient.

(e.g. statin 10mg/day 6 mths).

Please write the **same details for the current statin** (if medication has changed since treatment began). If statin medication or regimen **has not changed** since statin treatment commenced, please write '**as above**' in the '**current statin**' space.

Cholesterol monitoring

If the **patient's blood cholesterol** has been re-tested since **statin treatment commenced**, please write in the **results** of the **most recent** test.

Management plan

In your **clinical opinion**, please advise whether the patient's cholesterol is **adequately controlled.**

If the patient's cholesterol is **not adequately controlled**, please use the remaining tick boxes to advise **what measures will be utilised to improve control.**

'**Other**' may include (e.g.) lifestyle advice or referral to a specialist, etc.

Is this patient currently taking a statin?	At the start of statin use what were the patient's levels of (in mmol/L):	Does this patient have?	Patient's initial statin regimen was-	Has cholesterol been re-tested since statin commenced?	What is the current management plan?

☐ Yes →
 	
 ☐ No ↓
 	
 End questions
 BL58B
	TC _____
	
	 HDLC _____
	
	 LDLC _____
	
	 TG _____
		☐ Existing CHD
		 ☐ Diabetes mellitus
		 ☐ Hypertension
		 ☐ None of the above
		 (tick as many as apply)
			Name Dose Duration of use
			 _____
			
			 Patient's current statin regimen is-
			 Name Dose Duration of use
			 _____
				☐ YES - most recent levels are:
				 (in mmol/L) TC _____
				     HDLC _____
				     LDLC _____
				     TG _____
				 ☐ NO
					☐ Adequately controlled
					 ☐ Same statin - Increase dose
					 ☐ Change statin _____
					     (name and dose)
					 ☐ Additional therapy _____
					     (name and dose)
					 ☐ Other _____
					     (please specify)

65 Language and cultural background of general practice patients

Organisation supporting this study: Australian Government Department of Health and Ageing and General Practice Statistics and Classification Unit (GPSCU)

Issues: Previous research suggests that health surveys are inclined to under-enumerate persons from culturally diverse and in particular, Indigenous backgrounds. This study aimed to validate the routine BEACH questions on language background and Indigenous status, using more extensive questions that focussed on the patient's language and cultural background.

Sample: 311 GPs and 9245 patients surveyed between 20/01/2004 – 03/05/2004.

Method: Detailed SAND methods are provided in Chapter 2.

Methods for this study: Based on the 2001 census questions, patients were asked about their country of birth, parents' countries of birth, whether the patient was of Aboriginal or Torres Strait Islander origin and what language was spoken at home. Languages were classified according to the Australian Classification of Languages 1997 (Australian Bureau of Statistics).

Summary of results

Fifty-eight per cent of respondents were female which is comparable with the total BEACH sample. There was a somewhat greater proportion of patients aged 65 years and over in the SAND sample (28.5%) compared with the BEACH sample (23.0%).

Two hundred and forty-one (2.6%, 95% CI: 1.5–3.7) respondents identified as of either Aboriginal or Torres Strait Islander origin. In the sixth year of BEACH, GPs who did not participate in the cultural and language SAND study asked patients the routine BEACH question on Aboriginal and Torres Strait Islander origin and recorded encounters with Indigenous patients at 2.1% (95% CI: 1.3–2.8, unweighted) of their encounters. This routine BEACH rate was substantially higher than recorded in previous BEACH years where the sample rate of Indigenous encounters was around 1.0% (unweighted).

Nearly 16% of respondents reported speaking a language other than English at home (15.8%, 95% CI: 13.6–17.9), more than twice the rate routinely identified in BEACH (7.5%, 95% CI: 6.5–8.5). However, the SAND question is broader and includes those who speak mainly English plus another language, while the routine BEACH question only includes those whose main language is NOT English. After English, Southern European languages (Italian, Greek, French, Spanish etc) was the most common group of languages, spoken by 6.5% of respondents.

More than three-quarters of respondents (77.1%) were born in Australia and two out of five respondents (39.5%) had at least one parent born overseas.

For other related abstracts see: 52 Language and cultural background of patients, 95 Cultural background of 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 **PATIENT CULTURAL BACKGROUND.**

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

INSTRUCTIONS

Please ensure that you ask the patient all questions exactly as they are worded on the form. It is important that the responses are based on the patients' answers rather than assumptions or impressions.

