

MANAGEMENT OF ATHEROGENIC DYSLIPIDEMIA IN REAL CLINICAL PRACTICE WITHIN THE SPANISH HEALTH SYSTEM ACCORDING TO CURRENT TREATMENT GUIDELINES: DESPEGA STUDY

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Introduction

- Atherogenic dyslipidemia (AD) is a specific type of dyslipidemia characterized by the simultaneous presence of several lipid abnormalities, that confers a greater risk of CV disease compared with general population¹.
- AD is especially prevalent in patients with a history of CV episodes and represents the leading cause of high residual risk after CV disease when LDL-c objectives are achieved with statin treatment^{2,3}.
- Previous studies conducted in patients with dyslipidemia managed in the Spanish Health System (SHS) revealed that, despite guidelines recommendations, when therapeutic goal is not achieved, treatment remains unchanged even though the availability of alternatives approaches⁴.

Objective

To determine the degree of adherence of primary care and specialty care physicians to clinical guidelines for the management of AD.

Methods

- Design:** descriptive, cross-sectional study. Data was collected through a self-administered electronic questionnaire.
- Study participants:** primary care and specialty care physicians working in the SHS and with a working experience in their specialty area ≥ 5 years.
- Electronic questionnaire** was elaborated following the steps described at **Figure 1**. It included 24 items in three blocks: 1) Use of clinical guidelines, 2) Adherence to clinical guidelines (patients' profiles) and 3) Others: diagnosis, CV risk attributable to AD, therapeutic objectives and treatment.

Figure 1. Electronic questionnaire elaboration



- Statistical analysis:** to assess physicians' adherence to guidelines, answers about which treatment should be provided for 6 different patient profiles were analyzed: 3 corresponded to patients with AD and 3 to patients with dyslipidemia. A partial adherence index was calculated as the percentage of adherent physicians for each individual patient profile. Absolute and relative frequencies were calculated.

Results

Study participants

- 980 physicians (88.55% primary care) with a mean experience of 24.90 years participated in the study.

