



Janice Charles
Graeme Miller
Ying Pan

Chronic heart failure

Management in general practice

Keywords: heart failure; heart diseases; general practice

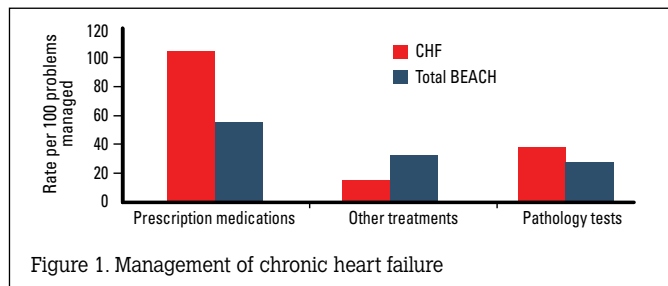


Figure 1. Management of chronic heart failure

From April 2005 to March 2010 in BEACH (Bettering the Evaluation and Care of Health), chronic heart failure (CHF) was managed at a rate of 0.7 per 100 encounters, suggesting it was managed by general practitioners about 717 000 times per year nationally.

Chronic heart failure was significantly more likely to be managed among males than females (male patients 0.8 per 100 encounters; females 0.6). The management rate among patients aged 65–74 years (0.9 per 100 encounters) was significantly higher than for those aged 45–64 years (0.2), and the rate for patients aged 75+ was significantly higher again (3 per 100 encounters). Most common other problems managed with CHF were hypertension, diabetes, atrial fibrillation and chronic obstructive pulmonary disease, which together accounted for one-quarter of the other problems managed at CHF encounters.

Management

Medications were prescribed at a rate of 104 per 100 CHF problems managed over the 5 year period, almost double the average prescribing rate for BEACH¹ (Figure 1). However, an examination of BEACH data over the past decade showed a significant decrease in the prescribing rate for CHF from 123 per 100 CHF problems managed in 2000–2001 to 97 per 100 in 2009–2010.

High ceiling diuretics accounted for 40% of prescribed medications, and beta blocking agents accounted for 15%. Frusemide, which made up almost 40% of the medications, was the most common individual medication prescribed (Table 1).

Clinical and procedural treatments were provided for CHF at well below average rates. Pathology tests were ordered significantly more often than average, with electrolytes/urea/creatinine tests accounting for one-third of these, and full blood count making up 1 in 5 tests. Rates of referrals and imaging orders did not differ from the BEACH average.

Table 1. Common management for chronic heart failure

Management type	Rate per 100 CHF problems (n=3228)	Percent of each type
Prescribed medications (n=3365)	104.2	100.0
Frusemide	39.3	37.7
Carvedilol	8.7	8.4
Digoxin	6.4	6.2
Spironolactone	6.2	5.9
Perindopril	5.4	5.2
Pathology tests (n=1203)	37.3	100.0
Electrolytes/urea/creatinine	11.7	31.4
Full blood count	7.6	20.3

Authors

Janice Charles, Graeme Miller and Ying Pan, Australian GP Statistics & Classification Centre, University of Sydney, New South Wales.

Conflict of interest: none declared.

Reference

1. Britt H, Miller GC, Charles J, et al. Average taken from mid-point of the 5-year period – general practice activity in Australia 2007–08. General Practice Series no. 22. Cat. no. GEP 22. Canberra: AIHW.

Acknowledgments

The authors thank the GP participants in the BEACH program and all members of the BEACH team. Financial contributors to BEACH between 2005 and 2010: Australian Government Department of Health and Ageing; Australian Institute of Health and Welfare; National Prescribing Service; Abbott Australasia; AstraZeneca Pty Ltd (Australia); CSL Ltd; GlaxoSmithKline Australia Pty Ltd; Janssen-Cilag Pty Ltd; Merck Sharp & Dohme (Australia) Pty Ltd; Novartis Pharmaceuticals Australia Pty Ltd; Pfizer Australia; Roche Products Pty Ltd; Sanofi-Aventis Australia Pty Ltd; Wyeth Australia Pty Ltd.

correspondence afp@racgp.org.au