Practice Plus Webinar

21st June 2023

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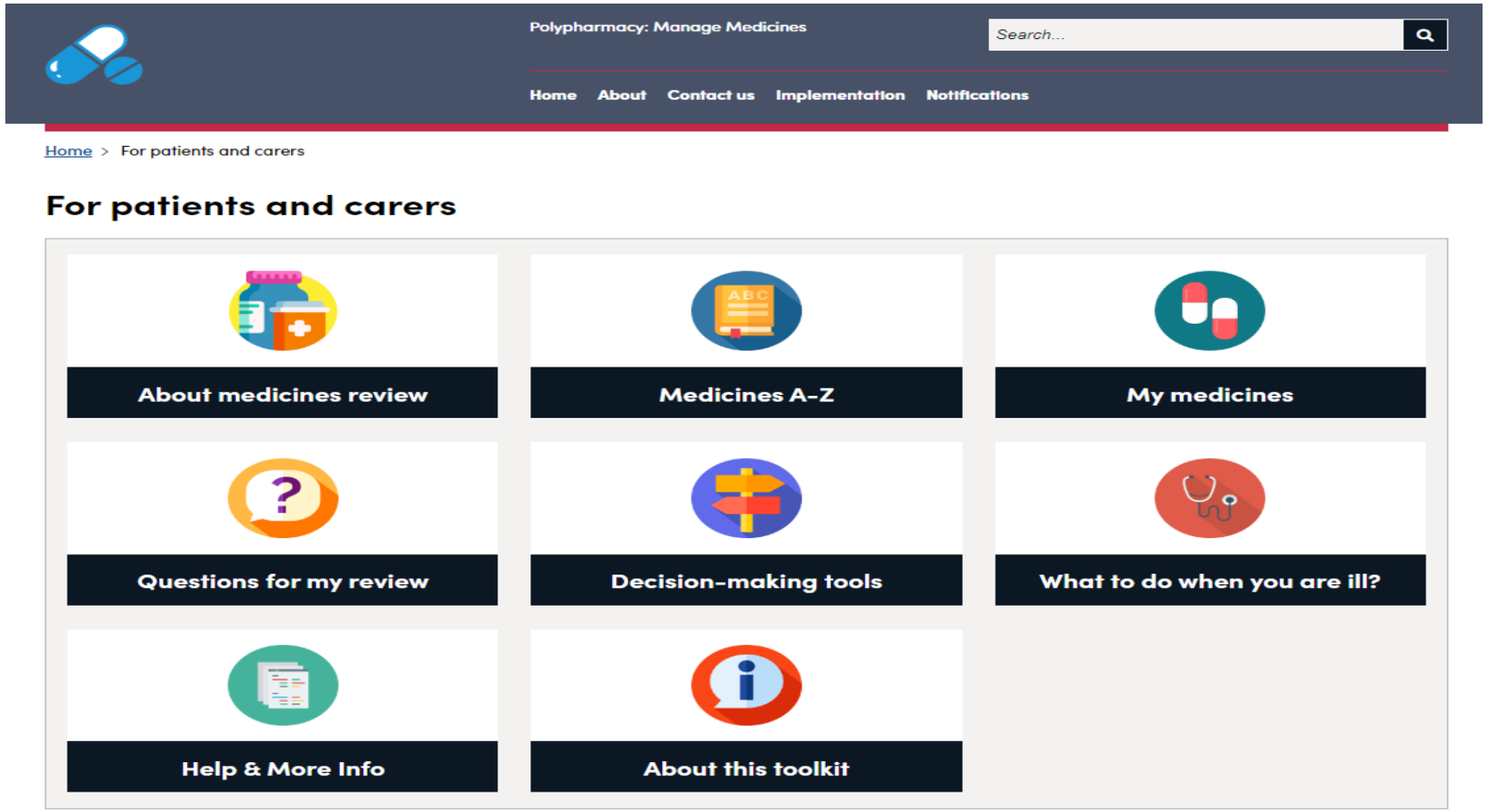
PrescQIPP Practice Plus

https://managemeds.scot.nhs.uk/for-patients-and-carers/



PrescQIPP Practice

NICE Statin PDA

https://www.nice.org.uk/guidance/cg181/resources/patient-decision-aid-pdf-243780159

What does taking a statin involve?

