



Service Priorities and Programmes Electronic Presentations

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Submitting author: Dr W H KWONG

Post title: Resident Specialist, Queen Elizabeth Hospital, KCC

Hyperlipidaemia management in DM patients for enhancing cardiovascular disease prevention in primary care

Dr. WH Kwong(1), Dr. Catherine XR Chen (1), Dr. King KH Chan (1)

Department of Family Medicine & General Outpatient Clinic (FM& GOPC) KCC

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Introduction

Type 2 diabetes (DM) affects about 1/10 of the population in Hong Kong or about 700 000 people. Hyperlipidaemia is a major risk factor for diabetes macrovascular complications and the most important modifiable risk factors for cardiovascular disease (CVD) prevention. The risk of atherosclerotic events in diabetes is two to four times greater than non-diabetic subjects; this in turn contributes to 80% of diabetic mortality. Since the General Outpatient Clinics is responsible for a significant portion of chronic disease management in Hong Kong, improvement in the lipid control our DM patients can reduce their cardiovascular complications and hence health burdens to society.

Objectives

1. Promulgate hyperlipidaemia management in DM patients to build capacity of nurses and doctors at KCC GOPCs
2. Introduce clinical audit on hyperlipidaemia management in DM patients attending KCC GOPC
3. To raise patient awareness on hyperlipidaemia management
4. Monitor LDL level in KCC GOPC DM patients to detect improvement, if any
5. Evaluate awareness and knowledge of lipid management in DM patients attending KCC GOPC to detect improvement, if any
6. To identify pitfall in lipid management in DM patients and derive strategies accordingly

Methodology

1. To promulgate hyperlipidaemia management for KCC GOPC medical and nursing staff by consolidated education powerpoints in 4Q13, 2Q14, 4Q14 and 1Q15 respectively (Department's Service Quality SC)
2. To promote appropriate anti-lipid drugs use in GOPC DM patients to KCC GOPC medical staffs (1Q14, 3Q14 and 1Q15)
3. To raise KCC GOPC patient awareness on hyperlipidaemia management by designed poster (Service Quality SC 2Q14)
4. To conduct clinical audit on hyperlipidaemia management in DM patients by KCC GOPC medical staff (every quarter from 2Q14)
5. Perform service review by analysing the consultation practice on treatment modification
6. Perform clinical study for the prevalence of therapeutic inertia in lipid management and the risk factors

Result

1. LDL control rate: continuous improvement of the LDL control rate from 48.2% (4Q13)to 69.9% (3Q15) 2. The use of LLA in indicated DM patients has increased from 55.8% (4Q13) to 79.4% (3Q15) 3. Prevalence of thearpeutic inertia in lipid management in DM patients has been reduced from 66.1% in 2013 to 11.7% in 2015