
146. Measuring uptake and quality of drug therapy in chronic heart failure

Mackson J, Loukas K, Fung-Coady N, O’Riordan S

National Prescribing Service

Background

The National Prescribing Service, National Heart Foundation of Australia and National Institute of Clinical Studies have undertaken a range of interventions to improve the management of chronic heart failure. Uptake of heart failure-specific beta blockers and uptake and doses of ACE inhibitors was promoted in multi-faceted programs in 2004–2006 and again in 2008.

Objective

To examine the trends in drug therapy utilisation to evaluate the effect of the interventions and determine remaining evidence-practice gaps.

Method

The Drug Utilisation Sub-committee provided data on prescriptions dispensed. Time series analysis was undertaken for heart failure specific-beta blocker prescriptions dispensed July 1996–June 2007. An analysis was also undertaken in the Veteran population. General practitioners contributed self-audit data in 2008.

Results

Since first available in 1998 use of heart failure-specific beta blockers has increased steadily from 1.01 DDD/1000popn/day in 2002, to 2.98 DDD/1000popn/day in 2008.

Time series analysis showed that by December 2005 the mean rate of prescriptions had increased by 0.93/1000 GP consultations/month and by December 2006 the rate had increased significantly by 2.61 prescriptions/1000 consultations/month.

In the Veteran population a 19% increase in prescription volume was seen compared to the two years before. In the audit data heart failure-specific beta blockers were used for 68% of patients for whom indicated and 43% at the recommended dose. An ACE inhibitor or angiotensin II-receptor antagonist was used in 90% (excluding where contraindicated). For 71% of ACE inhibitor users, the dose was within the recommended range.

Conclusion

Five years of interventions has effectively closed the gaps in heart failure prescribing. Most patients are appropriately treated with ACE inhibitors. Heart failure-specific beta blocker use has increased significantly due to the interventions. Remaining gaps are some patients being untreated with beta blockers or using sub-optimal doses of ACE inhibitors or beta-blockers.