Table 1. Characteristics of study participants

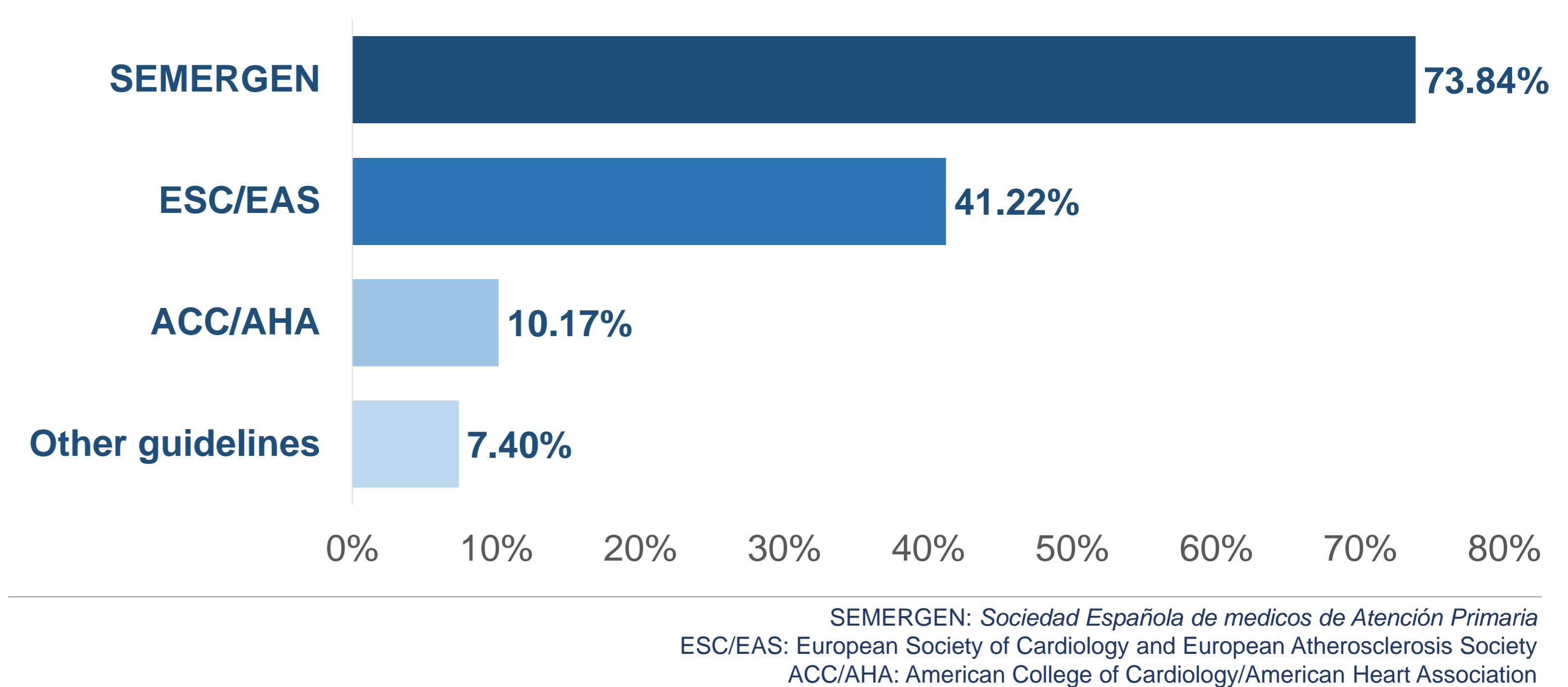
Characteristics	Physicians
Age (mean \pm SD)	53.12 \pm 8.16
Gender	
Men, n (%)	631 (64.39)
Women, n (%)	349 (35.61)
Physician specialty	
Primary care physicians, n (%)	866 (88.55)
Specialty care physicians, n (%)	112 (11.45)
Years of experience (mean \pm SD)	24.90 \pm 9.22
Nº of patients with dyslipidemia seen per month (mean \pm SD)	154.72 \pm 144.12
Nº of patients with AD seen per month (mean \pm SD)	57.30 \pm 60.58
Location of practice	
Rural area, n (%)	147 (15.03)
Semi-urban or urban area, n (%)	831 (84.97)

SD: Standard deviation; AD: Atherogenic Dyslipidemia

Use of clinical guidelines

- 77.32% of study participants reported that they use guidelines in their clinical practice.
- The Spanish SEMERGEN (73.84%) and ESC/EAS guidelines (41.22%) were the most used.

