Royal College of General Practitioners and Warwick Medical School

Annual Education, Research and Innovation Symposium 16th June 2016 - Abstract Submission Form

PRESENTER'S DETAILS Session C. Audits			
Title (Prof, Dr, Mr, Mrs)	First Name		Surname
Miss	Samina		Zaheer
Department or organisation University of Warwick, WMS Brookside surgery			
Category Audit			
Authors		Title of Study	
Samina Zaheer		GP follow up of post Myocardial Infarction management and uptitration of Angiotensin converting inhibitors, beta blockers, antiplatelet therapy and statins.	

What's the problem you are tackling?

In the UK 10% of all inpatients had a cardiovascular accident. Most deaths from coronary artery disease are caused by myocardial infarction. Patients are usually discharged home on a combination of angiotensin converting enzyme inhibitors (ACEi), dual antiplatelet therapy, beta blocker and a statin as according to NICE guidelines. The beta blocker and ACEi inhibitor should then be uptitrated for maximal benefit. Many doctors are reluctant to up-titrate beta blockers and ACEi due to concern regarding tolerability and side effects of these blood pressure lowering medication, however numerous studies have shown the benefit outweighs the risks in most patients. Good post operative care for patients with post myocardial infarction (MI) reduces the risk of morbidity, mortality and reoccurrence.

How did/will you do it?

Guidelines for post operative MI management were identified from NICE guidelines. These were used as the standard of practice required for Brookside surgery patients post MI.

Retrospective data was collected which included all patients who had an MI in the last 10 years while being a patient at Brookside surgery.

What did you find?

30 patients were identified in the practice, 26 of which were male and 4 females. The patients varied from 43-100 years of age, which an average age of 66.2. Only a third of patients had their ACEi uptitrated, only 30% had their beta blockers uptitrated. 6% had their statins stopped and 96% were taking aspirin long term with one of these having their aspirin started at GP and not in secondary care.

Why does this matter?

Most patients are being discharged on the right cocktail of drugs however evidence shows that for patients to achieve full benefit and reduction in subsequent MIs they should be on the maximally tolerated dose despite their blood pressure reading or cholesterol value.