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.


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.

**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.

**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.

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

**Does this patient have Chronic Heart Failure (CHF)?**
- Yes - mild
- Yes - moderate
- Yes - severe
- No

**If 'Yes' what management is currently being used?**

<table>
<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>

**Is this treatment providing satisfactory control of CHF for this patient?**
- YES
- NO

**This patient was initially referred to a cardiac specialist**
- <12 months ago
- 1-3 years ago
- > 3 years ago
- never referred

**What clinical investigations were used to diagnose the CHF?**

<table>
<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>
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.
**PLEASE READ CAREFULLY**

The shaded section of the following forms asks questions about **AF TER HOURS SERVICES**.
You may tear out this page as a guide to completing the following section of forms.

**INSTRUCTIONS**

**After hours medical service in the past twelve months.**

Please ask the patient whether or not they have sought medical care outside of the normal operating hours of your practice during the past 12 months.

**Details of after hour care**

If ‘YES’ please complete the following details

- **facility/service provider** - please tick a box to indicate what type of facility or service provider provided the after hours medical service/s. If more than one type of service was used, tick as many options as apply.

- **times attended** - please write in the approximate number of times care was sought at each type of facility.

- **times asked to pay** - please write in the approximate number of times the patient was asked to pay any of the cost of these after hours services.

- **how much? (usually)** - please circle an option to indicate the approximate amount the patient was usually asked to pay at each facility when after hours services were sought. **NB - this is the full amount prior to any subsequent claim to Medicare.**

<table>
<thead>
<tr>
<th>Have you received any after hours medical services in the past 12 months?</th>
<th>If ‘YES’, please indicate the type of facility, the number of times you attended, the number of times you were required to pay any of the cost, and how much you were usually asked to pay prior to any subsequent Medicare claim.</th>
<th>Facility/Service Provider</th>
<th>Times attended</th>
<th>Times asked to pay</th>
<th>How much? (usually)</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Yes - continue</td>
<td>□ No - END QUESTIONS</td>
<td>□ Private Emergency Dept.</td>
<td></td>
<td></td>
<td>$1-10/11-20/21-30/&gt;30</td>
</tr>
<tr>
<td></td>
<td></td>
<td>□ Public Emergency Dept.</td>
<td></td>
<td></td>
<td>$1-10/11-20/21-30/&gt;30</td>
</tr>
<tr>
<td></td>
<td></td>
<td>□ GP from this practice.</td>
<td></td>
<td></td>
<td>$1-10/11-20/21-30/&gt;30</td>
</tr>
<tr>
<td></td>
<td></td>
<td>□ Deputising service,</td>
<td></td>
<td></td>
<td>$1-10/11-20/21-30/&gt;30</td>
</tr>
<tr>
<td></td>
<td></td>
<td>□ Co-operative service.</td>
<td></td>
<td></td>
<td>$1-10/11-20/21-30/&gt;30</td>
</tr>
<tr>
<td></td>
<td></td>
<td>□ GP - unsure of service provider.</td>
<td></td>
<td></td>
<td>$1-10/11-20/21-30/&gt;30</td>
</tr>
</tbody>
</table>
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.


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

Cardiovascular conditions
Does this patient have any of the cardiovascular conditions listed.
Please tick the appropriate box/es to indicate which ones.

Use of preventive agents
If the patient has any of the cardiovascular conditions listed in the previous question, is the patient using any preventive agent(s) for these conditions?
Please list any medications being used as preventive agents.
If no preventive agents are being used, please write 'none' in the line space beside number '1'.

Use of ACE inhibitor
Please advise whether or not this patient is taking an ACE inhibitor

ACE inhibitor & dose
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.

Patient's risk factors
Does the patient have any of the following risk factors for cardiovascular disease?
Please tick the appropriate box/es to indicate which risk factors.

- Hypertension
- High total cholesterol (>5.2mmol/L)
- Low HDL (<0.9 mmol/L)
- Current cigarette smoker
- Microalbuminuria
- Evidence of previous vascular disease
- None of the above

Does this patient have any of these risk factors for cardiovascular disease?

Does the patient have any of the following cardiovascular conditions?
- Hypertension
- Coronary Artery disease
- Peripheral Vascular disease
- Stroke (including previous)
- Diabes [any type]
- None of the above

If 'Yes' to any of the previous conditions, is the patient using any preventive agent(s) for these conditions (Please list)
1. 
2. 
3. 
4. 

Is this patient taking an ACE inhibitor?
- Yes
- No

If 'Yes' which ACE inhibitor?

Dose ___________________________
Frequency ___________________________
For which condition? ___________________________
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 refer 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.

| Has this patient been diagnosed with gastro-oesophageal reflux disease? |
|-----------------------------|-----------------|-----------------|-----------------|-----------------|
| Yes - at this encounter     | Yes - at a previous encounter | No | end questions |

<table>
<thead>
<tr>
<th>What medication is currently being taken for treatment?</th>
<th>None</th>
<th>Patient Satisfaction</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medication</td>
<td>Regimen</td>
<td>Initiated by</td>
</tr>
<tr>
<td>1.</td>
<td>Daily / p.r.n</td>
<td>GP/Spec’st/other</td>
</tr>
<tr>
<td>2.</td>
<td>Daily / p.r.n</td>
<td>GP/Spec’st/other</td>
</tr>
<tr>
<td>3.</td>
<td>Daily / p.r.n</td>
<td>GP/Spec’st/other</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>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</th>
</tr>
</thead>
<tbody>
<tr>
<td>If ‘NO’ - END QUESTIONS here.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Previous medications - If ‘YES’ to the previous question, please write the names of any reflux medications the patient used prior to that change</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Has this patient’s reflux medication been changed in the past 12 months</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Which medication/s has the patient previously used for this condition?</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
</tr>
</tbody>
</table>
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:

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 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 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.