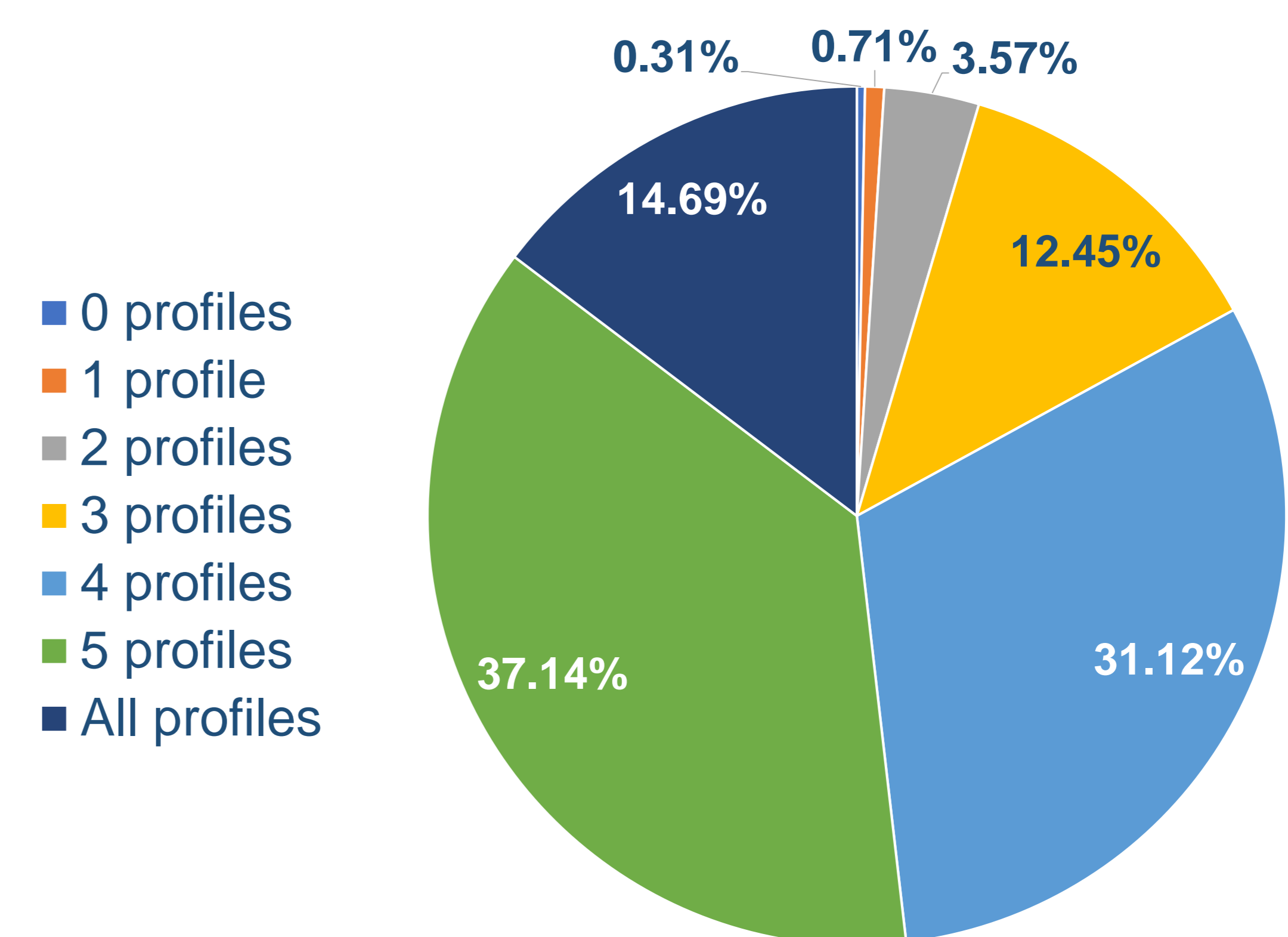
Figure 2. Partial adherence to clinical guidelines



Adherence to clinical guidelines

- Based on physicians' treatment prescription for each patient profile, 83% of physicians adhered to the guideline recommendations in more than 4 of the 6 proposed profiles (31.12% four, 37.14% five and 14.69% six profiles).

Figure 3. Adherence to clinical guidelines



- 81.24% and 98.04% of physicians were satisfied with the results obtained from using the guidelines and considered that they were useful, respectively.

