IMPACTE Group Summary

Quality:MK

The form may be saved to your computer and completed electronically in Word *or* printed and completed by hand.

Practice/Group: Parkside - Ns, Tn, Mc, Mfm, Vw | Meeting Date: 12/07/13 | No. Attendees: 5

A Your Question/Topic: How often should we monitor cholesterol and glucose for primary prevention

Reason for choosing topic? Too many blood test requests Gps wandering if they are over investigating

B Evidence You Used: NICE Lipid modification dated May 2008

Type of evidence: ☒ Guideline ☐ Study ☐ Other

Study type: ☐ Systematic Review ☐ RCT ☐ Qualitative ☐ Other

Appraising the evidence

Nationally recognised guidelines e.g. NICE are assumed to be based on high quality evidence and do not need to be appraised. For all study types, following steps (1), (2) and (3) will help you to make sense of the evidence.

(1) What question did the study ask? What is the ...

Population/clinical problem? Primary prevention testing

Intervention/therapy? blood testing for lipids, LFT and glucose

Control/comparison?

Outcome? only need to test those at risk and for primary prevention starting on statins only need 3 LFTs.

Is the study question the same as yours? ☒ Yes ☐ No

(2) How well was the study done? Below are some questions to help you make sense of a RCT (See supplementary sheet for other study types)

Recruitment? ☐ Subjects representative of target population

Allocation? ☐ Randomised & concealed ☐ Comparable groups at start of trial

Maintenance? ☐ Equal co-interventions for each group ☐ Adequate follow-up; losses <20%

Measurement of outcomes? ☐ Blinded subjects and assessors ☐ Objective outcomes

(3) What do the results mean? Some tips for interpreting statistics in a RCT study

P-Value - $p<0.05$ is often accepted as "statistically significant" i.e. there is a less than 1 in 20 (or 5 in 100) chance that the difference seen in the study would have arisen by chance.

NNT (Number Needed to Treat) is used to help assess clinical significance, for example, if NNT=5 then treating 5 patients with the new treatment will prevent 1 adverse event occurring.

95% CI (Confidence Interval) - If the CI does NOT cross 1 (for a ratio) or 0 (for a mean) - it is statistically significant. There is evidence of an effect and it may be clinically significant.

IMPACTE Group Summary

Quality:MK

C Discussion Points

Consider, for example, whether this is new evidence (or old evidence not yet acted upon) - could it have an impact on patient care? Are the results credible and clinically significant? Is there a large variation in current practice? What barriers exist to its implementation?

1. For CVD primary prevention evidence suggest that those with high CVD risk >20% should be started on simvastain 40mg and remain on that for life. It does not matter what the cholesterol level is. It is about being on a statin, similar to being on aspirin 75mg.
2. Note CVD risk thresholds are LOWER in afrocaribian, indian and asian.
3. once Statin started no need to check cholesterol again unless for secondary prevention
4. once on statin liver function only need to be tested before, after 3 months and at 12 months. then as required if risk factors for liver diease eg: alcoholic, hepatitis etc.
5. All Gps ordering Blood test should put a PLAN on patient notes on the "patient plan" yellow note
6. primary prevention glucose testing should only be done for those at risk of diabetes eg: FH, obesity,

Does the evidence confirm or change current practice? ☐ Confirm ☒ Change ☐ Not relevant

What action(s) are you going to take?

For example, do you need to find more evidence / have training/ undertake an audit / take advice from specialists / spread to other practices / change your practice management / follow-up with *health:mk*?

		Who by?	Date by?
Action 1	Bring these changes to the next clinical meeting	TN	22/07/13
Action 2	Add reminder on CVD primary prevention template	TN	22/07/13

Summary drafted by	Dr Thao Nguyen	Date	12/07/13
Verified / transcribed by	Dr Nicola Smith	Date	12/7/13

Please take a copy for your records and e-mail the original to Linda.potter@mkhospital.nhs.uk or send in the internal mail to MKH Library, Postgrad Centre, Standing Way, Eaglestone, Milton Keynes MK6 5LD. Use your copy to record outcomes of actions.

Reviewing your agreed action(s)

Please use the space below on your copy to record benefits and/or outcomes of action(s) taken; it is recommended that agreed action(s) are reviewed 3 months after your IMPACTE meeting discussion. (On review, please send a copy to Linda.potter@mkhospital.nhs.uk)

		Date
Action 1		
Action 2		

For Library use

Uploaded to QMK	☐ 2991	Topic(s)	☐ 2997	Date	
SCAN pages updated	☐ Practice	☐ Topics	☐ Summary	Date	