

Reducing Cardio-Vascular Risk in Type 2 Diabetes An Audit of Statin Prescribing in 4 GP Practices in Brighton and Hove (B&H) CCG

Alison Warren and Rita Shah
B&H CCG Medicines Management Team

Introduction

Diabetes increases the risk of cardiovascular (CV) complications 2-3 fold.

Optimal management of blood pressure and lipids will have a bigger impact on reducing CV events than blood glucose management.

In B&H the National Diabetes Audit (NDA) report (2017-2018) showed that the prescription of statins for both primary and secondary prevention of CV events was below national average with variation between practices in the CCG.

NDA 2017-2018	Statin prescribing secondary prevention	Statin prescribing primary prevention
England	86.7%	72.2%
B&H CCG (variation)	83.3% (66.7%-100%)	70.9% (55.9%-83.9%)

Aims

To raise awareness of CV risk in patients with diabetes
Identify patients for optimisation of lipid lowering medication to reduce CV risk

Method

A standardised report of NDA results for statin prescribing was discussed at GP practice meetings (n=33) by the CCG medicines management team. This showed the results compared to other practices in B&H and against the national averages.

The GP teams were offered support from a specialist cardiology pharmacist to identify missed opportunities in the offer of statins or optimisation of prescribed therapy through audit of the practice register of patients with type 2 diabetes.

Conclusion

Systematic audit can be used to optimise the prescription of statins to reduce CV risk in this high risk population.

NDA report : <https://digital.nhs.uk/data-and-information/publications/statistical/national-diabetes-audit/report-1-care-processes-and-treatment-targets-2017-18-full-report>

Results

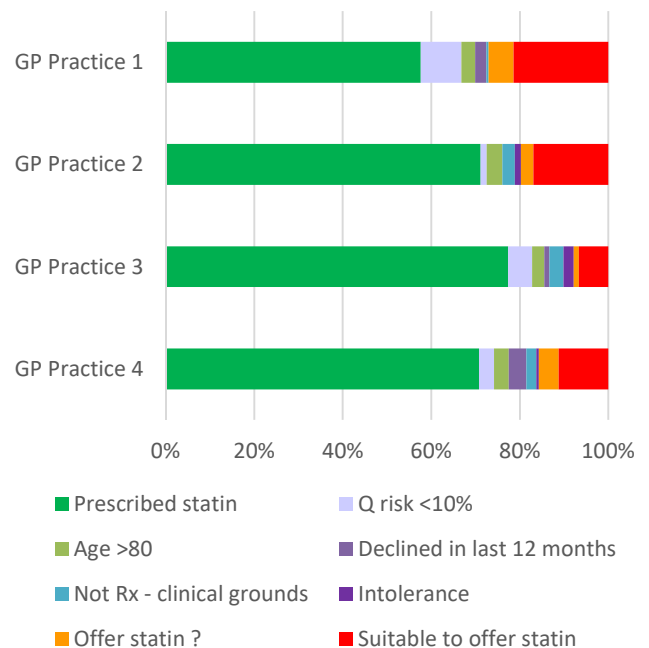
An audit was undertaken at 4 GP practices.

Secondary prevention (n=227)

- 84.6% (196) were already prescribed a statin.
- 14 patients were identified to offer a statin.

Primary prevention (n=772)

- 69.7% (538) were already prescribed a statin.
- At least 94 patients were identified to offer a statin. (see figure below).



Patients were also highlighted:

- If lipid management was suboptimal despite current statin prescription.
- Where undiagnosed familial hypercholesterolemia should be considered.