Figure 4. Satisfaction with the results from using guidelines

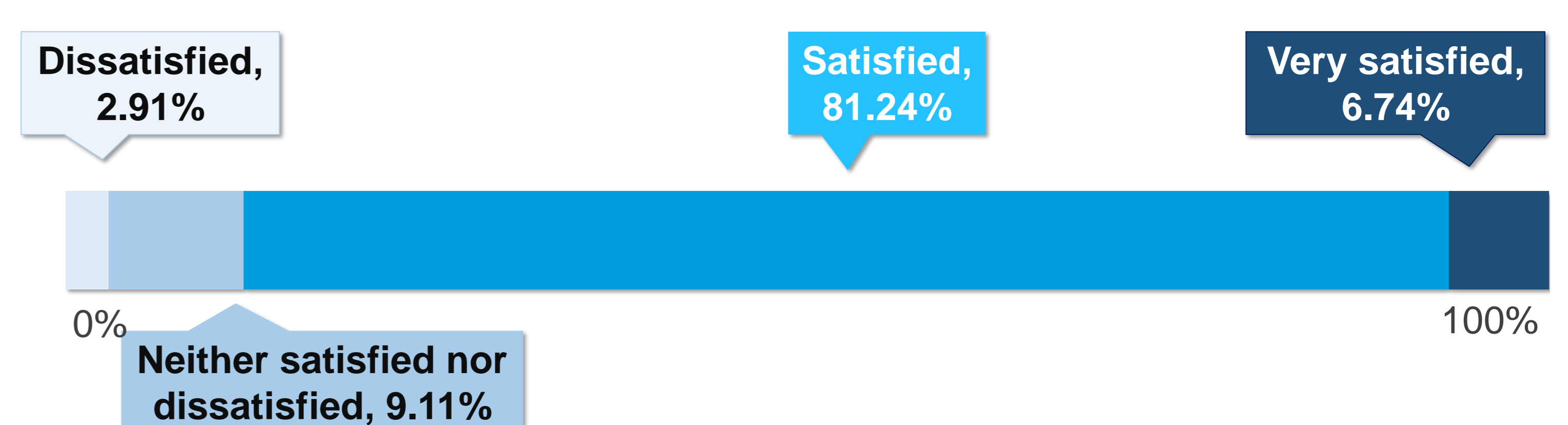
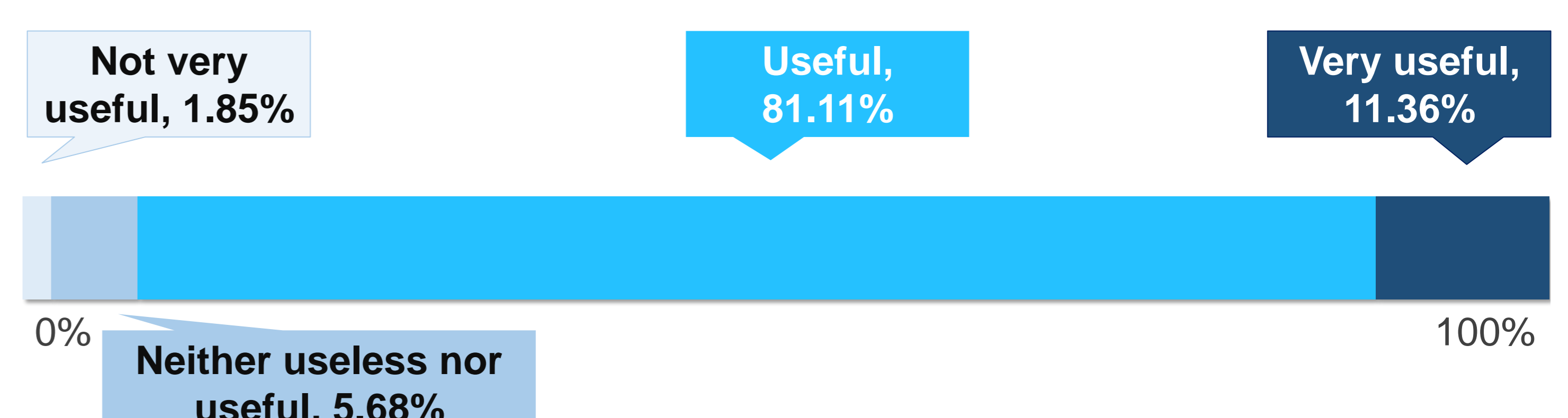


Figure 5. Usefulness of guidelines



References:

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- Lau DCW et al (2006) Can J Cardiol;22 Suppl B:85B-90B.
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Conclusions

The greater adherence to and satisfaction with clinical guidelines for the management of AD described in the study may contribute to improve and optimize the management of patients with AD in SHS.