Lipid Control in Patients with Coronary Heart Disease Treated in Primary Care or Cardiology Clinics

Pereg, David[1]; Neuman, Yoram[1]; Hermoni, Doron[2]; Mosseri, Morris[1]
[1]Meir Medical Center, Cardiology, Kfar Saba, Israel; [2]Sharon-Shomron District, Clalit health services, Israel, Dep. of Family Medicine, Netanya, Israel

Background: Guidelines for lipid lowering therapy recommend LDL-cholesterol target of <70 mg/dl in patients with coronary heart disease. However, this LDL-cholesterol goal is not achieved in many of these high risk patients. We aimed to compare LDL-cholesterol control in patients with coronary disease treated only by a general care physician or by a cardiologist.

Methods: Included were patients with coronary heart disease who had full lipid profile available during 2010. The primary endpoints were the percentage of patients who achieved the LDL-C goals of <100mg/dl and <70mg/dl in the two groups.

Results: Of the 27,172 patients with coronary heart disease, 12,965 (47.7%) were followed-up only by a primary care physician and 14,207 (52.3%) were followed-up in a cardiology clinic. Overall, 18,366 (67.6%) patients achieved the LDL-C goal of <100mg/dl while only 6517 (24%) achieved the lower LDL-C goal of <70mg/dl. Patients who were followed-up by a cardiologist more frequently achieved the LDL-C goal of <100mg/dl (74.3% and 60.3%, p<0.0001, in patients treated by a cardiologist or by a primary care physician, respectively), as well as the lower LDL-C goal of <70mg/dl (27.2% and 20.4%, p<0.0001, in patients treated by a cardiologist or by a primary care physician, respectively). Differences in LDL-C control between the 2 groups remained highly statistically significant following a multivariate adjustment. Furthermore, patients followed up by a cardiologist were more commonly treated with highly potent statins and with non-statin cholesterol lowering drugs.

Conclusions: Among patients with coronary heart disease, those followed-up by a cardiologist receive a better anti-lipid treatment and more frequently achieve lipids goals. Nevertheless, the poor lipid control in both groups warrants an effort to improve lipid control in both primary care and cardiology clinics.