ASK THE PATIENT

Please ask the patient **where they were born**. If their country of birth is **not** on the list provided, please tick the box labled **'other'** and **write in the country of birth.**

Ask the patient about where there **parents were born**. If the patient was **adopted** they should answer for their **natural parents if known**. If **not known**, leave this question blank.

Please ask the patient **"are you of Aboriginal or Torres Strait Islander origin?"**

For persons of **both** Aboriginal and Torres Strait Islander origin, **mark both 'Yes' boxes.**

Please ask the patient if they speak **a language other than English at home.** If more than one language (other than English) is spoken in the home, write the **one that is spoken most often.**

Include **Indigenous languages** in **'other'**. Include **sign languages** in **'other'** if these apply in the home.

For **babies and young children**, or **people who cannot speak**, write **"Not able to speak"** in the space provided.

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In which country were you born?	Was your father born in Australia or overseas?	Was your mother born in Australia or overseas?	Are you of Aboriginal or Torres Strait Islander origin?	Do you speak a language other than English *at home*?
(tick <u>one</u> box only)			*(Mark both 'Yes' boxes if both apply)*	*(tick <u>one</u> box only)*
☐ Australia ☐ New Zealand				☐ No, English only ☐ Yes, Arabic
☐ England ☐ Viet Nam			☐ No	☐ Yes, Italian ☐ Yes, Vietnamese
☐ Scotland ☐ Other	☐ Australia	☐ Australia	☐ Yes, Aboriginal	☐ Yes, Greek ☐ Yes, other
☐ Greece (please specify)	☐ Overseas	☐ Overseas		☐ Yes, Cantonese (please specify)
☐ Italy			☐ Yes, Torres Strait Islander	☐ Yes, Mandarin
BL59B _____				_____

66 Anti-psychotic medication use by general practice patients

Organisation supporting this study: Janssen-Cilag Pty Ltd

Issues: The prevalence of anti-psychotic medication use (current or in the last 12 months), indications for anti-psychotic medication, length of time on anti-psychotic medications, GP perceived patient compliance in taking anti-psychotic medications, who is responsible for the management of the condition for which these medications are/were taken.

Sample: 3,338 patients from 117 GPs; data collection period: 24/02/2004 – 29/03/2004.

Method: Detailed SAND methods are provided in Chapter 2.

Summary of results

The sex distribution of respondents was similar to the distribution of the total BEACH sample with the majority (58.4%) being female. The sample was slightly older than average, with a significant over representation of patients aged 75 years or more and fewer young people aged less than 15 years.

A total of 71 patients (2.1%, 95% CI: 1.5–2.7) were currently taking, or had taken in the previous 12 months, anti-psychotic medication. There was no significant difference between the proportion of males (2.3%, 95% CI: 1.4–3.3) and females (2.0%, 95% CI: 1.3–2.8) taking anti-psychotic medication.

For these 71 patients, the most common indication for anti-psychotic medication was schizophrenia (*n*=26, 36.6%), followed by behavioural disturbance in dementia (*n*=12, 16.9%), bipolar mania (*n*=11, 15.5%) and schizoaffective disorder (*n*=10, 14.1%).

A total of 84 anti-psychotic medications were recorded. The most common was olanzapine, taken by 23 patients and accounting for 27.4% of these medications. Fewer than one in ten patients were taking risperidone (8 patients, 9.5% of medications) or haloperidol (7 patients, 8.3% of medications). Those on olanzapine had been taking this medication for an average 30 months, those on risperidone for an average 22 months and those on haloperidol for an average of almost 7 years. Only 12 patients had been prescribed another anti-psychotic prior to their most recent medication. Olanzapine was also the most common of these (*n*=3).

GPs thought the majority of their patients were compliant (*n*=55, 88.3% of the 66 responses to this question) in taking their anti-psychotic medication. They thought that 11 patients (16.7%) were partially compliant. None of the patients were thought to be non-compliant in taking their medication.

Responses were received for 69 patients regarding who managed them for their condition. The GP was involved in the management of almost all (94.2%) of these patients, most often in combination with a specialist/psychiatrist (47.8%) but often alone (34.8%). Only 8 patients (11.6%) were being managed by a community team in collaboration with the GP.

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

INSTRUCTIONS

FOR THE DOCTOR

Is this patient **currently taking**, or have they **taken in the past 12 months**, an **antipsychotic** medication OR will they be **commencing an antipsychotic** as a result of today's consultation?

If **'Yes'** to any please continue to the next question.

If **'NO'** you should **end the questions here.**

Patient compliance

This question applies to patients who are currently taking antipsychotic medication.

