

IMPACTE Case Study

Cholesterol control in elderly patients with coronary heart disease

Encouraging the implementation of best practice in primary care, IMPACTE is a peer-led tool through which GPs examine evidence in small group, self-education sessions commonly within a single practice. At Purbeck Health Centre, actions agreed at an IMPACTE session on the control of cholesterol in elderly patients with coronary heart disease (CHD) were taken forward and implemented at practice level.

Background



“Elderly patients with CHD need good cholesterol control too ...” (Dr Iyamabo, IMPACTE lead Purbeck Health Centre & MK CCG Performance Lead GP)

Quite often, cholesterol control in elderly patients with CHD is not as strict as for younger patients with CHD. However current evidence suggests that it is equally important to control cholesterol in these patients to reduce both morbidity and mortality. The IMPACTE lead asked the Primary Care Librarian to search for best evidence.

Description

Evidence brought to the IMPACTE session: Results of a meta-analysis to determine the effect of statins on all-cause mortality in elderly patients with CHD¹. This study which had been quality assessed by DARE² was selected by the IMPACTE lead from the evidence search report prepared by the Primary Care Librarian.

Actions agreed at the IMPACTE session: Carry out an audit to identify all patients aged 65 years or over with coronary heart disease not on statins.

Actions agreed at practice level: Advocate appropriate treatment with statins.



“The result of the audit of our elderly patients with CHD showed that 80% are on statins. All doctors are encouraged to ensure that they continue to receive appropriate treatment with statins unless there are clear contraindications.” (Dr Iyamabo)

The screenshot shows the 'IMPACTE Group Summary' form. Key sections include:

- Your Question/Topic:** Do statins reduce all-cause mortality in elderly patients with CHD?
- Evidence You Used:** A table listing evidence sources like 'Atkins, et al. Statins for secondary prevention in elderly patients: a hierarchical bayesian meta-analysis, J. Am. Coll. Cardiol. 2008;51:37-42'.
- Actions agreed at the IMPACTE session:** Carry out an audit to identify all patients aged 65 years or over with coronary heart disease not on statins.
- Actions agreed at practice level:** Advocate appropriate treatment with statins.

¹ Statins for secondary prevention in elderly patients: a hierarchical bayesian meta-analysis. *J. Am. Coll. Cardiol.* 2008;51:37-42
² DARE - Database of Abstracts of Reviews of Effects, Centre for Reviews and Dissemination, University of York.

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Key points for clinical practice

- Are patients aged 65 years or older with coronary heart disease considered for statins?

Key points for successful IMPACTE groups

- Nominate a GP IMPACTE lead in the practice; the group and lead are supported by a Primary Care Librarian.
- Peer review evidence to make appropriate changes in practice to help improve patient care.
- Use evidence-based changes to practice agreed by an IMPACTE group to make the case for change at practice level.
- Share best practice by publishing summaries of IMPACTE sessions to the web.
- Demonstrate implementation of national guidelines and best evidence to patients and other stakeholders.

Contact

Dr Paul Iyamabo, Purbeck Health Centre, MK CCG Performance Lead GP
Linda Potter, Primary Care Librarian linda.potter@mkhospital.nhs.uk