

Clinical Audit on Management of Familial Hypercholesterolaemia in Cheung Sha Wan General Out-patient Clinic



C.K. HO, L.S. CHU, S.M. KWAN

Cheung Sha Wan Jockey Club General Out-patient Clinic, Hospital Authority

Introduction

Familial hypercholesterolaemia (FH) is a common autosomal dominant disease associated with premature atherosclerotic cardiovascular disease (CVD). Early identification and management of these patients can reduce CVD events and there are well established guidelines available. There is no previous local audit on the management of FH. This study aims to audit on the diagnosis and management of FH and to improve the management and outcome of patients with FH in CSW GOPC.

Method

The audit is carried out from 01/2021 to 02/2022 and five audit criteria are set according to Simon Broom Criteria. There are two cycles in this audit and intervention measures are implemented in between. 50 patients are sampled by random sampling in 1st and 2nd cycle.

Results

In the 1st cycle, only 58% of patients are labelled FH correctly. There is a significant gap in asking family history of myocardial infarction (10%) and family history of hyperlipidaemia (16%). Only 16% of patients are assessed for tendon xanthoma. In the 2nd cycle, there is marked improvement in all audit criteria especially the history taking and examination for tendon xanthoma.

	Audit criteria	Standard setting (%)	1 st cycle (%)	2 nd cycle (%)
1	Patients who ever had LDL > 4.9 or TC > 7.5 should be labelled as <u>definite familial hypercholesterolaemia</u> or <u>possible familial hypercholesterolaemia</u> accordingly	70	58	78
2	Patients who ever had LDL > 4.9 or TC > 7.5 should have their <u>family history of myocardial infarction</u> recorded on their notes (<50 years of age in second-degree relative or <60 years of age in first-degree relative)	70	10	60
3	Patients who ever had LDL > 4.9 or TC > 7.5 should have their <u>family history of hypercholesterolemia</u> recorded on their notes (>7.5 in adult first- or second-degree relative or >6.7 in child or sibling <16 years of age)	50	16	62
4	Patients who ever had LDL > 4.9 or TC > 7.5 should have assessment for <u>tendon xanthoma</u>	70	16	64
5	Patients who ever had LDL > 4.9 or TC > 7.5 should be started on lipid lower drug with aim of LDL < 2.6	80	56	64

Conclusion

There is a gap in diagnosis and management for patients with suspected FH. During the 2nd cycle, there are improvements in all audit criteria although some criteria still have not reached the standard. Regular audit can be carried out in the future to ensure the quality care for patient with FH.

Keywords:

Clinical audit, Familial hypercholesterolaemia, Simon Broome Criteria