Please use the tick boxes to provide **your opinion** of the **patient's compliance**, in regard to their **medication usage.**

Indication for antipsychotic medication

If **'Yes'** please advise the **condition** for which the antipsychotic was indicated.

If the indication is **not** one of those listed, please write the indication beside the box marked 'other' in the space provided.

Medication management

Please write the **name and form** of the **most recent** antipsychotic taken by this patient in **line 1**. Please indicate the regimen (i.e. **strength, dose and frequency**) of the medication and the **duration of usage** (in months or years - **please circle** as appropriate).

If **two different antipsychotics**, or **two strengths** of the **same antipsychotic** were/are prescribed, please provide these details in **line 2**.

If the patient was **previously treated** with **antipsychotic** agents **other than the current or most recent** therapy, please provide these details in **line 3**.

Patient management

Please use the tick boxes to advise **which care providers** are responsible for the management of the condition for which this patient is / was taking the antipsychotic.

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Has/is this patient taken/ taking antipsychotic medication -	If 'Yes', for which indication?
☐ YES - now or in the past 12 mths ☐ YES - starting today ☐ No ⇨ END BL60B QUESTIONS	☐ Schizophrenia ☐ Schizoaffective Disorder ☐ Bipolar mania ☐ Schizophreniform disorder ☐ Behavioural disturbances in dementia ☐ Other _____ *(please specify)*

The most recent antipsychotic used for treatment was -

Name & Form	Strength	Dose	Freq	Duration of use
1. _____	_____	_____	_____	_____ mths/yrs
2. _____	_____	_____	_____	_____ mths/yrs

Previous antipsychotic (if any) used for treatment was -

3. _____	_____	_____	_____	_____ mths/yrs

In taking the antipsychotic medication, do you believe this patient to be -

☐ Well compliant
☐ Partially compliant
☐ Non compliant

Is this patient managed by -

☐ GP only
☐ GP & specialist/ psychiatrist
☐ Specialist/psychiatrist only
☐ GP & community team
☐ Other _____ *(please specify)*

67 Risk factors of patients on lipid lowering medications

Organisation supporting this study: Australian Government Department of Health and Ageing and the Australian General Practice Statistics and Classification Centre (AGPSCC)

Issues: Proportion of patients currently taking lipid lowering medications. Risk factors for cardiovascular disease and blood cholesterol levels at the start of lipid therapy among patients on lipid lowering medications.

Sample: 10,233 respondents from 353 GPs. Data collection periods: 29/10/2002 – 2/12/2002, 28/10/2003 – 01/12/2003, 30/03/2004 – 07/06/2004.

Method: Detailed SAND methods are provided in Chapter 2.

Summary of results

The age distribution of the sample of patients was similar to the age distribution for the BEACH annual encounters. The proportion of respondents who were female (60.5%, 95% CI: 58.8–62.2) was significantly higher than that of the annual BEACH (2003–2004) encounters (57.4%, 95% CI: 56.7–58.2).

Of the 10,233 respondents, 1,302 (12.7%, 95% CI: 11.8–13.7) were currently using lipid lowering medication. The use of lipid lowering medication was significantly higher among patients aged 65 years or over (28.0%, 95% CI: 26.0–30.1) compared with those aged less than 65 years (7.6%, 95% CI: 6.8–8.4). The use of lipid lowering medication was significantly higher in males (15.8%, 95% CI: 14.3–17.2) than in females (10.7%, 95% CI: 9.7–11.7).

Of those on lipid lowering medications nearly half (47.5%) had existing cardiovascular disease at the start of therapy: 25.2% had diabetes, 3.5% had renal failure, 37.2% were overweight/obese and 31.7% had a family history of heart disease. One in eight (13.6%) had none of the listed risk factors at the start of therapy.

The mean age at the start of lipid medication therapy was 61 years. The mean length of lipid lowering medication use was 5.3 years. The mean total cholesterol at the start of therapy was 7.0 mmol/L and the mean HDL cholesterol reading was 1.5 mmol/L. The mean systolic blood pressure reading at the start of therapy was 140 mmHg and the mean diastolic blood pressure reading was 82 mmHg.

For other related abstracts see: 15 Lipid lowering medication, 20 Screening and management of blood cholesterol, 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, 64 Current use of statins by general practice patients, 79 Hypertension and dyslipidaemia – comorbidity and management in general practice patients, 97 Statin medication use among high CHD risk patients attending general practice, 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 **PATIENTS ON LIPID LOWERING MEDICATION THERAPY.**

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

INSTRUCTIONS

This study is looking at the **whole cardiovascular risk** for patients when they commenced medication treatment for high lipids. Please try to record the patient's status **when they commenced therapy** - not the current levels which indicate how they have improved under care. If you don't know the pre-treatment levels for cholesterol and BP, please leave these blank.

