

# 12 Patient wellbeing and risk factors

Since BEACH began in April of 1998, a section on the bottom of each encounter form has been allocated to investigate aspects of patient health or health care delivery not covered by the consultation-based information (see Appendix 1). These additional substudies are referred to as SAND (Supplementary Analysis of Nominated Data). The substudies reported in this chapter provide self-reported data about patient wellbeing, height and weight (to calculate BMI), smoking status and alcohol consumption from subsamples of male and female patients.

## 12.1 Patient-assessed wellbeing by patient sex

Self-assessed wellbeing was measured using the overall health evaluation question from the SF-36 (Medical Outcomes Study questionnaire) designed as a generic indicator of health status<sup>57</sup>. This assessment of wellbeing provides an indication of the impact of health problems on the patient<sup>58</sup>.

GPs were instructed to ask the patients (or their carer in the case of children):

- In general would you say your health is:
  - Excellent?
  - Very good?
  - Good?
  - Fair?
  - Poor?

There were 12,465 male and 18,922 female respondents to this question. The comparison of self-perceived wellbeing between the sexes showed one significant difference in the category of 'very good.' Male patients rated their health as 'very good' significantly less often (27.2%) than did female patients (29.3%). Although not significant in most categories, there is a slight trend for males to view their health less positively than females (Table 12.1).

**Table 12.1: Patient-assessed wellbeing by patient sex**

	Male (n = 12,465)			Female (n = 18,922)		
	Per cent	95% LCL	95% UCL	Per cent	95% LCL	95% UCL
Excellent	13.1	12.1	14.2	14.0	13.1	14.9
Very good	27.2	26.2	28.1	29.3	28.5	30.2
Good	34.1	33.0	35.1	33.1	32.2	33.9
Fair	19.2	18.4	20.0	17.9	17.1	18.6
Poor	6.4	5.5	7.4	5.7	5.0	6.4

Note: Shading indicates statistically significant differences. LCL—lower confidence limit; UCL—upper confidence limit.

## 12.2 Patient body mass by patient sex

The GPs were instructed to ask the patients (or their carer in the case of children):

- What is your height in centimetres?
- What is your weight in kilograms?

Metric conversion tables (feet and inches; stones and pounds) were provided to each GP.

The BMI for an individual is calculated by dividing weight (kilograms) by height (metres) squared. A person with a BMI of less than 20 is considered underweight<sup>59</sup>, 20–24 is normal, 25–29 overweight and more than 30 is considered to be obese<sup>60</sup>.

