## Effect of an educational program in primary care: the case of lipid control in cardio-cerebrovascular prevention

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**Background:** Lowering the blood cholesterol level reduce the risk of coronary heart disease, however, the effect of interventions depends on patients' adherence to treatment. Primary care plays an important role in detection, treatment and monitoring of patients, therefore, different educational programs (EP) have been implemented to improve disease management in general practice

**Aims**: To evaluate patients' adherence to prescribed lipid-lowering treatment; to assess whether a general practitioner auditing and feedback EP, may improve dyslipidaemia management in a primary care setting.

**Methods**: Quality of cardio-cerebrovascular prevention before and after the implementation of an EP, offered to 25 GPs, was evaluated. Data on patients receiving at least one lipid-lowering treatment were collected. To evaluate quality of healthcare assistance, outcomes, drug-utilization, process indicators were set up. Adherence as MPR was evaluated before and after EP. A correlation analysis to estimate the effect of MPR to achieve optimal clinical targets was also performed.

**Results**: Prescriptions of lipid-lowering in both the two phases of the study was made in 839 patients. While no differences in achievement of lipid target were detected, a slight but significant improvement of MPR was registered after the EP (MPR > 0.8 = 64.2% vs 60.6%, p=0.0426). Moreover, high levels of statin adherence were found to predict achievement of total cholesterol target (OR= 3.3 for MPR > 0.8 vs MPR < 0.5, CI 95%: 1.7 -6.7) or LDL therapeutic goal (OR= 3.3 for MPR > 0.8 vs MPR < 0.5, CI 95%: 1.7 - 6.7) or LDL therapeutic goal (OR= 3.3 for MPR > 0.8 vs MPR < 0.5, CI 95%: 1.7 - 6.7)

**Conclusions:** Education in primary care have a central role in managing prevention of non-acute phases of chronic pathologies, such as CCV. The final study objective to improve achievement of clinical targets and control of risk factors was only partially reached through this program. EP partially improved the defined clinical targets; probably a more patient-based approach could be more appropriate to achieve the defined target