ABSTRACT FOR POSTER PRESENTATION

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HAVE HYPERTENSIVE PATIENTS BEEN PRESCRIBED STATINS ACCORDING TO THEIR CARDIOVASCULAR RISK?
Nur Farhana Mohd Zaidi¹, Liew Su May¹, Karuthan Chinna², Khoo Ee Ming¹
¹Department of Primary Care Medicine, University of Malaya Primary Care Research Group (UMPCRG), Faculty of Medicine, University of Malaya, Kuala Lumpur, Malaysia ²Department of Social and Preventive Medicine, Faculty of Medicine, University of Malaya, Kuala Lumpur, Malaysia

Background
Hypertension is a major risk factor for cardiovascular disease (CVD). Statins reduce the risk of mortality and coronary artery disease in individuals at high cardiovascular (CV) risk.

Objectives
To determine the absolute ten-year cardiovascular risk of patients with hypertension using the Framingham Risk Score (FRS) and the proportion of statin use in the low, medium and high CVD risk categories.

Material & Methods
A retrospective review of 883 medical records was conducted between January and May 2012 at a primary care clinic in Kuala Lumpur, Malaysia. The medical records were selected through systematic random sampling (1:4). The inclusion criteria were patients who had been diagnosed with hypertension and had attended follow up visits at the clinic for at least one year. Information on demographic profile, clinical history, investigations, and medications as well as target organ damage (TOD) was collected. FRS risk scores were calculated for each individual. These were then categorised into three risk groups: low (<10%), medium (10-20%) and high (>20%) risk of developing CVD in ten years.

Results
The mean age of the patients was 61.1±10.5 years and the mean duration of hypertension was 8.3±6.2 years. Majority were females (61.7%); 46.8% were Chinese, 31.8 % were Malays, 20.3% were Indians and 1.1% were others. The smoking status was missing for 351(39.8%) patients, of which 81.8% were female. The smoking status for these 351 cases was taken as non-smoker by default. Also, missing values for total cholesterol (6.3%) and HDL cholesterol (6.5%) were replaced by mean substitution according to age and gender. The mean FRS score was 28.3±15.5 for men and 15.4±8.6 for women. There were 21.7%, 38.5%, and 39.8% in the low, medium and high CVD risk categories, respectively. Out of the 883 cases, 658(74.5%) were on statin. The proportion of statin use was 68.8%, 77.6%, 74.6% for low, medium and high risk categories. There was no association between CVD risk category and statin use (p=0.077).

Conclusions
Statins are not being prescribed based on patient’s cardiovascular risk. Doctors need to do cardiovascular risk assessment for patients and manage accordingly.