

The impact of the new GP contract on measurement of lipids and use of statins in the over 80s with coronary heart disease

This article looks at the important issue of the use of statins in the older patient.

Abstract

The benefits of statins for both primary and secondary prevention of coronary heart disease (CHD) are limited mainly to patients under 80. We examined the impact of the new General Medical Services (GMS) contract on measurement of lipids and prescribing of statins in patients over 80 years of age with CHD. We found that there has been a significant increase in both, with little evidence supporting this and substantial financial implications. National guidance on the assessment and management of lipids in the over 80s in the new GMS contract is urgently required.

Key words: statins, coronary heart disease, general practice, octogenarians.

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Introduction

The benefits of statins for both primary and secondary prevention of coronary heart disease (CHD) are well established¹ although the evidence is limited mainly to patients under the age of 80. The new General Medical Services (GMS) contract was introduced in April 2004 as a novel way of funding general practitioners (GPs) in the UK. It introduced quality targets for the management of chronic diseases such as CHD, diabetes and stroke. Financial rewards

are offered if targets are met. The aim of our study was to examine the effect of the new contract on the measurement of cholesterol and the prescription of statins to patients over the age of 80 with CHD.

‘There is no evidence of benefit in this age group’

Materials and methods

We sent a postal questionnaire to all GPs in south west Scotland asking specifically whether they were more likely, less likely or about as likely to measure cholesterol and treat with statins otherwise fit patients with CHD aged 80 and over, as a result of the new contract. We used READ codes (the

national clinical terms coding system and the basis for objective measurement of quality care) to identify patients with CHD in one of the GP practices.

Results

All 119 of the GPs currently in post responded to the questionnaire. Sixty-five per cent said they were more likely to measure cholesterol and 60% more likely to prescribe statins to the over 80s with CHD, as a result of the new contract. Those who were more likely to measure cholesterol in this age group were also more likely to prescribe statins (figures 1 and 2). Only two GPs said they were less likely to measure and only two were less likely to treat, as a result of the new contract (table 1).

The Cairnsmore Practice in Newton Stewart were able to supply us with

Figure 1. Measurement of cholesterol in patients over 80 with CHD as a result of the new GMS contract

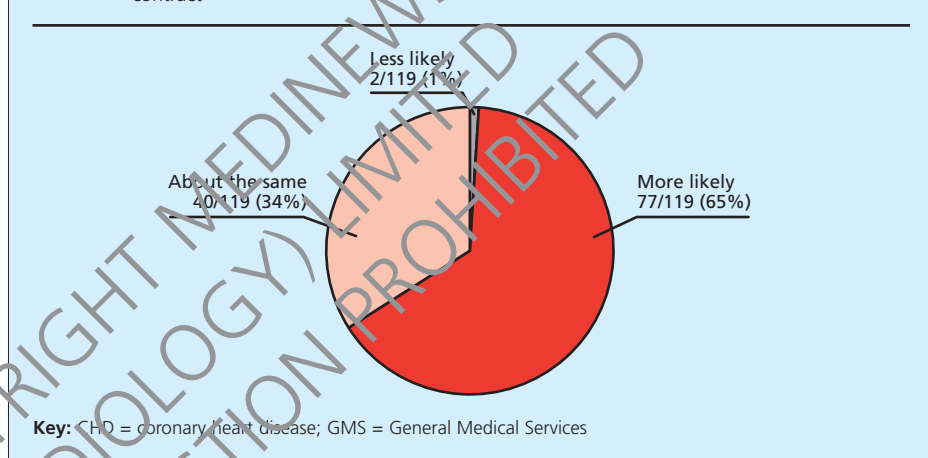
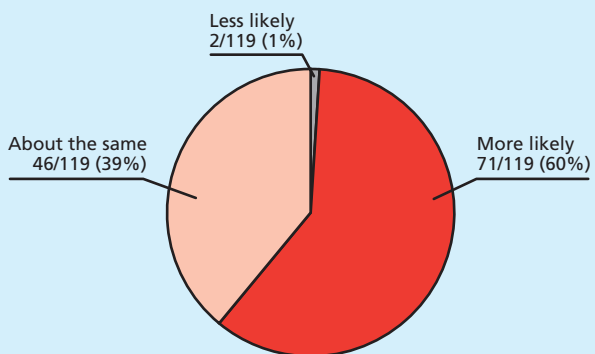


Figure 2. Prescription of statins in patients over 80 with CHD as a result of the new GMS contract**Table 1.** Influence of the new GMS contract on measurement of lipids and treatment with statins in the over 80s with CHD

	More likely to measure (n=77)	Less likely to measure (n=2)	Just as likely to measure (n=40)
More likely to treat (n=71)	66	1	4
Less likely to treat (n=2)	0	1	1
Just as likely to treat (n=46)	11	0	35

Key: GMS = General Medical Services; CHD = coronary heart disease

with CHD. This is against a background of rising prescriptions for statins generally but without new evidence of benefit in this age group. We acknowledge that other guidelines such as the Scottish Intercollegiate Guidelines Network (SIGN) may have contributed to this rise, while noting that these guidelines do not make specific recommendations in this age group. While GPs might argue that the drive to measure lipids and prescribe statins in the very elderly came from secondary care, the responses to our questionnaire and our analysis of the origin of the prescriptions for statins, suggests otherwise.

‘Cholesterol is a less powerful predictor of risk in the elderly’

While there is no reason to suppose that statins suddenly become less effective in patients over 80 years, this increase in activity lacks an evidence base. Cholesterol is a less powerful predictor of cardiovascular risk in the elderly^{2,3} and too few patients over 80 years have been included in the trials for a confident conclusion of benefit in this age group. Compliance is known to be poor in older patients⁴ and polypharmacy is likely to increase drug toxicity. Competing risks from other causes of death in the elderly mean that any benefits for CHD are less likely to translate into measurable increases in life expectancy.⁵ While statins may have a role in some patients in this age group, caution should be exercised with others. National guidance on the management of the over 80s is urgently required in the new GMS contract.

Acknowledgement

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Conflict of interest

None declared.



Key messages

- Treatment with statins is beneficial in patients with CHD but this evidence is limited to patients under 80
- The new General Medical Services contract has led to increased prescribing of statins in patients over the age of 80 years in the absence of evidence of benefit. This has significant financial implications

additional information. Two-hundred and fourteen (5.7%) of 3,750 patients on their list were aged 80 and over and 63 (29.4%) of these had a CHD Read Code. Between 1/04/03 and 1/10/04 measurement of cholesterol increased from 32 (49.2%) to 57 (90.5%) in this patient group, prescription of statins rose from 16 (24.6%) to 34 (53.9%) and proportion of patients aged 80 and over with CHD with serum cholesterol < 5 mmol/L went up from 25 (38.5%) to 44 (69.8%). We analysed the case-

sheets of the 36 patients who were alive and taking statins on 1/10/05 and were able to establish that 29/36 (80.6%) had started their statin in primary care rather than by, or as a result of a recommendation by, secondary care.

Discussion

Our study suggests that the new GMS contract has had a profound influence on the measurement of lipids and prescription of statins in the very elderly

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