FOR THE DOCTOR

Please advise whether this patient is **currently taking lipid lowering medication therapy.** This includes any lipid lowering medication either prescribed today or at a previous encounter by you or another GP.

If **No** - end the questions here.

Family history of heart disease

Please indicate whether, **at the time of commencing therapy,** this patient's **family history** was a **major factor** in your **decision to prescribe** a lipid lowering medication.

Patient's smoking status

Please advise whether the patient -

1. smoked tobacco at the time of commencing lipid lowering medication therapy <u>and/or</u>

2. currently smokes tobacco.

Existing cardiovascular disease

Please use the tick boxes to indicate whether this patient, **prior to commencement of lipid lowering medication therapy,** had **existing cardiovascular disease** (cardiac, cerebral or peripheral), **diabetes, renal failure, overweight or obesity,** or a **family history of premature heart disease** (i.e. a parent, brother or sister younger than 65 years when diagnosed with heart disease).

Patient's age

Please write in the **patient's age** at the **time of commencing lipid lowering medication therapy**

Cholesterol and BP

Please advise the patient's levels of -
 - **Total Cholesterol,**
 - **High Density Lipoprotein** (HDL) Cholesterol, and
 - **Blood Pressure** (systolic / diastolic)

at the time of commencing lipid lowering medication therapy.

Is this patient currently using lipid lowering medication therapy? ☐ Yes → ☐ No ↓ *End questions* BL61C	If 'Yes', prior to commencement of therapy did the patient have ☐ Existing cardiovascular disease ☐ Diabetes ☐ Renal failure ☐ Overweight/obesity ☐ Family History of heart disease (1st degree relative < 65 years) ☐ None of the above	At the commencement of lipid therapy ...			At the commencement of therapy what were this patient's levels of: Total Cholesterol _____ mmol/L HDL Cholesterol _____ mmol/L Blood Pressure _____ / _____ mm Hg
		Was the patient's family history a major factor in your decision to prescribe lipid medication? ☐ Yes ☐ No	What was the patient's age? _____ years	Did the patient smoke? ☐ Yes ☐ No Does the patient smoke now? ☐ Yes ☐ No	

68 Patient weight, perception of weight and weight loss in adults

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

Issues: Body mass index (BMI) of patients aged 18 years and over; patient perception of overweight; weight loss attempts and methods; the proportion who have type 2 diabetes.

Sample: 2,116 respondents aged 18 years or over from 82 GPs; data collection period: 04/05/2004 – 07/06/2004.

Method: Detailed SAND methods are provided in Chapter 2.

Methods for this study: A card listing methods of weight loss was provided to patients to assist with answering these questions.

Summary of results

The age distribution of the sample was similar to that of adult patients at all BEACH encounters. Female patients made up 61.7%, a slightly larger proportion than the average. Response rates (and therefore denominators) for the following questions varied.

Underweight patients accounted for 7.2% of respondents (95% CI: 5.8–8.5), 36.3% (95% CI: 33.5–39.1) were within normal range, 33.4% (95% CI: 30.8–35.9) were overweight and 23.2% (95% CI: 20.5–25.9) were obese. Overall, almost half saw themselves as overweight and over a third had attempted to lose weight in the previous 12 months. Diet and/or exercise was the most common method tried and the most frequently reported as successful in all weight groups. The prevalence of type 2 diabetes was 8.3% (95% CI: 6.7–10.0) among respondents.

In the underweight group, 3.6% considered themselves to be overweight and 9.8% had made at least one recent weight loss attempt. Type 2 diabetes prevalence was 4.6% in this group. In the normal weight group, 15.5% considered themselves to be overweight and 20.4% had made at least one recent weight loss attempt. Type 2 diabetes prevalence was 3.9%.

In the overweight group, 59.6% considered themselves to be overweight and 43.2% had made a recent weight loss attempt. The prevalence of type 2 diabetes in this group was estimated to be 8.7%. In the obese group, 87.5% considered themselves to be overweight and 61.1% had made at least one weight loss attempt during the previous 12 months. There were 56.6% who reported trying diet and/or exercise and 26.2% had received GP advice. Weight loss programs were tried by 17.5% and meal plans by 13.3% of respondents. Only 7.9% had tried prescribed medication for weight loss in the previous 3 years. The prevalence of type 2 diabetes in this group was estimated to be 14.2%.

