

SAND abstract No. 89 from the BEACH program 2005–06

Subject: Estimates of the prevalence of chronic illnesses identified as Health Priority Areas among patients attending general practice

Organisations supporting this study: Australian General Practice Statistics and Classification Centre

Issues: The prevalence among patients attending general practice, of chronic conditions that require ongoing management by their GP, in particular those health problems identified as National Health Priority Areas.

Sample: 9,156 respondents from 305 GPs; data collected from 12/07/2005-19/9/2005 and 25/10/05-28/11/2005.

Method: Detailed in the paper entitled 'SAND Method 2005-06' on this website: <http://www.fmrc.org.au/publications/SAND_abstracts.htm>.

Summary of results

The age-sex distribution of respondents was similar to the distribution for all BEACH encounters, with the majority of patients being female (60.7%).

The crude sample morbidity rates showed that of the 9,156 patients sampled approximately 30% had a diagnosed cardiovascular problem, of which ischaemic heart disease was the most common (9.5%). Eighteen percent of respondents had uncomplicated hypertension. One in five had osteoarthritis (20.0%) and one in ten had asthma (10.7%). Psychological problems were common (24.7%), with depression recorded for 14.2% of respondents and anxiety for 10.7%. Diabetes was reported for 8.3%, the majority being Type II diabetes (7.2%).

The crude sample morbidity rates were adjusted for visit frequency related to age and sex, by weighting the SAND sample against the age-sex distribution of the population of Australians who visited a GP at least once in the 12 months from April 2004 to March 2005 (MBS unpublished data). This method adjusted the estimates for any over-representation related to age and sex. The adjusted rates may give a better estimate of the prevalence of selected morbidity among all patients attending general practice in a twelve month period, with less bias towards those who attend more frequently. Crude rates on the other hand can be interpreted as prevalence rates among patients found in the GP's waiting room at any one time.

The estimated prevalence after adjustment was generally lower than the crude sample rates. In particular cardiovascular disease (21.8%), arthritis (16.4%) and diabetes (6.5%), which are related to older age, were significantly less prevalent after adjustment. The estimated prevalence of asthma (10.6%) and psychological problems (21.8%) were largely unaffected by adjustment.

These adjusted rates are likely to be more accurate (as the diagnosis is made by a GP), than other studies relying on self-reported morbidity (such as the National Health Survey). The results were consistent across multiple subsamples suggesting reliability of method. The prevalence of important chronic conditions in the general practice population can be estimated relatively reliably and economically by using an existing study that regularly samples general practice patients across Australia and by adjusting for the effect of visit frequency bias in the sample.

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