Person—dyslipidaemia treatment status (anti-lipid medication), code N

Exported from METEOR (AIHW's Metadata Online Registry)

Person—dyslipidaemia treatment status (anti-lipid medication), code N

Identifying and definitional attributes

Metadata item type:	Data Element
Short name:	Dyslipidaemia - treatment
Synonymous names:	Dyslipidaemia - treatment
METEOR identifier:	270238
Registration status:	Health, Superseded 21/09/2005
Data Element Concept:	Person—dyslipidaemia treatment status (anti-lipid medication)
Value Domain:	Anti-lipid medication for dyslipidaemia code N

Value domain attributes

Representational attributes

Representation class:	Code	
Data type:	Number	
Format:	N	
Maximum character length:	1	
	Value	**Meaning**
Permissible values:	1	Yes - currently treated for dyslipidaemia using anti-lipid medication
	2	No - not currently treated for dyslipidaemia using anti-lipid medication
Supplementary values:	9	Not stated/inadequately described

Collection and usage attributes

Guide for use:	Record as Yes if on drug treatment for dyslipidaemia.

Data element attributes

Collection and usage attributes

Collection methods:	Ask the individual if he/she is currently treated with anti-lipid medication. Alternatively obtain the relevant information from appropriate documentation.

Source and reference attributes

Submitting organisation:	National diabetes data working group
Origin:	National Diabetes Outcomes Quality Review Initiative (NDOQRIN) data dictionary.

Relational attributes

Related metadata references:

Has been superseded by Person—dyslipidaemia treatment with anti-lipid medication indicator (current), code N
Health, Standard 21/09/2005

Is re-engineered from Dyslipidaemia - treatment, version 1, DE, NHDD, NHIMG, Superseded 01/03/2005.pdf (16.6 KB)
No registration status

Implementation in Data Set Specifications:

Diabetes (clinical) DSS
Health, Superseded 21/09/2005

DSS specific information:

Dyslipidaemia is associated with many health problems including diabetes and hypertension. It is often related to overweight and obesity. Usually caused by inappropriate diet and sedentary lifestyle, dyslipidaemia has been reaching epidemic proportions. Active lifestyle and low calorie diets are the best way of prevention, however sometimes for the treatment of dyslipidaemia the use of pharmacotherapy is required. Abnormal levels of blood lipids are associated with increased risk of developing CHD especially in diabetic patients.

The risk of coronary and other macrovascular disorders is 2-5 times higher in people with diabetes than in non-diabetic subjects and increases in parallel with the degree of dyslipidaemia. Diabetes mellitus greatly modifies the significance of lipoprotein levels, particularly when associated with smoking, hypertension and family history of CVD. Poor metabolic control of diabetes seems to have impact on abnormal lipoprotein level. Primary dyslipidaemia, due to genetic and environmental (especially dietary) factors, is diagnosed if secondary causes have been excluded (hypothyroidism, nephrotic syndrome, cholestasis, anorexia nervosa, diabetes mellitus Type 2, renal impairment).