

3 Well being

3.1 Background

There has been considerable interest in assessing patient functional status. A lot of work has concentrated on capturing not only the physical functioning but also the social and psychological functioning. The SF-36 (Medical Outcomes Study questionnaire) was designed as a generic indicator of health status (Ware & Sherbourne 1992). It has been postulated (Stewart et al. 1989) that generic instruments are useful for monitoring patients with multiple conditions, the health status of people with different conditions and for comparative purposes with the general population. A single question in the SF-36 is an overall health evaluation item. This item provides a summary indicator and captures the general impact of health problems on the individual's functional status (McDowell & Newell 1996).

The AIHW concluded that the single self-perceived health status item gave a better indicator of overall health than the more specific illness related items. In 1995, over half (55%) the Australian population (15+ years) reported their overall health as very good or excellent, 13% rated their health as fair and 4% considered their health to be poor. There were no gender differences, but the proportion rating their health as fair or poor increased with age. However, it was noted that the figures would under-estimate persons with poor health, as persons living in institutions (hospitals and nursing homes) were not represented (Australian Institute of Health and Welfare 1996).

3.2 Research questions

1. What are the levels of well being in general practice patients?
2. Is the level of well being in general practice patients associated with particular patient profiles?

3.3 SAND questions

Box 3.1: Patient well being

GPs asked the patients (18+ years):

In general would you say your health is:

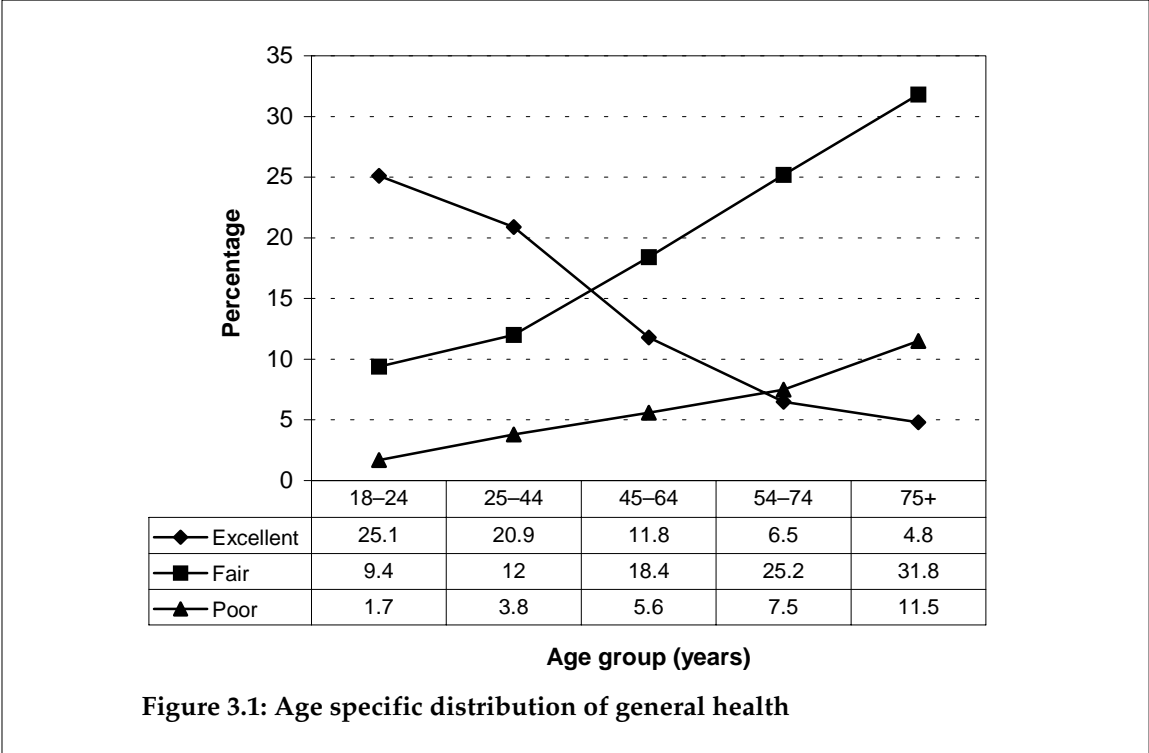
- Excellent?*
- Very good?*
- Good?*
- Fair?*
- Poor?*

3.4 Results

Sample size (18+ years) was 29,488 patient encounters from 984 GPs.

