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Abstract Submission Form

PRESENTER'S DETAILS		Session C. Quality
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Category Research		
PRESENTATION DETAILS		
Authors Dr S Finnikin Dr R Ryan Prof T Marshall		Title of Study <i>A THIN database investigation into cardiovascular risk scoring and the prescribing of statins in UK General Practice</i>
What's the problem you are tackling? Statins are one of the most widely prescribed drug classes in the U;, the majority being initiated for primary prevention by GPs. In 2014, the NICE guidance on the use of statins for primary prevention reduced the threshold for recommending statins from a 20% 10 years CVD risk to a 10% risk. This was met with widespread concern about the overuse of statins with minimal clinical benefit and possibly significant adverse effects. This project examines how the prescribing patterns of statins have changed as a result of this guidance.		
How did/will you do it? Using The Health Improvement Network, we identified a cohort of patients who could be eligible for statin treatment for the primary prevention of CVD. Patients were followed between 2000 and 2015 (inc.) and any QRISK2 scores and statin initiations were identified. Initial descriptive analysis was undertaken to identify rates of statin initiation and QRISK2 scoring as well as trends over time in relation to guidance change. The relationship between QRISK2 score and statin initiation was also described.		
What did you find? Over 1.4M patients were followed for a mean duration of 6.6 years. Statin initiation rates decreased steadily from a peak in 2006 but there is a suggestion of an increase again following the 2014 guidance, particularly in older patients and intermediate risk patients (QRISK2 10-19.9%). Approximately 1/3 of patients with a coded QRISK score of $\geq 20\%$ were initiated on statins. In the 10-19.9% risk category around 12.8% of patients were prescribed statins before the 2014 guidance, increasing to 14.4% following the guidance.		
Why does this matter? There is a lot of interest in the use of statins for primary prevention. There is simultaneous concern about overuse and underuse. This research casts light on real world use and will facilitate further research to understand who is being prescribed statins and the decision making process involved.		

