

6 Problems managed

The problems, as described by the GP, that are managed during a patient encounter may be expressed as symptoms, diagnoses or ill-defined conditions, but GPs are asked to state the problem as specifically as possible. The BEACH encounter form allows the recording of up to four problems.

There were over 85,000 problems managed at encounters with patients aged 65 years or more in 2000–02, at a rate of 171.2 per 100 encounters (Table 4.2). This was considerably higher than the average rate for the total BEACH sample in 2002, of 143.4 per 100 encounters.⁹⁶

6.1 Problems managed by ICPC–2 chapter

Problems associated with the circulatory system were the most frequently managed, at a rate of 38.4 per 100 encounters, followed by musculoskeletal problems (22.2 per 100 encounters) (Table 6.1). Other problems managed at relatively high rates included:

- respiratory problems (18.8 per 100 encounters)
- skin problems (17.6 per 100 encounters)
- endocrine and metabolic problems (15.7 per 100 encounters)
- problems of a general or unspecified nature (14.3 per encounters)
- psychological problems (11.1 per 100 encounters)
- digestive problems (10.4 per 100 encounters).

While circulatory and musculoskeletal problems were the most frequently managed problems for patients in both age groups, circulatory problems were managed significantly more often at encounters with patients of 75+ years (40.5 per 100 encounters) than at encounters with those aged 65–74 years (36.1 per 100).

The relative rankings of ICPC–2 chapters changed considerably between the two age groups once the circulatory and musculoskeletal chapters were accounted for. Problems of a respiratory nature were more often managed at encounters with the younger age group (20.5 per 100 encounters) than at those with patients of 75 years and over (17.1 per 100 encounters), as were endocrine and metabolic problems (19.2 per 100 encounters compared with 12.5 per 100 encounters), and problems pertaining to the female genital system (3.9 per 100 encounters compared with 1.7 per 100 encounters).

In contrast, at encounters with patients of 75 years or more, problems related to the skin (18.9 per 100 encounters) and psychological problems (12.5 per 100 encounters) were managed significantly more often than at those with patients of 65–74 years (16.1 and 9.6 per 100 encounters respectively). Problems of a general and unspecified nature were also more frequent at encounters with the older patients (15.1 per 100 encounters compared with 13.4 per 100) (Table 6.1).

Table 6.1: Problems managed by ICPC–2 chapter

ICPC–2 chapter	65–74 (<i>n</i> = 24,003)			75+ (<i>n</i> = 25,644)			Total 65+ (<i>n</i> = 49,647)		
	Rate per 100 encs ^(a)	95% LCL	95% UCL	Rate per 100 encs ^(a)	95% LCL	95% UCL	Rate per 100 encs ^(a)	95% LCL	95% UCL
Circulatory	36.1	35.1	37.0	40.5	39.4	41.7	38.4	37.5	39.3
Musculoskeletal	22.9	22.2	23.6	21.5	20.8	22.2	22.2	21.7	22.7
Respiratory	20.5	19.7	21.4	17.1	16.3	17.9	18.8	18.1	19.4
Skin	16.1	15.4	16.8	18.9	18.2	19.7	17.6	17.0	18.1
Endocrine & metabolic	19.2	18.4	20.0	12.5	11.8	13.1	15.7	15.2	16.3
General & unspecified	13.4	12.6	14.1	15.1	14.2	15.9	14.3	13.6	14.9
Psychological	9.6	9.0	10.2	12.5	11.8	13.2	11.1	10.6	11.6
Digestive	10.6	10.1	11.2	10.2	9.7	10.7	10.4	10.1	10.7
Urology	3.6	3.1	4.2	4.6	4.1	5.0	4.1	3.9	4.4
Ear	3.5	3.0	4.0	3.6	3.2	4.1	3.6	3.3	3.8
Eye	3.2	2.7	3.7	3.9	3.4	4.3	3.6	3.3	3.8
Neurological	3.6	3.0	4.1	3.4	3.0	3.9	3.5	3.2	3.7
Female genital system	3.9	3.2	4.6	1.7	1.1	2.3	2.8	2.5	3.1
Blood	2.2	1.5	2.9	2.8	2.3	3.3	2.5	2.2	2.8
Male genital system	2.3	1.6	3.0	1.9	1.3	2.5	2.1	1.8	2.4
Social problems	0.7	0.0	1.8	0.7	0.0	1.5	0.7	0.2	1.1
Total problems (<i>n</i>)	41,179	—	—	43,829	—	—	85,008	—	—

(a) Figures do not total 100.0 as more than one problem can be managed at each encounter.