BMI calculations for patients with type 2 diabetes showed 3.8% (95% CI: 1.0–6.6) were underweight, 20.3% (95% CI: 11.9–28.6) were normal, 35.4% (95% CI: 28.8–42.1) were overweight and 40.5% (95% CI: 33.8–47.3) were obese. Nearly two-thirds considered themselves overweight and over half had made at least one recent weight loss attempt.

For other related abstracts see: 55 Patient weight, perception of weight and weight loss, 69 Patient weight, methods and medications tried for weight loss in adults, 71 Patient BMI, morbidity and medication use 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 WEIGHT and WEIGHT LOSS.**

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

INSTRUCTIONS

ASK THE PATIENT ALL
the following questions

Self assessment

In their own opinion, does the patient consider himself/herself to be overweight?

Weight loss methods

Please tick the box beside any **weight loss methods** the patient has tried in the past 3 years in an attempt to lose weight.

Tick as many boxes as apply.

* **Weight loss programs** e.g. Jenny Craig, Weight Watchers, Gutbusters, Gloria Marshall etc.

* **Meal Plans** e.g. Lite N Easy, Easy Slim, Nu-Shape etc.

* **Over-the-counter (OTC) Products** available from pharmacies, supermarkets, health food stores etc, e.g.Slimfast, Optifast, Cenovis NutriPlan, Fat Blaster, Trim It, Opti Slim, Sure Slim, Exo Fat, Chitosan etc.

* **Diet and/or exercise program** e.g. commencing a structured diet plan other than those listed above and / or commencing an exercise program not usually undertaken such as walking, joining a gym, jogging, or participating in some other physical activity for the purpose of losing weight.

* **Specific advice sought from the GP** to help with weight loss or acting on advice offered by the GP.

* **Prescribed medication** e.g. Xenical, Reductil, Duromine, Tenuate etc prescibed for weight loss.

* **Specific advice sought from a Specialist or Dietitian** for the purpose of losing weight.

* **Any other method** not listed e.g. seeking advice from a pharmacist, herbalist etc, for the purpose of losing weight.

Successful methods

Write in the weight loss method nominated by the patient as the one they considered to be the **most successful.**

If the patient did not consider any method to be successful, write 'none'.

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.*)

Weight loss attempts

How often in the past 12 months has this patient **attempted** to lose weight? This includes commencing new diets, meal replacement programs, exercise programs, joining organisations, or seeking specific advice **with the objective of losing weight.**

Type 2 diabetes

Please advise whether or not the patient suffers from type 2 diabetes

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Ask the patient their	_Ask the patient..._	In the past 12 months how often have you attempted to lose weight?	In the past 3 years which weight loss methods have you tried?		Which method (if any) did you find most successful?	Do you suffer from Type 2 Diabetes?
Height: ⌊____⌋ cm **Weight:** ⌊____⌋ kg	**Do you consider yourself to be overweight?** ☐ Yes ☐ No	☐ Never ☐ Once ☐ 2-4 times ☐ 5 or more times	☐ Weight loss programs ☐ Meal Plans ☐ OTC products (pharmacy/retail) ☐ Diet and/or exercise program ☐ GP advice ☐ Prescribed medication ☐ Specialist/dietitian advice ☐ Other _____		_____	☐ Yes ☐ No

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Weight loss methods

Please tick the box beside any **weight loss methods** the patient has tried in the past 3 years in an attempt to lose weight.

Tick as many boxes as apply.

* **Weight loss programs** e.g. Jenny Craig, Weight Watchers, Gutbusters, Gloria Marshall etc.

* **Meal Plans** e.g. Lite N Easy, Easy Slim, Nu-Shape etc.

* **Over-the-counter (OTC) Products** available from pharmacies, supermarkets, health food stores etc, e.g.Slimfast, Optifast, Cenovis NutriPlan etc.

* **Diet and/or exercise program** e.g. commencing a structured diet plan other than those listed above and / or commencing an exercise program not usually undertaken such as walking, jogging, or participating in some other physical activity for the purpose of losing weight.

* **Specific advice sought from the GP** to help with weight loss or acting on advice offered by the GP.

* **Prescribed medication** e.g. Xenical, Reductil, Duromine, Tenuate etc prescibed for weight loss.

* **Specific advice sought from a Specialist or Dietitian** for the purpose of losing weight.

