Hyperlipidaemia in Primary Care: Management Challenges for GPs and Patients

JAGATJIT GARHA, DIARMUID QUINLAN

https://doi.org/10.33178/SMJ.2025.1.38

Abstract

OBJECTIVES & AIM: This project aims to assess the management of patients with hyperlipidaemia in a General Practitioner (GP) setting. The project will evaluate current care practices, identify gaps in care, and explore barriers to delivering patient care.

DESIGN: This was a cross-sectional study involving a retrospective review of patient data and an interview with the clinic GPs.

SETTING: The project was conducted at Woodview Family Doctors clinic, in Glanmire, Co. Cork, Ireland.

PARTICIPANTS SELECTION & CRITERIA: The study included 70 patients aged 50-55 years with a diagnosis of hyperlipidaemia, identified through elevated lipid panel results (LDL-C ≥ 4 mmol/L). Participants were randomly selected from the patient lists of seven GPs at the clinic, 10 patients each.

PRIMARY & SECONDARY OUTCOMES: The study primarily assessed patient health and care as determined by relevant factors including total cholesterol, LDL-C, HDL-C, triglycerides, smoking and drinking status, BMI, adverse cardiovascular events, and referral to dietician or cardiologist. Secondary outcomes explored via interviewing the clinic GPs were barriers to delivering optimal patient care.

RESULTS: The baseline data was assessed in regard to the number of patients with Max LDL > 2.6 mmol/L, Max Chol > 5.17 mmol/L, and BMI > 25, which were present in over 27% of males and females. All other risk factors were found to be present or above advisable levels in less than 27%. The interview with GPs also revealed significant barriers to effective hyperlipidaemia management, including limited consultation time, patient non-compliance, and resource constraints. A review of literature showed that statin therapy was questionable in efficacy.

CONCLUSION: This study highlighted substantial challenges in managing hyperlipidaemia in a GP setting. Despite adherence to guidelines, practical barriers hinder optimal care. Future initiatives should focus on addressing these barriers through targeted and personalized interventions and measuring long-term outcomes through follow-up.