You would need to take a statin tablet every day for it to work. You would usually keep taking it long term (for many years). You can stop taking it whenever you want, but the benefits from it would also stop. You may have to pay a prescription charge.

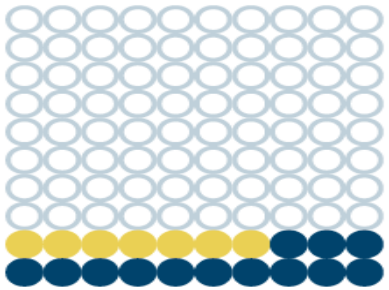
You can find out more about prescription charges on the NHS website.

If you decide to take a statin you will usually have a blood test before you start and again after 3 months. Your healthcare professional will talk to you about your treatment every year and you might have a blood test as part of that.

How much will a statin reduce my risk?

Taking a statin means you are less likely to get heart disease or have a stroke. The higher your risk to start with, the more likely you are to benefit. But some people who take a statin will still get these problems, and some people who take a statin would not have got them anyway. We cannot say for sure what will happen to any specific person.

The dose of the statin will also affect the size of the benefit. The diagram below shows the effect of a statin at the dose recommended by NICE for people with a QRISK score of 20%.



If 100 people take a statin, over 10 years on average:

- about 80 people will not get heart disease or have a stroke, but would not even if they had not taken a statin
- about 7 people will not get heart disease or have a stroke because they take a statin
- about 13 people will get heart disease or have a stroke even though they take a statin

There are diagrams for other QRISK scores on pages 8 to 11. **You only need to look at the diagram for the QRISK score nearest to your own.**

What are the possible side effects of statins?

Like all medicines, statins can cause side effects in some people, but not everyone gets problems. We cannot say for sure what will happen to any specific person.

If you get problems after starting your statin, talk to your healthcare professional. If one statin does not suit you, you could try another one, which might suit you better.

Muscle pain

Statins can cause muscle pain, but many people get muscle pain from time to time whether they take a statin or not. The diagram below shows the results from many large studies. Muscle pain caused by statins tends to happen in the first year of treatment.

On average, for every 100 people who took a statin:

- about 72 people did not get muscle pain
- about 26 people got muscle pain but would have done if they had not taken a statin
- about 2 people got muscle pain because they took a statin

More rarely, people can get severe muscle damage. This happens anyway to about 3 in 10,000 people who do not take statins (so 9,997 people do not get this). If all 10,000 people took a statin, on average an extra 3 people would get severe muscle damage and 9,994 would not get severe muscle damage.

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The GP Evidence website: what is it, why is it here and how might it help?