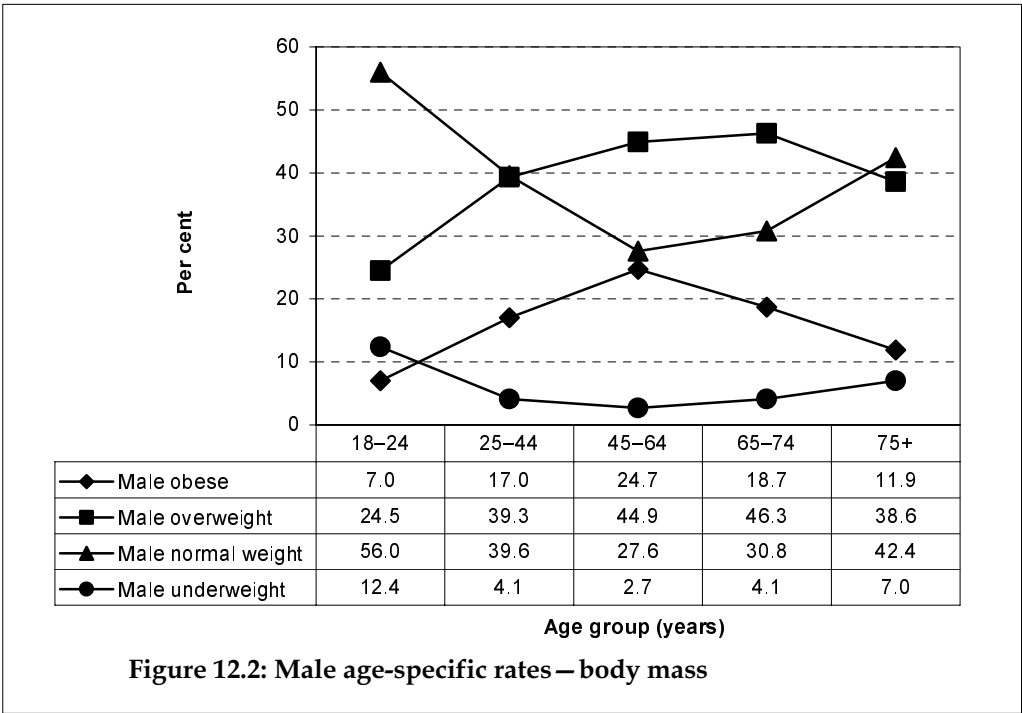
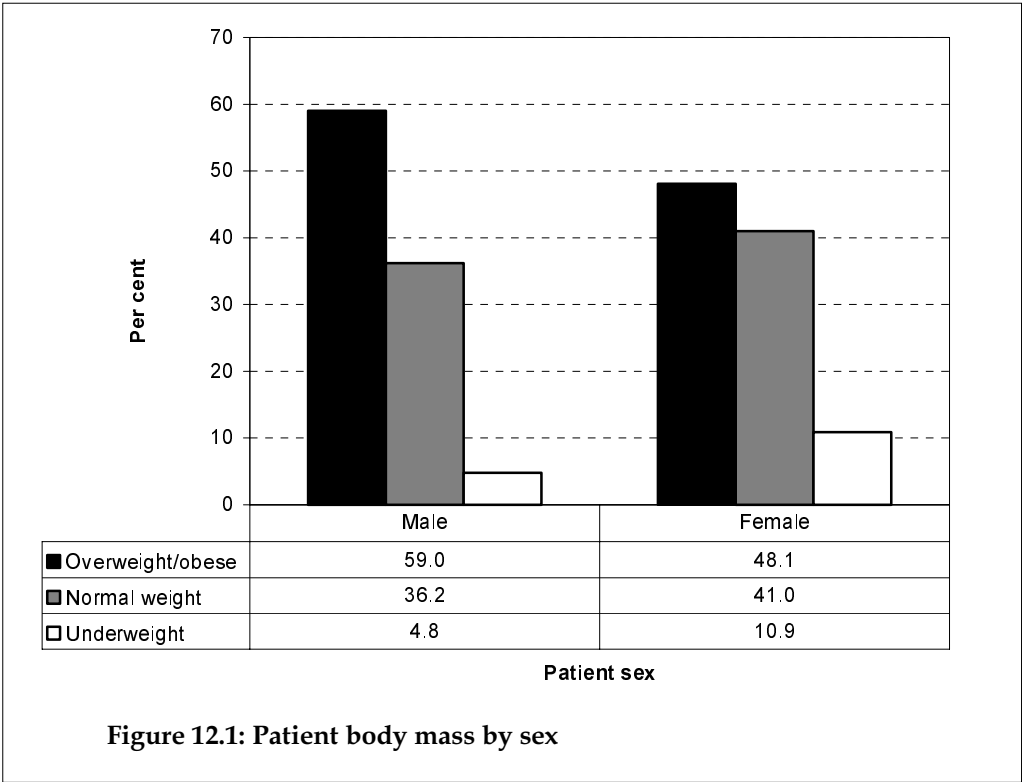
Responses to the height and weight questions were received from 13,062 male patients and 19,655 female patients. Male patients were less likely than females patients to be obese (18.1% compared with 20.0%) but far more likely than females to be overweight (40.9% compared with 27.9%). Males were less likely to be of a normal weight (36.2%) or underweight (4.8%) compared with females (41.0% and 10.9% respectively) (Table 12.2).

Figure 12.1 shows this distribution diagrammatically with the obese and overweight categories combined. The combination of these two categories shows that the proportion of male respondents who were overweight or obese was much higher than in the female sample. Figure 12.2 shows the age-specific rates of body mass for male patients. Obesity was most common in males aged between 45 and 64 years (24.7%). Males were most likely to be overweight in the 65–74 age group (46.3%), closely followed by those in the 45–64 age group (44.9%).

**Table 12.2: Patient body mass (aged 18+ years) by patient sex**

	Male (n = 13,062)			Female (n = 19,655)		
	Per cent	95% LCL	95% UCL	Per cent	95% LCL	95% UCL
Obese	18.1	17.3	19.0	20.2	19.5	20.9
Overweight	40.9	39.9	41.8	27.9	27.2	28.7
Normal	36.2	35.2	37.2	41.0	40.1	41.8
Underweight	4.8	4.0	5.5	10.9	10.3	11.5

Note: Shading indicates statistically significant differences. LCL—lower confidence limit; UCL—upper confidence limit.



