Management of Lipids in Rural Australia—Are the Guidelines Being Followed?

Philip Tideman 1, 2, Rosy Tirrimacco 1, Edward Janus 2, Benjamin Philpott 3, Stephen Bunker 4, Kevin McNamara 4, Tiina Laatikainen 5, Annamari Kilkkinen 5, Sami Heistaro 5, James Dunbar 3

1 Flinders Medical Centre, Adelaide, South Australia, Australia; 2 Western Hospital, Melbourne, Victoria, Australia; 3 Flinders University and Deakin University, Warrnambool, Victoria, Australia; 4 Monash University, Melbourne, Victoria, Australia; 5 National Public Health Institute, Helsinki, Finland

Background: Hypercholesterolaemia is ranked seventh among the major factors contributing to the overall burden of disease in Australia. Guidelines for evidence-based lipid management were released in 2001 and updated in 2005, however, little population level data has been published on the current gap between recommended management and actual practice in Australia.

Method: Three population stratified surveys were undertaken in the Greater Green Triangle. Three thousand three hundred and twenty adults aged 25–74 years were randomly selected, stratified by gender and 10-year age groups. Anthropometric, clinical and self-administered questionnaire data relating to cardiovascular disease risk were collected in accordance with the WHO MONICA protocol. Blood samples were collected for lipid profile analysis. Participants were divided into four groups—Group 1: treated, high CVD risk; Group 2: treated, primary prevention; Group 3: untreated, high CVD risk; Group 4: untreated, low CVD risk. For each of these groups we compared cholesterol, HDL cholesterol, triglyceride and LDL cholesterol with targets recommended by the National Heart Foundation’s 2005 guidelines.

Results: All lipids were at target in 39.4% of the study population with marked differences between groups: Group 1, 11.2%; Group 2, 38.5%; Group 3, 1.8%; Group 4, 47.6%. Only 50.8% of the untreated high CVD risk group reported having blood cholesterol measured within the last 12 months.

Conclusion: Current rates of detection and treatment practices in rural Australia are suboptimal. Although one-third of the study population age 25–74 years are at sufficiently high risk to warrant consideration of lipid lowering medication only just over half of these were on treatment at the time of the study. These results suggest that an intensive implementation plan is required for the management of hyperlipidaemia in rural Australia.

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Preliminary Evaluation of a Self-administered, Modified Six Minute Walk Test

Huiyun Du 1, 2, Patricia Davidson 1, Yenna Salamonson 2, Bronwyn Everett 2, Robert Zechin 3, Phillip Newton 1

1 Curtin University of Technology, Sydney, NSW, Australia; 2 University of Western Sydney, Sydney, NSW, Australia; 3 Sydney West Area Health Service, Sydney, NSW, Australia

Background: Functional testing should be accurate, reliable and safe to provide diagnostic and prognostic information. The Six Minute Walk Test (6MWT) is a validated method for assessing physical functional capacity. The Home-Heart-Walk Test (HHWT) is a modified 6MWT designed to promote physical activity and promote self-management.

Aim: To assess the accuracy, reliability, feasibility and utility of the HHWT.

Methods: In Phase 1, 13 healthy volunteers underwent a standard 6MWT and the HHWT on a single occasion. In Phase 2, 29 volunteers, with documented heart disease, completed the 7-day study protocol to assess the reliability of the HHWT protocol over 7 days. Investigator and participant measurements were undertaken on Days 1 and 7. From Days 2 to 6, participants undertook the HHWT protocol in their home and recorded distance walked in a study diary.

Results: Correlation between the HHWT and the 6MWT was 0.814. The ICC of the test distance over 7 days was 0.981 and the inter-rater reliability was 0.90. The correlation between the scores of the physical functioning domain of the SF-36 and the HHWT distance was 0.654. The feasibility and utility of the test has been demonstrated by the high completion rate, the high internal consistency of scores and qualitative data revealing that participants found it to be an enjoyable and motivating experience.

Conclusion: Preliminary data reveal that the HHWT is an accurate and reliable measure of functional capacity and has the potential to improve self-management.

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Impact of Medical Consultation Frequency on Change in Risk Factors After Acute Coronary Syndrome (ACS) in the Randomised Controlled Trial of a Modular Secondary Prevention Trial

Monique Menzies 1, 2, 3, 4, Julie Redfern 1, 2, 3, 4, Tom Briffa 1, 2, 3, 4, S.B. Freedman 1, 2, 3, 4

1 University of Sydney, NSW, Australia; 2 ANZAC Research Institute, NSW; Australia; 3 Concord Hospital, NSW, Australia; 4 University of Western Australia, WA, Australia

Background: Modular-choice secondary prevention after ACS improves risk factors compared to conventional care. We aimed to determine whether the frequency of General Practitioner (GP) and Cardiologist consultations impacted on improvements in risk factors in the modular trial.