The European Journal of General Practice

ISSN: 1381-4788 (Print) 1751-1402 (Online) Journal homepage: informahealthcare.com/journals/igen20

Peripheral Arterial Disease: The Gap Between Common Practice and the Dutch College of General Practitioners Guideline

Edith M Willigendael, Joep AW Teijink, Marie-Louise Bartelink, Jelis Boiten, Harry R Büller & Martin H Prins

To cite this article: Edith M Willigendael, Joep AW Teijink, Marie-Louise Bartelink, Jelis Boiten, Harry R Büller & Martin H Prins (2004) Peripheral Arterial Disease: The Gap Between Common Practice and the Dutch College of General Practitioners Guideline, The European Journal of General Practice, 10:3, 106-107, DOI: 10.3109/13814780409044546

To link to this article: https://doi.org/10.3109/13814780409044546

Published online: 11 Jul 2009.

Submit your article to this journal

Article views: 143

View related articles

Citing articles: 1 View citing articles

Full Terms & Conditions of access and use can be found at
https://informahealthcare.com/action/journalInformation?journalCode=igen20

Depressive disorder was also found to rank seventh in the list of common diagnoses. This may reflect the better training in diagnostic skills and assessment tools of the newly qualified GPs. For the same reason, it may be argued that osteoporosis ranks fourth, which represents a higher frequency in comparison with that recorded in other studies in Crete.[1,2]

In conclusion, although there are several methodological considerations which may have an impact on the interpretation of the results, this preliminary analysis of first morbidity data gathered in an urban primary care setting in Greece indicates some differences in the available morbidity figures and requires further study. ■

References

1 Koutis AD, Isacsson A, Lindholm LH, Lionis CD, Svenninger K, Fioretos M. Use of primary healthcare in Spili, Crete, and in Dalby, Sweden. *Scand J Prim Healthcare* 1991;9:297-302.

2 Koutis AD, Isacsson A, Lionis CD, Lindholm LH, Svenninger K, Fioretos M. Differences in the diagnose panorama in primary healthcare in Dalby, Sweden and Spili, Crete. *Scand J Soc Med* 1993;21:51-8.

Peripheral arterial disease: the gap between common practice and the Dutch College of General Practitioners guideline

Edith M Willigendael, Joep AW Teijink, Marie-Louise Bartelink, Jelis Boiten, Harry R Büller, Martin H Prins

Edith M Willigendael MD, surgical resident
Joep AW Teijink MD PhD, vascular surgeon
Atrium Medical Centre, Department of Surgery, Division of Vascular Surgery, Heerlen, the Netherlands
Marie-Louise Bartelink MD PhD, general practitioner, epidemiologist
University Medical Centre Utrecht, Julius Centre for Health Sciences and Primary Health Care, Utrecht, the Netherlands
Jelis Boiten MD PhD, neurologist
St Jans Hospital, Department of Neurology, Weert, the Netherlands
Harry R Büller MD PhD, professor of vascular medicine
Department of Internal Medicine, Division of Vascular Medicine, Academic Medical Centre, University of Amsterdam, Amsterdam, the Netherlands
Martin H Prins MD PhD, professor of epidemiology and internal medicine
Department of Epidemiology, University of Maastricht/KEMPTA, Maastricht, the Netherlands

Correspondence to: Joep AW Teijink
Atrium Medical Centre, Department of Surgery, Division of Vascular Surgery, PO Box 4446, 6401 CX Heerlen, the Netherlands
E-mail: j.teijink@atriummc.nl

Submitted: 7 April 2004.
Accepted (in revised form): 7 July 2004.

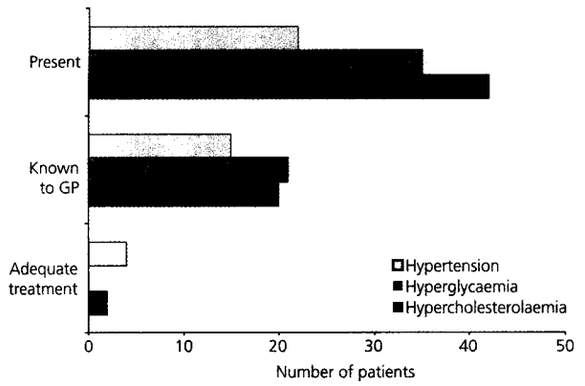
Introduction

The general practitioner (GP) is familiar with the influences of lifestyle, risk factors and comorbidity, and should be the key physician in the conservative treatment of patients with peripheral arterial disease.

