Secondary Prevention of Cardiovascular Disease in an Australian population

Alison Koschel Dip App Sci. Grad Dip Health Prom.

A thesis submitted for the degree of Doctor of Philosophy
School of Medical Practice and Population Health
Faculty of Health
University of Newcastle
July 2011

This thesis contains no material which has been accepted for the award of any
other degree or diploma in any university or other tertiary institution and, to the best of my knowledge and belief, contains no material previously published or written by another person, except where due reference has been made in the text. I give consent to this copy of my thesis, when deposited in the University
Library, being made available for loan and photocopying subject to the provisions of the Copyright Act 1968.
Alison Koschel

Acknowledgments

I dedicate this work to my husband my children and my mum. I especially dedicate this work to my father who left this world before I commenced this work but who I am sure has been watching over me.

This has been a long and often tedious task and I can't say a decade after it began that I am not glad to see the end of it. I have learned many things on this journey!

To my loving husband Rick, a huge thank you for your patience and your support without you I would never have completed and submitted.

To my children;

Sarah and Josh, I thank Sarah for her time spent being my research assistant and entering data. Teaching must be easier! I thank Josh for being the best son in law.

Elizabeth, what have you been doing today? I've been driving mummy crazy. Thank you for driving me crazy. I love your uniqueness Lib. All things are possible!

MJ, thank you for sharing my passionate love of the round ball game. I believe when people leave this world they leave something special behind, you bring me close to my Dad every time I watch you play.

Sheila and Zac, I love you like my own, but you know that already. Huge thanks for understanding that life isn't always easy and sometimes you get dealt a tough hand. I am very proud of the young people you have become.

To my Mum, many thanks for all the stitches over the years (sewing is not my thing), many many thanks for all the lovely meals (cooking isn't my thing either). I am glad that you have grown older with us.

To my wonderful family and friends who have supported me and asked how the PhD is going, thanks. Especially thanks to my sister Angela, my niece Manda, and others too many to mention here.

To my girl friends; Hilary you have been with me through many tough times in my life and I thank you for each and every one of those times. There have been many great times as well and I treasure every one of them. I thank you for being Lib's Godmother and for sharing much of my pain that night! Christine Mary Margaret, for being my girlfriend and keeping in touch all these years, I love your spirit. Cath, I love you, I miss coffee every morning and I miss you, Chris is a lucky man. You rock my world!

To those who were instrumental in starting my interest in research; Amanda Nagle and Michael Hensley, many thanks. To those who were there when the project was in full flight; Meredith Tavener, Karren Fergusson, Debs Mainey, Anne Barr, Janet Fisher, Natalie Johnston, Rhonda Walker, Shane, Robyn, Debbie Quain (thanks for being my research assistant), thanks for your assistance.

To the supervisors who have given their valuable time to read, comment, re-read and comment again on this epic work, my very grateful thanks!

To Kerry, especially thank you for taking on this task mid way through the journey, for listening to me when I whinged, for understanding me when I wanted to give up and for making sure that didn't happen on many occasions, huge thanks!

To John, for your analytical mind and for always taking me back to the aims, I am not sure I will ever get that polish but thanks for teaching me to "justify".

To Cate, for teaching me that numbers are fun and red pens are useful, I thank you for giving me this chance and all the support you have given me to get to the end!

Many thanks to Margaret Thomas who at the time of inception was the Manager of the NSW Health Promotion Demonstration Research Grants Scheme at New South Wales Health who very generously funded the project. My additional thanks to the University of Newcastle for providing a scholarship which made it possible for me to achieve this work.

Lastly, there have been many people who have passed through my life, they have influenced me and inspired me and it would be remiss of me to not mention them here. I pray for them often and thank God for their lives.

In memory of;

My Dad, Ron Holbrook, my sister Sheila, my brother Ian, Nina, Grandma Koschel, Jill Cockburn a great inspirational woman and Janet Fisher another inspirational woman. Rest in peace!

To those that read this thesis, sit back enjoy a glass of red wine and happy reading!

"Get over the idea that only children should spend their time in study. Be a student so long as you still have something to learn, and this will mean all your life." ~ Henry L. Doherty

"Make every home, every shack or rickety structure a centre of learning" ~

Nelson Mandela

Table of Contents

Chapter 1	Coronary Heart Disease, Ischaemic Stroke and Secondary		
	Prevention	1	
Chapter 2	Prevalence of risk factors and secondary prevention	care	
	following hospitalisation for Coronary Heart Disease	or	
	Ischaemic Stroke in the Hunter Region, Australia	51	
Chapter 3	Prevent Another Vascular Event (PAVE) study rational	ale,	
	methods, measures, and recruitment outcomes	85	
Chapter 4	Effectiveness of a register-based intervention on incr	easing	
	general practitioner provision of secondary prevention	n care	
	Effect on medication use and advice	141	
Chapter 5	Effectiveness of a register-based intervention on incr	easing	
	general practitioner provision of secondary preventio	n care	
	Effect on behavioural risk advice	166	
Chapter 6	A summary of findings and future directions for research	arch	
-	and practice	185	

