

Royal College of General Practitioners and Warwick Medical School
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Abstract Submission Form

PRESENTER'S DETAILS	
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Category Audit	
PRESENTATION DETAILS	
Authors Mr Stuart Bullock Miss Katrina Harrison	Title of Study Statin use in Type 2 Diabetics: an audit in general practice.
<p>What's the problem you are tackling?</p> <p>Diabetes is a well-known risk factor for cardiovascular disease with a two to four times greater risk than the non-diabetic population. Lipid lowering medications are therefore commonly prescribed for diabetics following a cardiovascular disease risk assessment.</p> <p>The National Institute for Health and Clinical Excellence (NICE) guidelines for the management of type 2 diabetes from 2009 (CG87) recommended using the United Kingdom Prospective Diabetes Study (UKPDS) risk engine to calculate cardiovascular disease risk and guide preventative therapeutics. However, the 2015 updated NICE guidelines for type 2 diabetes (NG28) makes no recommendations for lipid modification specific to diabetes. The current NICE guideline from 2014 for cardiovascular disease risk assessment and reduction (NG181) recommends using the QRISK2 assessment tool for diabetics to aid clinical decision making on statin prescription.</p> <p>As such, there have been quite different recommendations within a relatively short period of time.</p>	
<p>How did/will you do it?</p> <p>An audit was conducted of type 2 diabetics at a general practice in Warwickshire. The primary aim was to evaluate the medical centres compliance with the current guidelines for type 2 diabetes and lipid lowering medication prescription by using both the UKPDS and the QRISK2 assessment tools. Secondly it was to compare the two assessment tools and consider whether there was a difference in the recommendations for who should be prescribed lipid modifying therapies.</p>	
<p>What did you find?</p> <p>78% of the cohort were taking statins as part of their regular medications, of which 98% were doing so in line with the CG181 recommendations using the QRISK2 tool. Of those not taking a statin the QRISK2 scores recommended that 29 patients should be doing so. Overall this meant that 95% of the diabetics within the audit cohort were recommended a lipid lowering medication based on their QRISK2 score.</p> <p>When completing the UKPDS risk assessments on the same patients there were vastly different results. To reduce the 10-year risk of coronary heart disease development 41% would be recommended a statin, and to reduce the 10-year risk of stroke 32% would be recommended a statin.</p>	

Why does this matter?

All medications have side effects and as such it is important that patients only take those that are necessary. To help clinical decision making in short consultations it is common to use risk assessment tools to help guide decisions.

This audit helped to identify patients at the medical centre who may benefit from a statin prescription according to current NICE guidelines. Additionally, the audit was able to highlight that there can be a disparity in what different tools can suggest for the same patient, and in this case two tools that have been recommended in NICE guidelines within the last 8 years.