## 12.3 Patient smoking status by patient sex

The GPs were instructed to ask the patients (18+ years):

- What best describes your smoking status?      Smoke daily; Occasional smoker;  
    Previous smoker; Never smoked

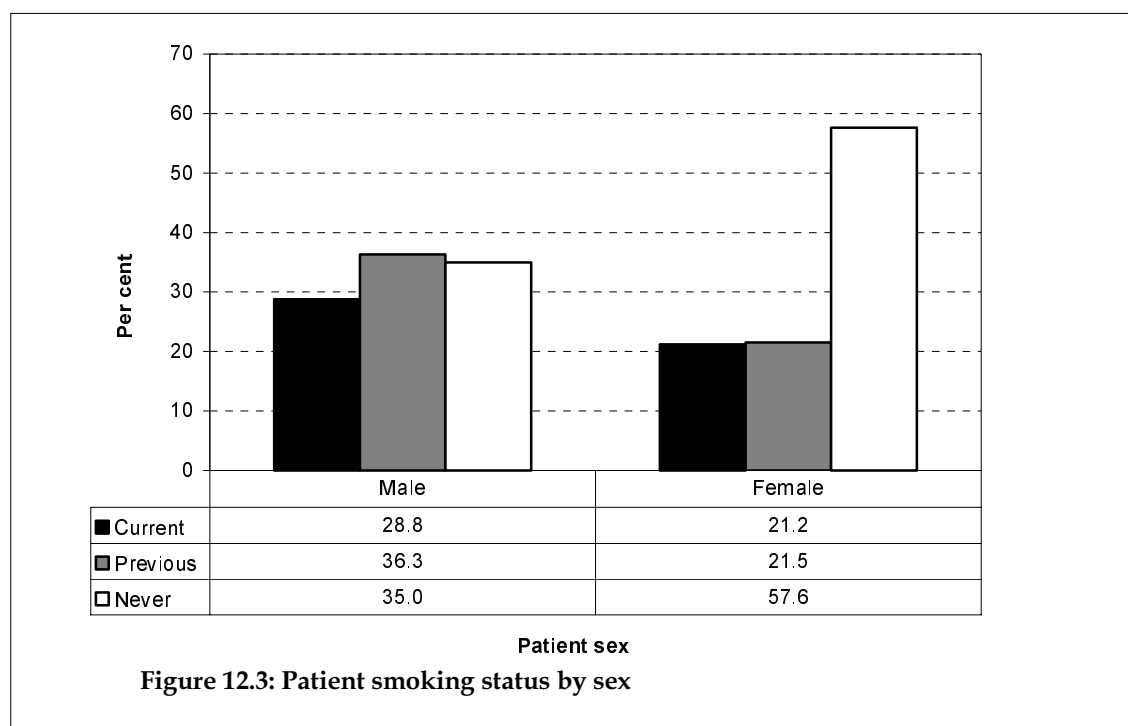
There were 12,230 male and 19,930 female patients for whom smoking status was reported. Male patients were less likely to have never smoked (35.0%) than females (57.4%). Significantly greater proportions of male patients were previous (36.3%) or current smokers (23.4%) compared with female patients (21.5% and 16.2% respectively) (Table 12.3). Smoking status is shown diagrammatically in Figure 12.3 with the current smoking group incorporating both occasional and daily smokers.

