

Acute coronary syndromes: 6c-Patients discharged on lipid-lowering therapy

Identifying and definitional attributes

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| Metadata item type: | Indicator |
| Indicator type: | Indicator |
| Short name: | Indicator 6c-Patients discharged on lipid-lowering therapy |
| METEOR identifier: | 612087 |
| Registration status: | <ul style="list-style-type: none">• Health, Standard 12/09/2016 |
| Description: | Proportion of patients with a final diagnosis of acute coronary syndrome (ACS) who are prescribed lipid-lowering therapy at separation from hospital. |
| Rationale: | Lowering lipid levels (using statins) is an effective primary and secondary prevention treatment for vascular events, including stroke (Amarenco et al. 2006). |
| Indicator set: | Clinical care standard indicators: acute coronary syndromes Health , Standard 12/09/2016 |
| Outcome area: | Individualised care plan Health , Standard 12/09/2016 |

Collection and usage attributes

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| Computation description: | Both the numerator and the denominator include patients with acute chest pain, or other symptoms suggestive of ACS. The denominator excludes statin-intolerant ACS patients, and other ACS patients for whom statins or other lipid-lowering therapies are contraindicated and for whom the contraindication is documented. Contraindications for statins may include advance care directives, being on a palliative care pathway, and clinical judgement, subject to discussion with patients, family and carers. Presented as a percentage. |
| Computation: | $(\text{Numerator} \div \text{denominator}) \times 100$ |
| Numerator: | Number of patients with a final diagnosis of ACS who are prescribed a statin or other lipid-lowering therapy at separation from hospital. |
| Denominator: | Number of patients with a final diagnosis of ACS who are separated from hospital. |

Representational attributes

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| Representation class: | Percentage |
| Data type: | Real |
| Unit of measure: | Episode |
| Format: | N[NN] |

Source and reference attributes

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| Reference documents: | Amarenco P et al. 2006. High-dose atorvastatin after stroke or transient ischemic attack. <i>New England Journal of Medicine</i> 355(6):549–559. |
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