

Erratum

Gender differences in cardiovascular disease risk management for Pacific Islanders in primary care

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Continuing analysis of the primary care data used in the above paper revealed inconsistencies in how the source systems recorded cholesterol measurements which had not previously been noticed. This is reflected in the following corrected paragraphs and table.

Physiological measures and gender

Among the 1201 high-CVR patients, 1167 (97%) had at least three SBP and DBP readings in the past five years and 84% had three BP readings within a window of 15 months (i.e. the latest BP measurement was taken no later than 15 months after the first of three more recent BP readings), 1178 (98%) had total-to-HDL cholesterol ratio results and 1057 (88%) had HbA_{1c} results. The majority of the latest measurements were taken within the last 12 months (94% of BP readings, 75% of lipid results and 76% of HbA_{1c} results). Within the high-CVR group, compared with men, women had a significantly higher SBP and higher HbA_{1c}, but lower Total-to-HDL cholesterol ratio; no significant gender difference in the DBP was observed (median SBP: men = 131.3 mmHg, IQR = 16.67, women = 135.0 mmHg, IQR = 19.67, Wilcoxon–Mann–Whitney test $Z = 3.7394$, $P = 0.0002$; median HbA_{1c}: men = 50.0 mmol/mol, IQR = 18.83, women = 53.0 mmol/mol, IQR = 21.86, Wilcoxon–Mann–Whitney test $Z = 3.6385$, $P = 0.0003$; median Total/HDL ratio: men = 4.20, IQR = 1.60, women = 3.80, IQR = 1.50, Wilcoxon–Mann–Whitney test $Z = -5.4033$, $P < 0.0001$; median DBP: men = 80.0 mmHg, IQR = 12.00, women = 80.0 mmHg, IQR = 13.33, Wilcoxon–Mann–Whitney test $Z = -0.8310$, $P = 0.4060$).

Physiological measures and medication adherence

The high-CVR patients who were prescribed anti-hypertensive, cholesterol-lowering, and/or oral anti-diabetic medication in the last two years (irrespective of their adherence status) were found to have a higher SBP (with no significant difference in DBP) and higher HbA_{1c} than those not on treatment, but a lower mean total-to-HDL cholesterol ratio than those not on treatment (median SBP: treated = 133.3 mmHg, IQR = 18.67, not treated = 130.0 mmHg, IQR = 18.17, Wilcoxon–Mann–Whitney test $Z = -2.6450$, $P = 0.0082$; median DBP: treated = 80.0 mmHg, IQR = 13.33, not treated = 80.0 mmHg, IQR = 11.33, Wilcoxon–Mann–Whitney test $Z = 0.3924$, $P = 0.6947$; median total-to-HDL ratio: treated = 3.90, IQR = 1.50, not treated = 4.40, IQR = 1.70, Wilcoxon–Mann–Whitney test $Z = -5.0557$, $P < 0.0001$; median HbA_{1c}: treated = 60.0 mmol/mol, IQR = 21.09, not treated = 44.3 mmol/mol, IQR = 6.56, Wilcoxon–Mann–Whitney test $Z = -20.5009$, $P < 0.0001$). Those patients who adhered to medication had better results (lower SBP, DBP, total-to-HDL cholesterol and HbA_{1c}) than non-adherers (see Figures 3–5 and Table 3). This effect was also seen when the data were assessed for each gender separately (although not statistically significant for HbA_{1c} in men, or for SBP or total-to-HDL cholesterol in women).

Table 3 Physiological profile for high CVR patients by medication adherence status

Drug class	Physiological measures	Gender	Median (IQR) for high adherers <i>n</i> (%)	Median (IQR) for low adherers <i>n</i> (%)	Mann–Whitney test
Anti-hypertensive medication	SBP	F	133.3 mmHg (18.67)	136.7 mmHg (23.67)	<i>Z</i> =1.8465, <i>P</i> =0.0648
		M	130.7 mmHg (16.00)	133.3 mmHg (16.67)*	<i>Z</i> = 2.1709 , <i>P</i> = 0.0299
		Total:	131.7 mmHg (17.33)	135.2 mmHg (19.33)	<i>Z</i> = 2.8022 , <i>P</i> = 0.0051
	DBP	F	78.3 mmHg (10.33)	80.7 mmHg (12.67)	<i>Z</i> = 2.5234 , <i>P</i> = 0.0116
		M	79.3 mmHg (10.33)	83.3 mmHg (14.00)†	<i>Z</i> = 4.4636 , <i>P</i> < 0.0001
		Total:	78.7 mmHg (10.00)	82.0 mmHg (13.67)‡	<i>Z</i> = 4.9929 , <i>P</i> < 0.0001
Cholesterol medication	Total/HDL ratio	F	3.60 (1.30)	3.70 (1.50)	<i>Z</i> =-1.7440, <i>P</i> =0.0812
		M	3.70 (1.40)	4.20 (1.35)	<i>Z</i> = -4.0527 , <i>P</i> < 0.0001
		Total:	3.70 (1.40)	4.00 (1.50)	<i>Z</i> = -4.2061 , <i>P</i> < 0.0001
Oral antidiabetic medication	HbA _{1c}	F	59.0 mmol/mol (18.00)	63.9 mmol/mol (27.32)	<i>Z</i> = 2.9255 , <i>P</i> = 0.0034
		M	60.7 mmol/mol (20.00)	61.0 mmol/mol (28.42)	<i>Z</i> =0.7903, <i>P</i> =0.4293
		Total:	60.0 mmol/mol (19.09)	61.7 mmol/mol (28.51)	<i>Z</i> = 2.5754 , <i>P</i> = 0.0100

All figures in bold are statistically significant values.

* The data set is normally distributed (mean=134.8 mmHg, SD=15.11). † The data set is normally distributed (mean=83.7 mmHg, SD=11.16). ‡ The data set is normally distributed (mean=83.0 mmHg, SD=11.09).

Quality in Primary Care would like to extend its apologies to readers for any inconvenience caused.