Please describe your smoking status

- Current smoker - daily
- Current smoker - occasional
- Former smoker - daily
- Former smoker - occasional
- Never smoked ᵏ END QUESTIONS

For former smokers

- How long since you last smoked?
  - (ys / mths / wks / days)
  - 1.  2.  3.  4.  5.  6.
  - 7.  8.  9.  10.  11.  12.

For current smokers

- In the past 5 years have you tried to stop smoking?
  - Yes
  - No ᵏ END QUESTIONS
  - (ys / mths / wks / days)
  - 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.


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.

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

### Questions

<table>
<thead>
<tr>
<th>Question</th>
<th>Therapy</th>
<th>Condition</th>
<th>Beneficial?</th>
<th>Question</th>
<th>Therapy</th>
<th>Condition</th>
<th>Beneficial?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q.1</td>
<td>In the past 12 mths have you used any of the following complementary / alternative therapies?</td>
<td>Yes / No / unsure</td>
<td>Yes / No / unsure</td>
<td>Q.2</td>
<td>For what conditions? Were they beneficial?</td>
<td>Yes / No / unsure</td>
<td>Yes / No / unsure</td>
</tr>
<tr>
<td>1.</td>
<td>Chiropractic</td>
<td></td>
<td></td>
<td>2.</td>
<td>Acupuncture</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td>Acupuncture</td>
<td></td>
<td></td>
<td>3.</td>
<td>Hypnotherapy</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td>Hypnotherapy</td>
<td></td>
<td></td>
<td>4.</td>
<td>Naturopathy</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td>Naturopathy</td>
<td></td>
<td></td>
<td>5.</td>
<td>Remedial Massage</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td>Remedial Massage</td>
<td></td>
<td></td>
<td>6.</td>
<td>Other</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td>Other</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Q.3</td>
<td>In the future would you consider using complementary / alternative therapies?</td>
<td>Yes / No / unsure</td>
<td>Yes / No / unsure</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.</td>
<td></td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
<td>No</td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

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.
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.


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:

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.

How many times (approximately) has this patient consulted a GP at any practice in the last 12 months?

What other significant diagnoses / problems does this patient have which are not being managed at today's encounter?

1. __________________________ 5. __________________________ 9. __________________________
2. __________________________ 6. __________________________ 10. __________________________
3. __________________________ 7. __________________________ 11. __________________________
4. __________________________ 8. __________________________ 12. __________________________
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.
Pleasingly 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.

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

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.

Does this patient have Chronic Heart Failure (CHF)?
Yes - mild □ moderate □ severe □
No □ END

If 'Yes' what management is currently being used?
Name & Form Strength Dose □ freq Initiated by
1. ____________ □ GP/spec
2. ____________ □ GP/spec
3. ____________ □ GP/spec
4. Other ____________ □ GP/spec

What is most important in managing this patient's CHF?
(please circle a number for each option, ranking 1-3 where 3 is least important)

- Increase survival 1 2 3
- Relieve symptoms 1 2 3
- Improve quality of life 1 2 3

This patient was initially referred to a cardiac specialist

- <12 months ago □
- 1-3 years ago □
- >3 years ago □
- Never referred □

What clinical investigations were used to diagnose the CHF?

- [ ] ECG □ GP/spec
- [ ] ECHO □ GP/spec
- [ ] Chest X-Ray □ GP/spec
- [ ] Other □ GP/spec
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:

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?

<table>
<thead>
<tr>
<th>Name &amp; Form</th>
<th>Strength</th>
<th>Dose</th>
<th>Freq</th>
<th>6th duration</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Pulmicort Turb 400mg 800mg bid</td>
<td>more / less</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td>more / less</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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.

Severity of asthma
If ‘YES’ please ask the patient 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 self monitoring
Please ask the patient how confident they are at monitoring their own asthma e.g predicting changes due to weather, exercise etc. Circle a number to indicate the degree of confidence they feel.

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

How often do you use an asthma management tool?

1. Action/management plan daily / weekly / monthly / less
2. Symptom diary cards daily / weekly / monthly / less
3. Drug diary cards daily / weekly / monthly / less
4. Other ______________ daily / weekly / monthly / less
5. Never

How confidently can you predict changes in your asthma due to weather, exercise etc?

1 2 3 4 5
Confident Not confident
### Severity of asthma reference card

#### Children

<table>
<thead>
<tr>
<th>Severity*</th>
<th>Common features</th>
</tr>
</thead>
<tbody>
<tr>
<td>Infrequent episodic</td>
<td>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.</td>
</tr>
<tr>
<td>Frequent episodic</td>
<td>Attacks &lt;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.</td>
</tr>
<tr>
<td>Persistent</td>
<td>Symptoms most days; nocturnal asthma &gt; 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.</td>
</tr>
</tbody>
</table>

#### Adults

<table>
<thead>
<tr>
<th>Severity*</th>
<th>Common features</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very mild</td>
<td>Episodic</td>
</tr>
<tr>
<td>Mild</td>
<td>Occasional symptoms (up to 2/wk); exacerbations &gt;6-8 weeks apart; normal FEV1 when asymptomatic</td>
</tr>
<tr>
<td>Moderate</td>
<td>Symptoms most days; exacerbations &lt;6-8 weeks apart which affect day-time activity and sleep; exacerbations last several days; occasional emergency room visit.</td>
</tr>
<tr>
<td>Severe</td>
<td>Persistent; limited activity level; nocturnal symptoms &gt; 1/wk; frequent emergency room visits and hospital admission in past year; FEV1 may be significantly reduced between exacerbations.</td>
</tr>
</tbody>
</table>

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.