Dr Julian Treadwell
GP, Doctoral Research Fellow

PrescQIPP webinar 21st June 2023

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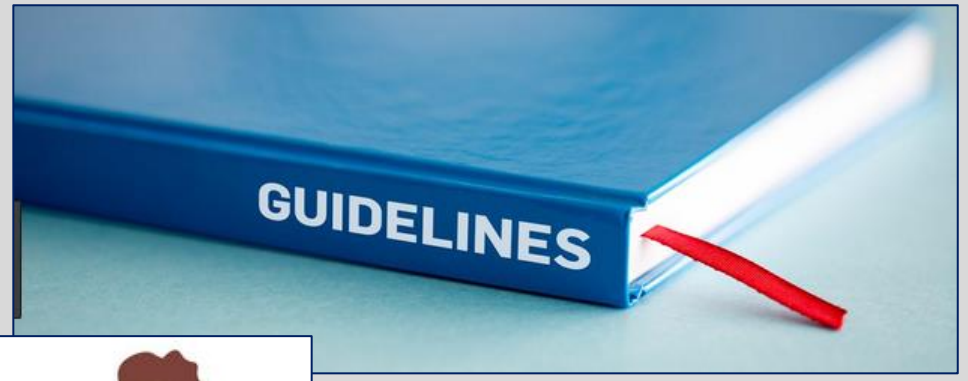
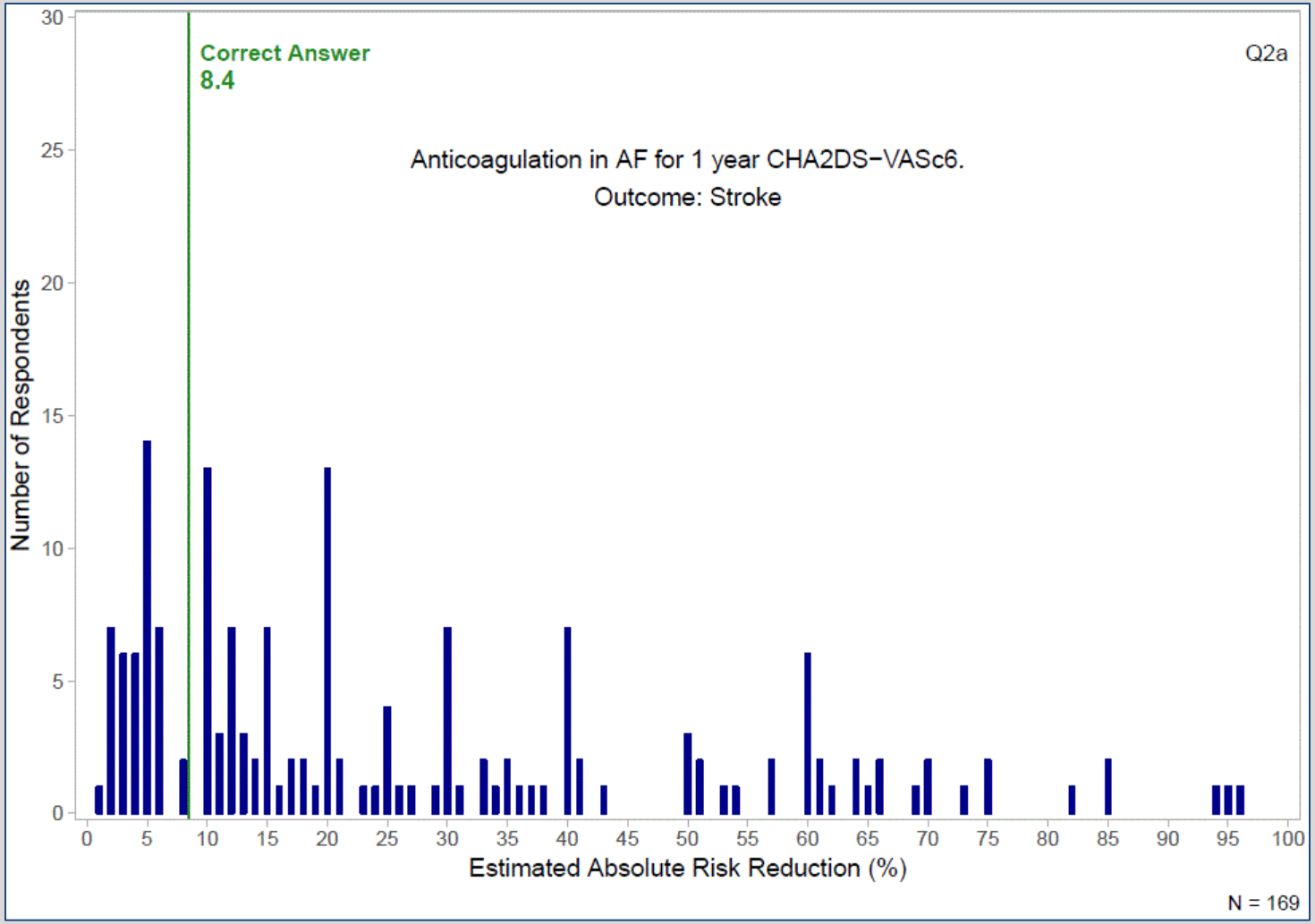