* **Any other method** not listed e.g. seeking advice from a pharmacist, herbalist etc, for the purpose of losing weight.

69 Patient weight, methods and medications tried for weight loss in adults

Organisation supporting this study: Roche Products Pty Ltd

Issues: Body mass index (BMI) of patients aged 18 years and over; patient perception of overweight; weight loss attempts and methods; products and medications tried for weight loss.

Sample: 1,721 adult respondents from 70 GPs; data collection period: 08/06/2004 – 19/07/2004.

Method: Detailed SAND methods are provided in Chapter 2.

Methods for this study: A card listing methods of weight loss was provided to patients to assist with answering these questions.

Summary of results

The age distribution of the adult sample was similar to that of patients at all BEACH encounters. Female patients made up 60.9%, a slightly larger proportion than the average. Response rates (and therefore denominators) for the following questions varied.

BMI calculation was possible for 1,701 respondents—6.5% (95% CI: 5.2–7.7) were underweight, 35.3% (95% CI: 32.2–38.4) were within normal range, 32.9% (95% CI: 30.3–38.4) were overweight and 25.4% (95% CI: 22.0–28.7) were obese. Almost half perceived themselves as overweight and 40.0% had attempted to lose weight in the previous 12 months. Diet/exercise was the method most frequently tried, and was the method reported as the most successful in all weight groups. Respondents had tried 47 over-the-counter or prescribed weight loss medications in total, 25.0% of these being Orlistat (mean duration of use 2.4 months). Sibutramine (19.2%) was used for a mean duration of 3.5 months and Phentermine (17%) for a mean of 2.1 months.

Of those underweight (*n*=106), 6.6% considered themselves overweight and 5.5% had made at least one recent weight loss attempt. Five underweight patients had tried diet/exercise programs in the previous 12 months. In the normal weight group (*n*=586), 18.4% considered themselves to be overweight and 20.2% (of 519 respondents) had made at least one recent weight loss attempt. Diet/exercise had been tried by 17.4%, and was again the most successful method (53.6% of 97 respondents). Ten weight loss medications were tried by this group.

In the overweight group (*n*=545), 60.0% considered themselves to be overweight and approximately 47% (of 519 respondents) had made a recent weight loss attempt. Diet/exercise, again reported as the most successful method, had been tried by 38.7%, 11.3% had received GP advice, 4.9% had tried meal plans, and 4.7% had tried a weight loss program in the previous year. Ten weight loss medications were tried by this group also. In the obese group (*n*=425), 89.3% considered themselves to be overweight and approximately 65% had made at least one weight loss attempt during the previous 12 months. Over 50.0% reported trying diet/exercise, 20.1% had received GP advice, 10.4% had tried a weight loss program, 9.2% had tried meal plans and 5.9% had tried prescribed medications. Diet/exercise was again reported to be the most successful method. There were 25 weight loss medications recorded for this group, 28.0% of which were Orlistat, which was used for a mean duration of almost 3 months.

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, 71 Patient BMI, morbidity and medication use 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.

Weight loss methods

Please tick the box beside any **weight loss methods** the patient has tried in the past 3 years in an attempt to lose weight.

Tick as many boxes as apply.

* **Weight loss programs** e.g. Jenny Craig, Weight Watchers, Gutbusters, Gloria Marshall etc.

* **Meal Plans** e.g. Lite N Easy, Easy Slim, Nu-Shape etc.

* **Over-the-counter (OTC) Products** available from pharmacies, supermarkets, health food stores etc, e.g.Slimfast, Optifast, Cenovis NutriPlan etc.

* **Diet and/or exercise program** e.g. commencing a structured diet plan other than those listed above and / or commencing an exercise program not usually undertaken such as walking, jogging, or participating in some other physical activity for the purpose of losing weight.

* **Specific advice sought from the GP** to help with weight loss or acting on advice offered by the GP.

* **Prescribed medication** e.g. Xenical, Reductil, Duromine, Tenuate etc prescibed for weight loss.

* **Specific advice sought from a Specialist or Dietitian** for the purpose of losing weight.

* **Any other method** not listed e.g. seeking advice from a pharmacist, herbalist etc, for the purpose of losing weight.

PLEASE READ CAREFULLY

The shaded section of the following forms asks questions about **PATIENT WEIGHT and WEIGHT LOSS.**
You may tear out this page as a guide to completing the following section of forms.

INSTRUCTIONS

ASK THE PATIENT ALL
the following questions

Self assessment

In their own opinion, does the patient consider himself/herself to be overweight?