Synopsis

Chapter one presents an overview of Coronary Heart Disease, Ischaemic Stroke and Secondary Prevention. A definition of disease and recurrent events addressed in this thesis is supplied along with the burden of disease in a local context which is compared to National and International burden of disease figures. Given the focus of this thesis is secondary prevention, modifiable risk factors for CHD and Stroke are identified and discussed in terms of their ability to modify CHD and Stroke if prevented. Proportions of risk factors nationally and internationally are presented to give a picture of the magnitude of the risk associated with CHD and Stroke. Management of risk factors in terms of primary and secondary prevention are presented with an emphasis on available guidelines. Proportions of secondary prevention management at national and international level are presented which highlight a gap in care which gives rise to the aim of this thesis.

Chapter two explores in the Hunter region the prevalence of risk factors and secondary prevention care in a sample of patients following discharge from hospital for either a CHD or Stroke event. The chapter concludes that there is room for improvement in this population for risk factor management in patients who have had a prior CVD event.

Chapter three describes in detail a randomised controlled trial designed to intervene with patients with existing CVD, the Prevent Another Vascular Event (PAVE) study. The chapter provides evidence of the suitability of using General Practitioners as deliverers of care and outlines the methods used in the factorial design which hypothesized an increase in risk factor management in a patient only group, a GP only group, a GP and patient intervention group compared to a usual care control group. The chapter presents recruitment and baseline risk factor prevalence results which are then compared to National and International study data.

Chapter four presents results in relation to the pharmaceutical interventions for risk factors such as high blood pressure, high cholesterol and Atrial Fibrillation. Additionally this chapter discusses the use of Aspirin and advice to take Aspirin as an outcome.

Chapter five focuses on the results relevant to behavioural risk factor modification such as advice to increase physical activity, increase smoking cessation and advice to follow a modified fat diet.

Finally chapter six presents a summary of the findings and the future directions for research and practice.

Acronyms

CHD Coronary Heart Disease

Stroke Cerebrovascular event

CVD Cardiovascular disease

WHO World Health Organization

ICD International Classification of Disease

AMI Acute Myocardial Infarction
UAP Unstable Angina Pectoris
IHD Ischaemic Heart Disease

ACE Angiotensin-converting enzyme inhibitors
AIHW Australian Institute of Health and Welfare

CI Confidence Interval

AF Atrial Fibrillation

TIA Transient Ischaemic Attack

RR relative risk
OR odds ratio

BMI body mass index
GP General Practitioner

Statins HMG-CoA reductase inhibitors

MI Myocardial Infarction
CR Cardiac Rehabilitation

AHA/ACC American Heart Association/American College of Cardiology
AHA/ASA American Heart Association/American Stroke Association

LDL-C Low-density lipoprotein cholesterol
HSP Hunter Secondary Prevention study
PAVE Prevent Another Vascular Event study

et al., More than one author

mmHg Millimeters of Mercury (blood pressure reading)

Appendix

Appendix 2.1	Heart & Stroke Register survey	207
Appendix 2.2	Parsimonious logistic regression model results	209
Appendix 3.1	Recruitment materials	215
	Invitation letter for people already on the Heart & Stroke	e register
	Invitation letter for people not currently on the Heart & S	Stroke
	register	
	Reminder letter for PAVE study	
	PAVE study Information sheet	
	PAVE study consent form	
	6 month follow up survey letter	
Appendix 3.2	Baseline surveys	223
	Baseline Heart survey	
	Baseline Stroke survey	
Appendix 3.3	GP Randomisation protocol	234
Appendix 3.4	Intervention materials - report card and letters	237
	Heart – patient letter	
	Heart – patient record card	
	Heart – GP letter	
	Heart – GP report card	
	Stroke – patient letter	
	Stroke – patient report card	
	Stroke – GP letter	
	Stroke – GP report card	
Appendix 3.5	Intervention materials – resource maps	251
	Resource map – heart diagnosis	
	Resource map – stroke diagnosis	
Appendix 3.6	Intervention materials – GP guidelines	256
	Stroke Guidelines	
	Heart Guidelines	

Appendix 3.7	Tailored recommendations	264
	Report Card response options and relevant recommendations	S
	Report Card Key to Asterisk insertion	
Appendix 3.8	Pre-testing of intervention materials	271
	PAVE pre test protocol for patient intervention material	
	PAVE pre test protocol – patient information sheet	
	PAVE pre test protocol – consent form	
	PAVE pre test protocol - survey	
Appendix 3.9	Six-month Followup survey	280
Appendix 3.10	Database process instructions for assistants	289