GUIDELINES

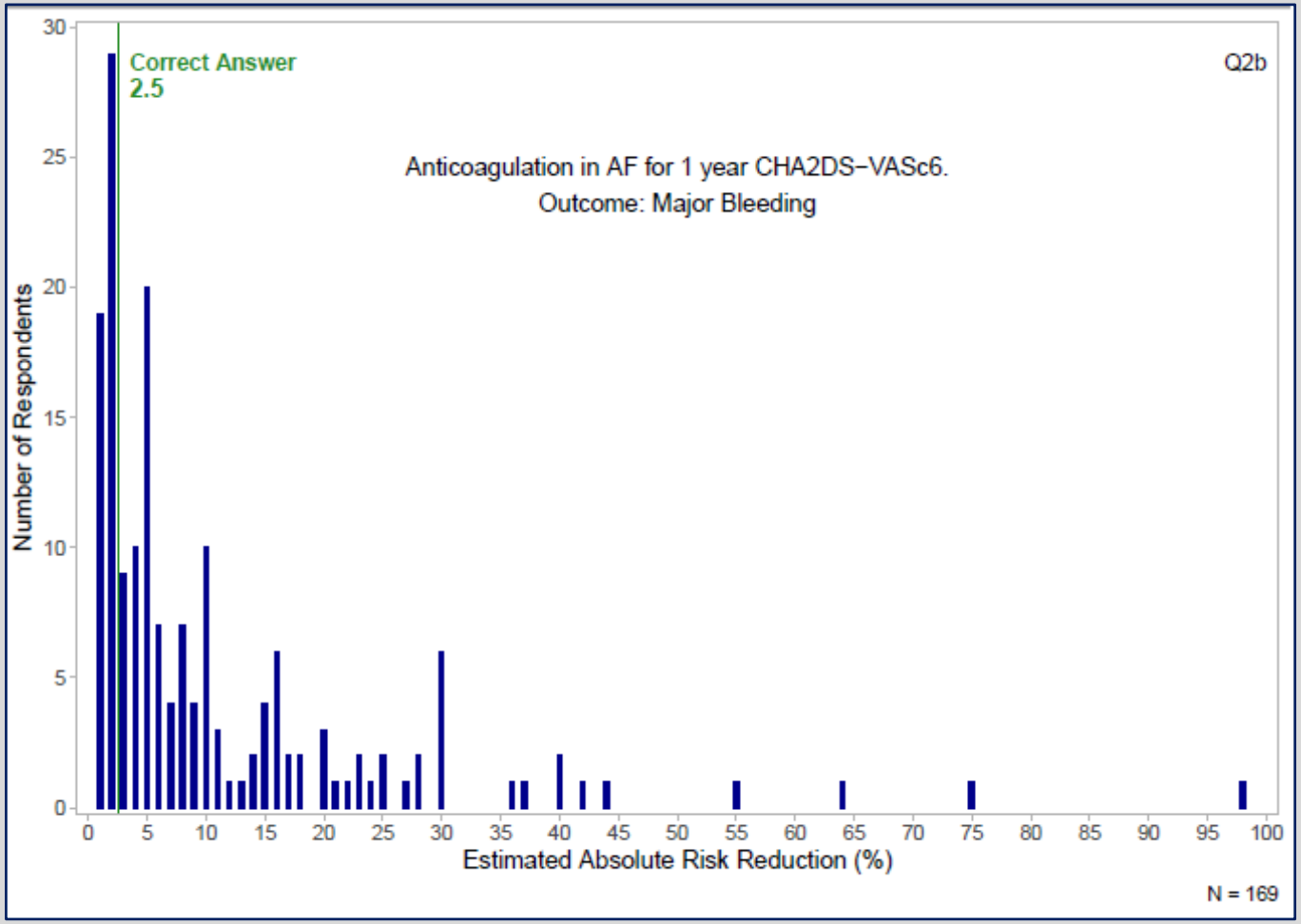
GPs prescribe multiple long-term treatments to their patients.