Note: Shading indicates statistically significant differences between age groups. Encs—encounters; LCL—lower confidence limit; UCL—upper confidence limit.

6.2 Most frequent individual problems managed

Hypertension was the most frequently managed problem at encounters with patients aged 65 years and over, managed at almost one in five encounters (19.9 per 100 encounters) (Table 6.2). This was followed by osteoarthritis and immunisation, both managed at a rate of 6.2 per 100 encounters.

There were few significant differences between the two age groups when examining rates of individual problems managed. Diabetes (7.0 per 100 encounters) was managed significantly more often at encounters with 65–74 year olds than at those with older patients (4.9 per 100 encounters), as were lipid disorders (6.7 per 100 encounters compared with 3.1). Heart failure, while the sixth most frequently managed problem at encounters with patients of 75 years or more (3.8 per 100 encounters), was managed at only 1.5 per 100 encounters with patients aged 65 to 74 years.

Table 6.2: Most frequent individual problems managed at encounter

Problem managed	65–74 (n = 24,003)			75+ (n = 25,644)			Total 65+ (n = 49,647)		
	Rate per 100 encs ^(a)	95% LCL	95% UCL	Rate per 100 encs ^(a)	95% LCL	95% UCL	Rate per 100 encs ^(a)	95% LCL	95% UCL
Hypertension*	20.7	19.9	21.4	19.2	18.3	20.0	19.9	19.2	20.6
Osteoarthritis*	6.1	5.5	6.6	6.4	5.8	6.9	6.2	5.9	6.6
Immunisation/vaccination (all)*	6.9	5.0	8.9	5.5	3.3	7.6	6.2	4.7	7.7
Diabetes*	7.0	6.4	7.6	4.9	4.5	5.4	5.9	5.6	6.3
Lipid disorder	6.7	6.1	7.3	3.1	2.5	3.7	4.8	4.5	5.2
Ischaemic heart disease*	3.3	2.7	3.9	4.3	3.8	4.8	3.8	3.5	4.1
Prescription all*	3.2	2.1	4.2	3.3	2.3	4.4	3.2	2.6	3.9
Sleep disturbance	2.4	1.7	3.2	3.5	2.9	4.2	3.0	2.6	3.4
Depression*	2.9	2.3	3.6	2.7	2.2	3.2	2.8	2.5	3.1
Oesophageal disease	2.9	2.3	3.5	2.5	2.0	3.0	2.7	2.4	3.0
Heart failure	1.5	0.6	2.4	3.8	3.2	4.2	2.7	2.4	3.0
Acute bronchitis/bronchiolitis	2.5	1.7	3.3	2.6	2.0	3.1	2.5	2.2	2.9
Cardiac check-up*	2.4	1.2	3.6	2.3	1.3	3.2	2.3	1.7	3.0
General check-up*	1.6	0.7	2.4	2.9	2.3	3.6	2.3	1.9	2.6
Chronic obstructive pulmonary disease	2.2	1.4	2.9	2.3	1.8	2.8	2.2	1.9	2.5
Back complaint*	2.4	1.7	3.1	2.0	1.4	2.6	2.2	1.9	2.5
Atrial fibrillation/flutter	1.6	0.8	2.5	2.6	2.1	3.2	2.2	1.8	2.5
Asthma	2.6	2.0	3.2	1.7	1.1	2.4	2.2	1.9	2.4
Solar keratosis/sunburn	2.1	1.1	3.1	2.2	1.5	2.8	2.1	1.7	2.5
UTI*	1.8	1.1	2.4	2.5	2.0	2.9	2.1	1.9	2.3
Upper respiratory infection, acute	2.5	1.7	3.2	1.7	1.1	2.3	2.1	1.7	2.4
Osteoporosis	1.8	1.1	2.5	2.2	1.6	2.7	2.0	1.7	2.3
Malignant neoplasm, skin	1.8	0.9	2.8	2.0	1.4	2.6	1.9	1.5	2.3
Anxiety*	1.8	1.1	2.5	1.7	1.1	2.4	1.8	1.4	2.1
Contact/allergic dermatitis	1.6	0.9	2.3	1.9	1.4	2.4	1.7	1.5	2.0
Chronic ulcer, skin	0.9	0.0	1.9	2.5	1.8	3.2	1.7	1.4	2.1
Arthritis*	1.5	0.5	2.5	1.6	0.7	2.5	1.5	1.0	2.0
<i>Subtotal (n, %)</i>	<i>22,481</i>	<i>51.3%</i>	—	<i>25,162</i>	<i>57.4%</i>	—	<i>47,591</i>	<i>66.0%</i>	—
Total problems (n)	43,829	—	—	43,829	—	—	85,008	—	—