In the Dutch College of General Practitioners guideline on symptomatic peripheral arterial disease (PAD), recommendations are given for determining the diagnosis of PAD with the aid of the ankle-brachial index (ABI), the conservative treatment of exercise therapy and smoking cessation. Attention is also given to secondary prevention through the detection and treatment of the main cardiovascular risk factors.[1] In the event of a deterioration in the condition, the guideline helps a GP to decide when a patient should be referred to a vascular surgeon.

In the following prospective cross-sectional study, an attempt was made to determine the degree of adherence to the guideline in order to detect a possible gap between common practice and the guideline and, thus, guide the development of an educational programme.

Figure 1. Presence and treatment of vascular risk factors.



Methods

In a cross-sectional study, 50 consecutive patients were investigated. All patients were referred by the GP to a vascular outpatient clinic for the treatment of PAD. Patients referred for diagnostics only, for example the measurement of the ABI, were not included. All patients were evaluated on the basis of criteria taken from the Dutch College of General Practitioners guideline on symptomatic PAD. To obtain an indication of the presence and instigated treatment of vascular risk factors as mentioned in the guideline, the patient's blood pressure was measured twice, and a fasting blood sample taken for total cholesterol, glucose and HbA_{1c}. Interpretation of the results was based on the aforementioned guideline.

Each risk factor was registered as being adequately or inadequately treated according to whether the target value described had been attained or not. In addition, each patient was asked if their GP had discussed their smoking habits, and initiated any form of exercise therapy.

Results

In October and November 2002, 50 consecutive patients (26 males) with an average age of 66 years (SD=12) who had been referred to the vascular outpatient clinic were analysed. The patients were referred by 41 different GPs.

The prevalence of hypertension, diabetes, and hypercholesterolaemia was high (figure 1). However, there was a discrepancy between the total prevalence of risk factors and the prevalence of risk factors known to the GP. The treatment of the risk factors known to the GP prior to referral to the vascular outpatient clinic appeared to be substandard (figure 1). At the time of referral 31 out of 50 (62%) patients smoked; 14 had been given oral advice by the GP to stop. Twelve of the 50 patients (24%) were advised to start exercise therapy. The ABI was determined prior to referral in five of the 50 patients (10%, CI 95% 3-22). Of these five ABI measurements, repeated ABI determination at the vascular laboratory revealed three false-positive measurements. Of the 45 patients who had been referred without prior ABI measurements by the GP, PAD was present in 15 (33%) patients.

Of the 50 patients referred to the vascular outpatient clinic, 16 (32%) were diagnosed with PAD. Of these 16 patients, 15 (94%) had absent pulsations. Of the 34 patients without PAD, palpable peripheral arterial pulsations were present in 28 (82%).

Conclusion

The Dutch College of General Practitioners guideline on PAD does not seem to be used as an aid for general practitioner's decision-making on diagnosis, treatment, and referral of patients with PAD to the secondary care. It is probable that logistical problems, such as lack of time and financial remuneration, partly account for the results in ABI measurement and secondary risk factor management.

It should be realised that this study was performed in one geographical area with a limited number of patients and general practitioners. Furthermore, the results with respect to conservative treatment, exercise therapy and smoking cessation depended on the memory of patients, which is known to be an unreliable source of information. However, we believe that our results do at least indicate that this situation is far from optimal.

To improve the situation in primary care practice, a nationwide interactive educational training programme was started based on the results of this prospective cross-sectional study. With this interactive training we hope to provide the necessary skills to enable GPs to comply with the guideline, and so enhance the standard of patient care. To improve the situation with respect to the detection and treatment of vascular risk factors in our outpatient clinic, a secondary prevention outpatient clinic was started in February 2003. ■

References

1 Kaiser V, Hooi JD, Stoffers HEJH, Boutens EJ, van der Laan JR. NHG-standaard 'Perifeer arterieel vaatlijden'. NHG-standaarden voor de huisarts. Utrecht: NHG/Bunge; 1998.