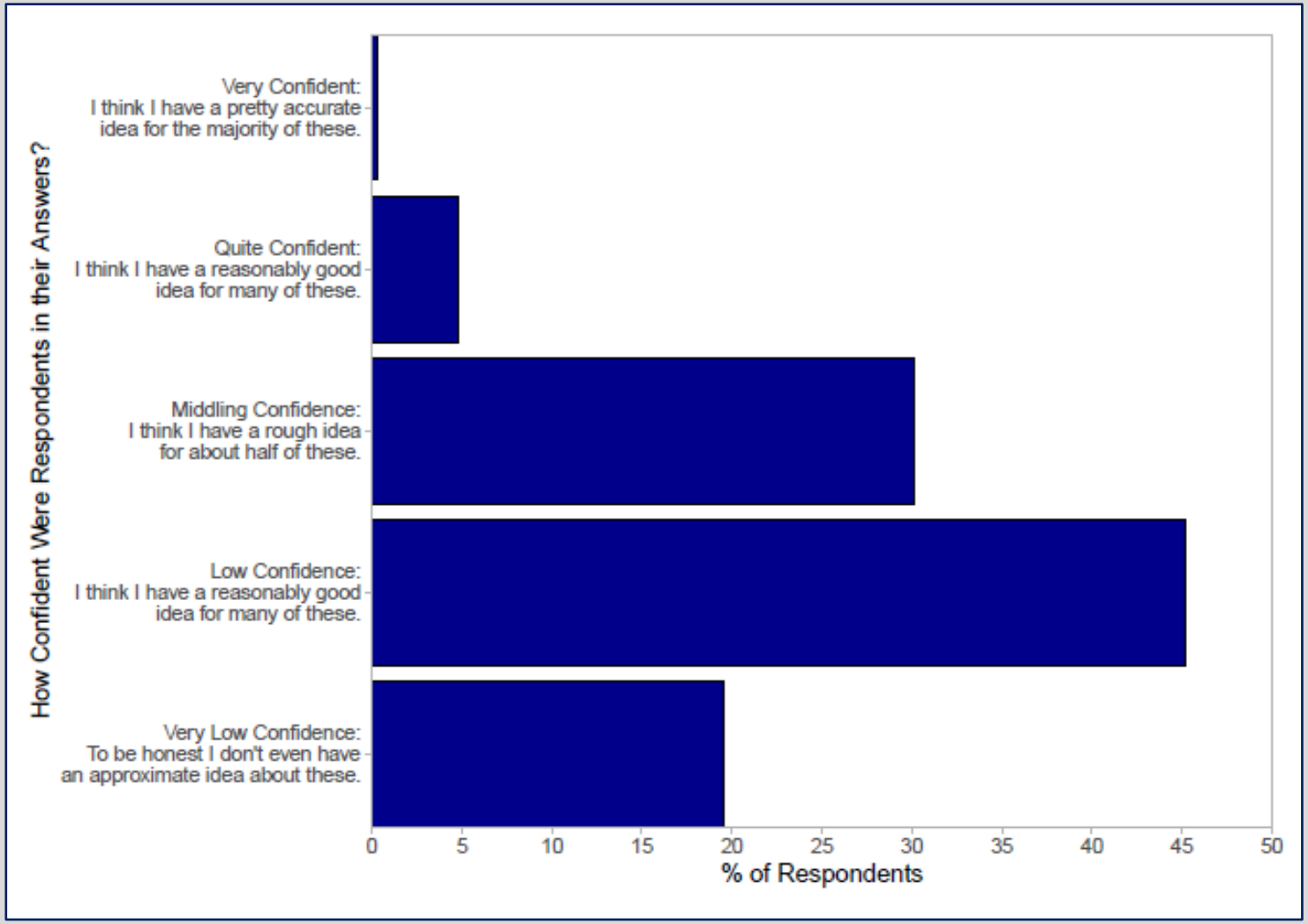
For shared clinical decision-making, and management of polypharmacy, understanding of the absolute benefits and harms of individual treatments is needed.