Overall, 14.1% (95% CI: 13.2–14.9) of patients aged 18 years and over rated their general health as excellent, while 18.6% (95% CI: 17.9–19.2) rated it fair and 5.9% (95% CI: 5.4–6.4) rated it poor. The distribution of self-rated general health for males and females was comparable. While the proportion of persons rating their health as fair or poor increased with age (Figure 3.1), the rate was similar between males and females, the exception being an apparent difference between males and females in the 18–24 years group (males: 9.2%; females: 1.6%).

Investigations into the association of general health rating and problems managed (ICPC-2 chapter level) revealed an apparent increase in the relative rate of management of psychological problems at encounters where the patient reported fair or poor health (Table 3.1). This was consistent across age and gender strata (data not shown). There was also a trend for higher rates of management of conditions related to the digestive, circulatory, musculoskeletal and neurological systems as the patient rated their health as poorer.



As examples, closer examination of the psychological, digestive, circulatory, musculoskeletal and neurological chapters showed an increase in the likelihood of management of oesophageal disease, heart failure, lumbar disc lesions, migraine, depression, disturbance of sleep/insomnia and anxiety, as the patient’s rating of health moved from excellent to poor (Table 3.2).

Table 3.1: Patient general health by problems managed (by ICPC-2 chapter)

Problems managed	Excellent (n=4,153)		Very good (n=8,404)		Good (n=9,752)		Fair (n=5,476)		Poor (n=1,734)	
	Per 100 encs		Per 100 encs		Per 100 encs		Per 100 encs		Per 100 encs	
	n		n		n		n		n	
General & unspecified	542	13.1	1,012	12.0	1,173	12.0	701	12.8	233	13.4
Blood	56	1.3	140	1.7	180	1.8	151	2.8	50	2.9
Digestive	322	7.8	802	9.5	1,086	11.1	666	12.2	256	14.8
Eye	109	2.0	247	2.9	259	2.7	153	2.8	38	2.2
Ear	155	3.7	338	4.0	357	3.7	135	2.5	32	1.9
Circulatory	381	9.2	1,314	15.6	2,239	23.0	1,516	27.7	456	26.3
Musculoskeletal	662	15.9	1,465	17.4	1,975	20.3	1,241	22.7	417	24.0
Neurological	112	2.7	336	4.0	421	4.3	346	6.3	150	8.7
Psychological	211	5.1	699	8.3	1,313	13.5	1,105	20.2	431	24.9
Respiratory	785	18.9	1,754	20.9	2,084	21.4	1,140	20.8	396	22.8
Skin	870	20.9	1,577	18.8	1,493	15.3	755	13.8	189	10.9
Endocrine & metabolic	206	5.0	678	8.1	1,195	12.3	731	13.3	207	11.9
Urological	110	2.6	237	2.8	283	2.9	233	4.3	77	4.4
Pregnancy & family planning	438	10.5	593	7.1	324	3.3	79	1.4	12	0.7
Female genital system	444	10.7	845	10.1	750	7.7	253	4.6	67	3.9
Male genital system	52	1.3	138	1.6	167	1.7	76	1.4	24	1.4
Social	23	0.6	60	0.7	103	1.1	76	1.4	18	1.0

Note: Abbreviations: encs = encounters

Table 3.2: Patient general health by problems managed (selected ICPC-2 codes)

Problem managed	Excellent		Very good		Good		Fair		Poor	
	n	Per 100 encs	n	Per 100 encs	n	Per 100 encs	n	Per 100 encs	n	Per 100 encs
Oesophageal disease	32	0.8	116	1.4	196	2.0	126	2.3	49	2.8
Heart failure	—	—	23	0.3	94	1.0	125	2.3	84	4.8
Lumbar disc lesion	21	0.5	48	0.6	101	1.0	72	1.3	33	1.9
Migraine	35	0.8	73	0.9	89	0.9	69	1.3	29	1.7
Depressive disorder	48	1.2	191	2.3	418	4.3	401	7.3	169	9.7
Sleep disturbance	41	1.0	129	1.5	215	2.2	164	3.0	43	2.5
Feeling anxious	23	0.6	91	1.1	167	1.7	136	2.5	38	2.2
Anxiety disorder	11	0.3	30	0.4	42	0.4	48	0.9	16	0.9

Note: Abbreviations: encs = encounters

3.5 Discussion

The self-rated general health by general practice patients is marginally poorer than that of the general community. It appears that those patients who rate their health fair to poor were more likely to have psychological problems managed at the encounter than patients who rated their health as excellent, very good or good. Further, the current study would suggest that the presence of the management of depression at the encounter had a substantial impact on a patient's health rating. This may suggest that the single item of the SF-36 is more sensitive to the impact of psychological functioning than physical functioning.