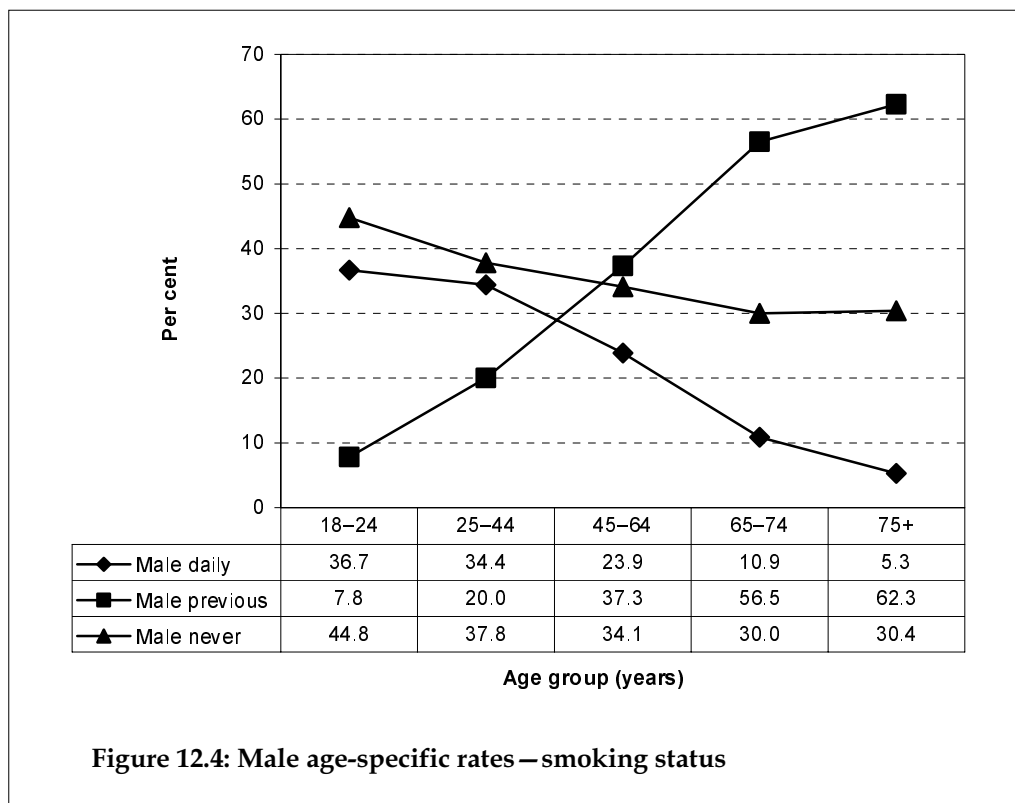
Figure 12.4 shows graphically the age-specific rates of smoking status for male patients. Males aged between 18 and 24 years demonstrated the highest rates of daily smoking (36.7%) followed closely by those aged 25–44 years (34.4%).

**Table 12.3: Patient smoking status (18+ years) by patient sex**

Smoking status	Male (n = 12,230)			Female (n = 19,930)		
	Per cent	95% LCL	95% UCL	Per cent	95% LCL	95% UCL
Daily	23.4	22.3	24.5	16.2	15.4	16.9
Occasional	5.4	4.4	6.4	5.1	4.5	5.6
Previous	36.3	35.1	37.4	21.5	20.7	22.2
Never	35.0	33.9	36.0	57.4	56.3	58.4

Note: Shading indicates statistically significant differences. LCL—lower confidence limit; UCL—upper confidence limit.





## 12.4 Patient-reported alcohol consumption by patient sex

To measure alcohol consumption, BEACH uses three items from the World Health Organization (WHO) Alcohol Use Disorders Identification Test (AUDIT)<sup>61</sup>, with slightly modified wording and scoring for an Australian setting<sup>62</sup>. Together these three questions assess 'at-risk' alcohol use. The scores for each question range from 0 to 4. A score of 5+ for males or 4+ for females suggests that the person's drinking level is placing them at risk.

GPs were instructed to ask the patient (18+ years):

- How often do you have a drink containing alcohol?
  - Never
  - Monthly or less
  - Once a week
  - 2-4 times a week
  - 5+ times a week
  
- How many standard drinks do you have on a typical day when you are drinking? \_\_\_\_\_
  
- How often do you have 6 or more standard drinks on one occasion?
  - Never
  - Monthly or less
  - Once a week
  - 2-4 times a week
  - 5+ times a week

A standard drinks chart was provided to each GP to help the patient identify the number of standard drinks consumed.

