

SAND abstract No. 61 from the BEACH program 2003–04

Subject: Prevalence of chronic illnesses identified as National Health Priority Areas among general practice patients

Organisation supporting this study: AIHW General Practice and Statistics Classification Unit

Issues: What proportion of general practice patients have chronic conditions which require ongoing management by their GP, in particular those health problems identified as National Health Priority Areas (Cardiovascular health, asthma, arthritis, depression, diabetes).

Sample: Patients at 8,911 encounters from 299 GPs; data collection periods: 19/08/2003–22/09/2003 and 28/10/2003–19/01/2004

Method: The general SAND method is detailed in the paper entitled 'SAND Method 2003–04' on this website: <http://www.fmrc.org.au/publications/SAND_abstracts.htm> The GP was presented with a list of morbidities and asked: "Does this patient have any of the following conditions which require ongoing management?" Crude rates for each problem were calculated as the proportion of the patient sample with each listed morbidity.

Estimates of the prevalence of each morbidity in the general practice sub-population were obtained by weighting each patient age group by the mean number of annual GP visits for that age group (MBS unpublished data).

Summary of results

The sex distribution of the SAND sample was similar to the total BEACH sample, however the SAND substudy sampled a significantly larger proportion of patient aged 75 years and over (17.0 95% CI:15.4–18.6) compared with the total BEACH sample (12.7%, 95%CI:11.9–13.4).

Crude rates: Around 30% of patients sampled had a diagnosed cardiovascular problem, of which ischaemic heart disease was the most common (11.0%). Eighteen percent of patients had uncomplicated hypertension. Asthma was recorded for more than one in ten patients (11.4%). Nine per cent of patients had diagnosed diabetes, 7.3% Type II diabetes (NIDDM). Osteoarthritis was common among the patients sampled (20.0%). Fifteen percent of patients had depression recorded as a health problem.

Adjusted rates: After weighting for the age–sex distribution of the sample against the population of general practice patients, the adjusted prevalence estimates were generally lower than the crude sample rates. In particular cardiovascular disease (19.0%) and osteoarthritis (11.9%), which are related to older age were less prevalent after adjustment. The estimated prevalence of asthma (11.6%) and depression (13.5%) were largely unaffected by adjustment.

Conclusion: By adjusting for age we calculated what might be a better estimate of the prevalence of diagnosed health problems among all general practice patients after taking into account the frequency of GP visits related to age.

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