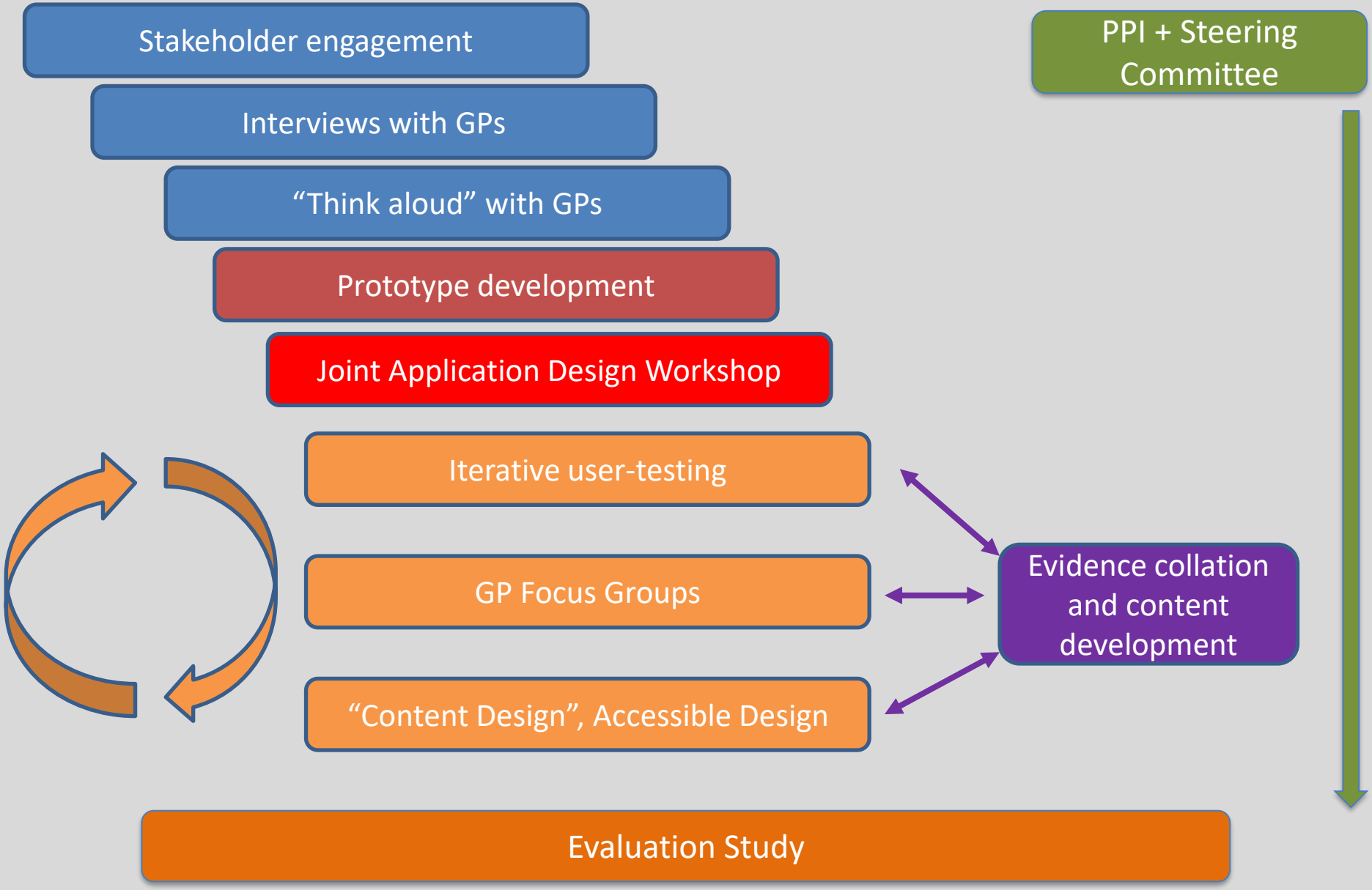
- Absolute risk reduction
- Relative risk reduction
- Number-needed-to-treat

International evidence shows that doctors' knowledge of treatment effects is poor


Correct Answer
8.4
Q2a
Anticoagulation in AF for 1 year CHA2DS−VASc6.
Outcome: Stroke
Number of Respondents
0
5
10
15
20
25
30
0 5 10 15 20 25 30 35 40 45 50 55 60 65 70 75 80 85 90 95 100
Estimated Absolute Risk Reduction (%)
N = 169


Correct Answer
2.5
Q2b
Anticoagulation in AF for 1 year CHA2DS-VASc6.
Outcome: Major Bleeding
Number of Respondents
0
5
10
15
20
25
30
0 5 10 15 20 25 30 35 40 45 50 55 60 65 70 75 80 85 90 95 100
Estimated Absolute Risk Reduction (%)
N = 169


How Confident Were Respondents in their Answers?
Very Confident:
I think I have a pretty accurate
idea for the majority of these.
Quite Confident:
I think I have a reasonably good
idea for many of these.
Middling Confidence:
I think I have a rough idea
for about half of these.
Low Confidence:
I think I have a reasonably good
idea for many of these.
Very Low Confidence:
To be honest I don't even have
an approximate idea about these.
0
5
10
15
20
25
30
35
40
45
50
% of Respondents


Stakeholder engagement
Interviews with GPs
"Think aloud" with GPs
Prototype development
Joint Application Design Workshop
Iterative user-testing
GP Focus Groups
"Content Design", Accessible Design
Evidence collation and content development
PPI + Steering Committee
Evaluation Study

Interviews with GPs

- *Some* use of quantitative information
- Awareness of knowledge deficit
- Poor confidence with stats
- Appetite for usable quantitative info, but anticipated barriers
    - Time, integrating into consultation
    - Communicating to patients
    - Medico-legal concerns
    - Competing drivers