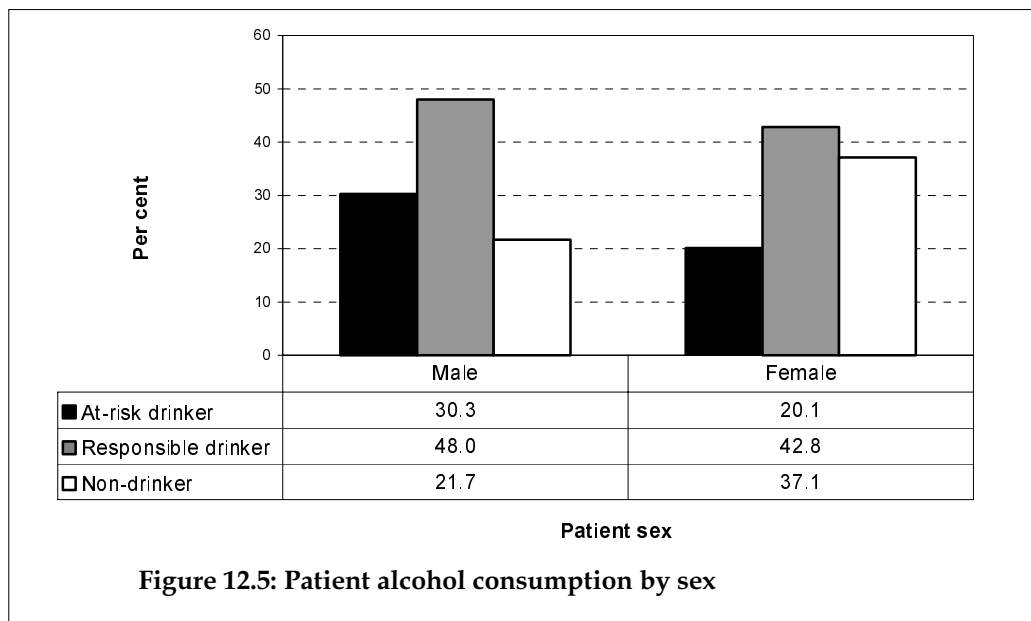
The 13,076 male and 19,832 female patients who answered the three alcohol consumption questions at the GP encounter were classified as either at-risk drinkers, responsible drinkers, or non-drinkers (Table 12.4). Male patients were significantly less likely to be non-drinkers (21.7%) than were female patients (37.1%). Male patients were significantly more likely to be at-risk drinkers (30.3%) or responsible drinkers (48.0%) than were female patients (20.1% and 42.8% respectively). These results are shown diagrammatically in Figure 12.5.

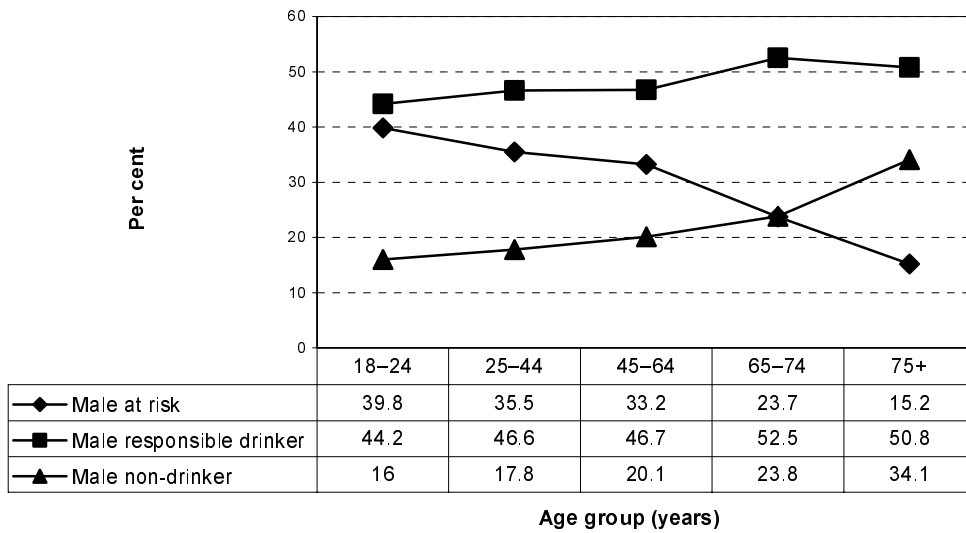
Figure 12.6 shows the male age-specific rates of alcohol consumption. Males in the 18–24 age group reported the highest rates of at-risk alcohol consumption (39.8%); the age-specific rate decreased steadily with age to 15.2% in those aged 75 years or over. Of the male patients who drank alcohol, 35.0% consumed alcohol at levels considered to place them at risk. Further, 47.3% of male drinkers aged between 18 and 24 years drank at risk levels.

**Table 12.4: Patient-reported alcohol consumption (18+ years) by patient sex**

Alcohol intake status	Male (n = 13,076)			Female (n = 19,832)		
	Per cent	95% LCL	95% UCL	Per cent	95% LCL	95% UCL
At-risk drinker	30.3	29.2	31.4	20.1	19.2	21.0
Responsible drinker	48.0	46.9	49.1	42.8	41.8	43.8
Non-drinker	21.7	20.6	22.8	37.1	35.9	38.4

Note: Shading indicates statistically significant differences. LCL—lower confidence limit; UCL—upper confidence limit.





**Figure 12.6: Male age-specific rates – alcohol use**