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.*)

Weight loss attempts

How often in the past 12 months has this patient **attempted** to lose weight? This includes commencing new diets, meal replacement programs, exercise programs, joining organisations, or seeking specific advice **with the objective of losing weight.**

Weight loss methods

Please tick the box beside any **weight loss methods** the patient has tried in the past 12 months in an attempt to lose weight.

Tick as many boxes as apply.

* **Weight loss programs** e.g. Jenny Craig, Weight Watchers, Gutbusters, Gloria Marshall etc.

* **Meal Plans** e.g. Lite N Easy, Easy Slim, Nu-Shape etc.

* **Over-the-counter (OTC) Products** available from pharmacies, supermarkets, health food stores etc, e.g.Slimfast, Optifast, Cenovis NutriPlan, Fat Blaster, Trim It, Opti Slim, Sure Slim, Exo Fat, Chitosan etc.

* **Diet and/or exercise program** e.g. commencing a structured diet plan other than those listed above and / or commencing an exercise program not usually undertaken such as walking, joining a gym, jogging, or participating in some other physical activity for the purpose of losing weight.

* **Specific advice sought from the GP** to help with weight loss or acting on advice offered by the GP.

* **Prescribed medication** e.g. Xenical, Reductil, Duromine, Tenuate etc prescibed for weight loss. (**NB**. Xenical S3 since 1st May 2004).

* **Specific advice sought from a Specialist or Dietitian** for the purpose of losing weight.

* **Any other method** not listed e.g. seeking advice from a pharmacist, herbalist etc, for the purpose of losing weight.

Effectiveness of methods

Using the scale beside each weight loss method, circle a number to represent how effective the patient considered each method/s tried, where:-

1 = most successful
2 = somewhat successful
3 = undecided
4 = not very effective and
5 = not at all effective.

Product use and duration of usage

If an **over-the-counter product** or a **prescribed medication** was used to attempt weight loss, please advise **which products/ medications** were tried and approximately **how long** they were used.

Ask the patient their	Ask the patient...	In the past 12 months how often have you attempted to lose weight?	In the past 12 months which weight loss methods have you tried? Please rank their effectiveness		(circle **1** for most effective, **5** for least effective)					If OTC products or prescribed medication were used, which one/s and for how long?
Height: ☐☐☐☐ cm **Weight:** ☐☐☐☐ kg	Do you consider yourself to be overweight? ☐ Yes ☐ No	☐ Never ☐ Once ☐ 2-4 times ☐ 5 or more times	☐ Weight loss programs ☐ Meal Plans ☐ OTC products (pharmacy/retail) ☐ Diet and/or exercise program ☐ GP advice ☐ Prescribed medication ☐ Specialist/dietitian advice ☐ Other _____	1 2 3 4 5 1 2 3 4 5 1 2 3 4 5 1 2 3 4 5 1 2 3 4 5 1 2 3 4 5 1 2 3 4 5 1 2 3 4 5						<u>Product/med'n</u> <u>Duration</u> (mths) _____ _____ _____ _____ _____ _____ BL63B

70 Inhaled corticosteroid use for asthma management

Organisation supporting this study: Australian Government Department of Health and Ageing

Issues: Prevalence of asthma in general practice patients and distribution of current severity; proportion with asthma taking any asthma medication, proportion taking inhaled corticosteroids (ICS) and current regimen; proportion adequately managed on ICS; proportion of patients with ICS dosage altered since resolution of last exacerbation and reason for alteration.

Sample: 7,919 respondents from 269 GPs; data collection period: 08/06/2004 – 19/07/2004 and 28/09/2004 – 06/12/2004.

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 and sex distributions of respondents were similar to the distribution for all general practice encounters, with the majority (59.4%) of patients being female.

Of 7,919 respondents, 1,030 had asthma. Patients aged 5–14 were significantly more likely to have asthma (24.2%, 95% CI: 19.8–28.6) than all patients in the sample (13.0%, 95% CI: 11.9–14.1). Female and male patients were not significantly different in their rate of asthma.

One in ten (10.9%) asthma patients reported they did not take any asthma medication. About half (47.7%) took only one medication, and another 35.1% took two medications to manage asthma.

The medications most frequently used to manage asthma were short acting beta agonists (67.0% of patients with asthma), combination (long acting beta agonist and inhaled corticosteroid) product (36.7%) and inhaled corticosteroid (22.0%). Long acting beta agonists (single formulation) were taken by 4.2% of patients.

