

[P-283D] Effectiveness of the Department of Veterans Affairs pharmacologic management of hyperlipidemia guidelines in achieving defined cardiovascular risk factor endpoints in diabetes

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Diabetic patients are high risk and utilize an inordinate amount of health care resources. Diabetes often coexists with hypertension and hyperlipidemia. Target blood pressure, total cholesterol and LDL cholesterol for patients treated in the VA include blood pressure <140/90, total cholesterol <200 mg/dL, and LDL <130 mg/dL. The Louisville Veterans Affairs Medical Center developed a database of 1788 patients treated for the 3 years spanning implementation of these guidelines. These patients are treated (80%) in general internal medicine or in the diabetic specialty clinic (20%). HbA1c values averaged 7.43% in FY97, 6.8% in FY98 and 7.16% in FY99. Values were recorded for 84-90% of patients. Total cholesterol averaged 205 mg/dL in FY97, 187 mg/dL in FY98 and 184 mg/dL in FY99. LDL cholesterol averaged 122 mg/dL in FY97, 108 mg/dL in FY98 and 107 mg/dL in FY99. Associated with this improvement in total and LDL cholesterol was an increase in the percentage of patients using HMG-CoA reductase inhibitors from 22.8% in FY97 to 37.9% in FY99. Using a goal LDL level of <130 mg/dL, 79% were at goal. With a goal of <100 mg/dL, 42% were at goal. Average diastolic and systolic blood pressure changed little over the 3 years of observation, from 146/76 in FY97, 145/76 in FY98, to 146/75 in FY99. The first line antihypertensive for most diabetics was an angiotensin converting enzyme inhibitor (ACEI). In FY97, 57.5% of patients had an ACEI prescribed. In FY98, 62.8% and in FY99 64.3% diabetics were prescribed ACEIs. On average, patients were taking 1.8 antihypertensives. Other drugs used included diuretics (47.1%), calcium channel blockers (38.9%), beta-blockers (28.7%), and alpha-blockers (28.4%).