(a) Figures do not total 100.0 as more than one problem can be managed at each encounter. Only those problems managed at a rate of 1.5 per 100 encounters in at least one age group are included.

* Includes multiple ICPC–2 and ICPC–2 PLUS codes.

Note: Shading indicates statistically significant differences between age groups. Encs—encounters; LCL—lower confidence limit; UCL—upper confidence limit; UTI—urinary tract infection.

6.3 Injuries

Background

Injuries were deemed to be responsible for 8.4% of overall DALYs in Australia in 1996. In older people, falls account for the greatest proportion of DALYs, in particular for those aged 75 years and over.⁴⁰ Age-specific death rates from falls are considerably higher among those aged 75 years and over compared with those aged 65 to 74,³ and males in both groups have higher age–sex-specific death rates from falls than females.^{3,39}

From a health perspective, falls can be associated with minor injuries such as cuts and bruises, to more serious injuries including fractures, and in some cases death.⁴ Almost half of deaths from injuries were attributed to falls in people aged 65 years and over in 1998 (49.5%), with over one thousand people dying after a fall.³⁹

Conditions found to be associated with falling in older people include Parkinson's disease, hip fractures, stroke, glaucoma and arthritis. While males have higher age–sex-specific death rates from falls than females, it would appear from self-reported data that females may have a higher risk of falling than males.^{100,101} It also appears that either a previous fall or a fear of falling may predict falls in the future.¹⁰¹

Various strategies have been put in place to prevent falls in older people. Due to the fact that activity restriction has been associated with falling,¹⁰¹ research has been conducted on exercise programs which aim to reduce falls in older people. It has been shown that the number of falls experienced by patients does decrease after structured exercise programs,^{41,42} while a program of exercise, reduction of hazards in the home and improvement in vision further reduce the number of falls.⁴¹ Guidelines have recently been distributed by Queensland Health to help health care practitioners improve their knowledge and skills regarding falls prevention.¹⁰²

Results

Injuries were managed at one in every 20 general practice encounters with patients aged 65 years and over (5.0 per 100 encounters). Musculoskeletal injuries accounted for the majority of these, managed at an average rate of 2.4 per 100 encounters. Skin injuries were managed at a rate of 1.8 per 100 encounters. Problems labelled as falls only contributed 0.2 problem contacts per 100 encounters (Table 6.3).

When the older population was divided into the 65–74 years and 75+ age groups, the rate of general practice encounters due to injuries was found to be marginally higher in the 75+ years age group (5.2 per 100 encounters) than in the 65–74 year age group (4.7 per 100 encounters). Skin injuries, such as cuts, bruises and burns, were recorded significantly more often in patients aged 75 years and over (2.2 per 100 encounters compared with 1.4 per 100 encounters with 65–74 year olds). However, musculoskeletal injuries, such as fractures, were not managed at significantly different rates in these age groups.

Table 6.3: Management rates of injuries at encounters with patients aged 65 years and over

Injury count	65–74 (n = 24,644)			75+ (n = 25,003)			Total 65+ (n = 49,647)		
	Rate per 100 encs	95% LCL	95% UCL	Rate per 100 encs	95% LCL	95% UCL	Rate per 100 encs	95% LCL	95% UCL
All injuries	4.7	4.2	5.3	5.2	4.8	5.7	5.0	4.7	5.3
Musculoskeletal injuries	2.6	1.9	3.2	2.3	1.8	2.8	2.4	2.2	2.7
Skin injuries	1.4	1.3	1.6	2.2	2.0	2.4	1.8	1.7	1.9
Trauma/injury, NOS	0.2	0.0	2.5	0.3	0.0	1.5	0.2	0.0	0.9

Note: Shading indicates statistically significant differences between age groups. Encs—encounters; LCL—lower confidence limit; UCL—upper confidence limit.