Of the 1,030 patients with asthma, medication data were available for 1,022. Of these, over half (57.2%) were taking an inhaled corticosteroid (ICS), alone or as a combination product. More than 4 in 5 asthma patients (83.5%) were taking a reliever (beta agonist alone or in combination). Of all patients with asthma over half (52.7%) were taking a reliever and preventer, while a further 30.7% were taking a reliever only. Relatively few asthma patients were taking a preventer only (4.5%).

Severity of asthma in children was low, with 78.0% having infrequent asthma, 14.4% having frequent and 7.6% persistent asthma. In adults, severity was also low with about one-third each having very mild (37.1%) or mild (34.0%) asthma. Only 24.0% had moderate and 5.0% severe asthma.

Of asthma patients taking an ICS, half were taking fluticasone/salmeterol (50.6%), followed by fluticasone propionate (17.3%), budesonide (13.7%) and budesonide/eformoterol (12.8%).

GPs indicated that most asthma patients taking an ICS (85.6%) were adequately managed by the current ICS dose. Only 8.4% of asthma patients on an ICS were not adequately managed, and in another 6.0% they were unsure if the ICS dosage was adequately managing asthma.

The ICS dose was not altered since last asthma exacerbation for 58.0% of asthma patients on an ICS. Over half (51.6%) gave stability of the asthma as the reason for not altering the

dosage. A further 14.9% decreased their ICS dosage since last exacerbation and 9.8% stopped the ICS.

For other related abstracts see: 3 Asthma, 22 Asthma – prevalence, severity and management, 39 Severity of asthma, medications and management, 48 Asthma prevalence and management, 63 Asthma-prevalence, management and medication side-effects, 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.

Severity of asthma reference card

Children

Severity*	Common features
Infrequent episodic	Episodes 6-8 weeks or more apart and from 1to 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

Severity*	Common features
Very mild	Episodic
Mild	Occasional symptoms (up to 2/wk); exacerbations >6-8 weeks apart; normal FEV_1 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_1 may be significantly reduced between exacerbations.

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

PLEASE READ CAREFULLY

The shaded section of the following forms asks questions about **INHALED CORTICOSTEROID USE FOR 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

If '**Yes**', please use the tick boxes to indicate whether any of the listed types of **asthma medication** are being used by this patient for their asthma management.

If **none** of these medications are currently being used for asthma management you may **end the questions here**.

Inhaled Corticosteroid Use

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

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

Severity of asthma

Please indicate the **current severity** of this patient's asthma. Use the '**Severity of asthma reference card**' included in your research pack to estimate the severity level and tick the appropriate box to indicate the response.

Adequacy of management

In your **clinical opinion** is the current daily dose of ICS **adequately** managing the patient's asthma?

Dose change since resolution of last exacerbation

Please indicate whether or not the **dose of Inhaled Corticosteroid** has been **changed since the most recent exacerbation of asthma was resolved**. Where required, please indicate a **reason** for the change, for example:-

Was ICS dose altered since resolution of last exacerbation?
- ☐ No - because _____
- ☐ Yes - Stopped ICS because _____
- ☐ Yes - Increased ICS using **ICS alone / combination product** *(please circle)*
- ☑ Yes - Decreased ICS using (**ICS alone** / combination product *(please circle)*)
- ☐ Yes - ICS new in last month
- ☐ Don't know because _____

Does this patient suffer from Asthma?	If 'Yes' current medication is	Currently, how severe is the patient's asthma? (See cards)	If the patient is taking an Inhaled Corticosteroid (ICS) what is the current daily dose?	Was ICS dose altered since resolution of last exacerbation?
☐ Yes → ☐ No ↓ *End questions*	☐ Short Acting Beta Agonist ☐ Long Acting Beta Agonist ☐ Inhaled Corticosteroid ☐ Combination product ☐ Leukotriene antagonist ☐ Cromolyn ☐ Other _____ ☐ None of above - **END**	**Child** **Adult** ☐ Infrequent ☐ Very mild ☐ Frequent ☐ Mild ☐ Persistent ☐ Moderate ☐ Severe BL63C	Name & Form Strength Dose Freq ____ ____ ____ ____ **Is the current daily dose adequately managing the asthma?** ☐ Yes ☐ No ☐ Unsure	☐ No - because _____ ☐ Yes - Stopped ICS because _____ ☐ Yes - Increased ICS using **ICS alone / combination product** *(please circle)* ☐ Yes - Decreased ICS using **ICS alone / combination product** *(please circle)* ☐ Yes - ICS new in last month ☐ Don't know because _____