Reference list


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Glossary

**A1 Medicare items:** Medicare item numbers 1, 2, 3, 4, 13, 19, 20, 23, 24, 25, 33, 35, 36, 37, 38, 40, 43, 44, 47, 48, 50, 51, 601, 602.

**Aboriginal:** The patient identifies himself or herself as an Aboriginal person.

**Activity level:** The number of general practice A1 Medicare items claimed during the previous 3 months by a participating GP.

**Allied and other health professionals:** Those who provide clinical and other specialised services in the management of patients, including physiotherapists, occupational therapists, dietitians, dentists and pharmacists.

**Complaint:** A symptom or disorder expressed by the patient when seeking care.

**Consultation:** See Encounter.

**Diagnosis/problem:** A statement of the provider’s understanding of a health problem presented by a patient, family or community. GPs are instructed to record at the most specific level possible from the information available at the time. It may be limited to the level of symptoms.

- **New problem:** The first presentation of a problem, including the first presentation of a recurrence of a previously resolved problem but excluding the presentation of a problem first assessed by another provider.

- **Old problem:** A previously assessed problem that requires ongoing care. Includes follow-up for a problem or an initial presentation of a problem previously assessed by another provider.

**Encounter (enc):** Any professional interchange between a patient and a GP.

- **Indirect:** Encounter where there is no face-to-face meeting between the patient and the GP but a service is provided (e.g. prescription, referral).

- **Direct:** Encounter where there is a face-to-face meeting of the patient and the GP.

Direct encounters can be further divided into:

- **Medicare-claimable:** Including Surgery consultations, Home visits, Hospital encounters, Residential aged care facility, Health assessments, Chronic disease management items, Case conferences, Incentive payments, Other MBS encounters.

- **Workers compensation:** Encounters paid by workers compensation insurance.

- **Other paid:** Encounters paid from another source (e.g. state).

**General practitioner (GP):** A medical practitioner who provides primary comprehensive and continuing care to patients and their families within the community (Royal Australian College of General Practitioners).

**Medication:** Medication that is prescribed, provided by the GP at the encounter or advised for over-the-counter purchase.
**Medication rates:** The rate of use of all medications including medications that were prescribed, supplied by the GP and advised for over-the-counter purchase.

**Medication status:**

- **New:** The medication prescribed/provided at the encounter/advised is being used for the management of the problem for the first time.
- **Continuation:** The medication prescribed/provided at the encounter/advised is a continuation or repeat of previous therapy for this problem.
- **Old:** See Continuation.

**Morbidity:** Any departure, subjective or objective, from a state of physiological wellbeing. In this sense, sickness, illness and morbid conditions are synonymous.

**Prescribed rates:** The rate of use of prescribed medications (i.e. does not include medications that were GP-supplied or advised for over-the-counter purchase).

**Problem managed:** See Diagnosis/problem.

**Provider:** A person to whom a patient has access when contacting the health care system.

**Reasons for encounter (RFEs):** The subjective reasons given by the patient for seeing or contacting the general practitioner. These can be expressed in terms of symptoms, diagnoses or the need for a service.

**Recognised GP:** A medical practitioner who is:

- vocationally recognised under Section 3F of the Health Insurance Act, or
- a holder of the Fellowship of the Royal Australian College of General Practitioners who participates in, and meets the requirements for, quality assurance and continuing medical education as defined in the RACGP Quality Assurance and Continuing Medical Education Program, or
- undertaking an approved placement in general practice as part of a training program for general practice leading to the award of the Fellowship of the Royal Australian College of General Practitioners or undertaking an approved placement in general practice as part of some other training program recognised by the RACGP as being of equivalent standard.35

**Referral:** The process by which the responsibility for part or all of the care of a patient is temporarily transferred to another health care provider. Only new referrals to specialists and allied health professionals and for hospital and residential aged care facility admissions arising at a recorded encounter are included. Continuation referrals are not included. Multiple referrals can be recorded at any one encounter.

**Torres Strait Islander:** The patient identifies himself or herself as a Torres Strait Islander person.
<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>AGPSCC</td>
<td>Australian General Practice Statistics and Classification Centre, University of Sydney, a collaborating unit of the Australian Institute of Health and Welfare</td>
</tr>
<tr>
<td>AIHW</td>
<td>Australian Institute of Health and Welfare</td>
</tr>
<tr>
<td>ATC</td>
<td>Anatomical Therapeutic Chemical (classification)</td>
</tr>
<tr>
<td>AUDIT</td>
<td>Alcohol Use Disorders Identification Test</td>
</tr>
<tr>
<td>BEACH</td>
<td>Bettering the Evaluation And Care of Health</td>
</tr>
<tr>
<td>BMI</td>
<td>Body mass index</td>
</tr>
<tr>
<td>CAPS</td>
<td>Coding Atlas for Pharmaceutical Substances</td>
</tr>
<tr>
<td>CHD</td>
<td>Coronary heart disease</td>
</tr>
<tr>
<td>CI</td>
<td>Confidence interval (in this report 95% CI is used)</td>
</tr>
<tr>
<td>DoHA</td>
<td>Australian Government Department of Health and Ageing</td>
</tr>
<tr>
<td>Enc</td>
<td>Encounter</td>
</tr>
<tr>
<td>GI</td>
<td>Gastrointestinal</td>
</tr>
<tr>
<td>GORD</td>
<td>Gastro-oesophageal reflux disorder</td>
</tr>
<tr>
<td>GP</td>
<td>General practitioner</td>
</tr>
<tr>
<td>GPSCU</td>
<td>General Practice Statistics and Classification Unit (now the Australian General Practice Statistics and Classification Centre, AGPSCC)</td>
</tr>
<tr>
<td>HbA1c</td>
<td>Haemoglobin, type A1c</td>
</tr>
<tr>
<td>ICPC-2</td>
<td>International Classification of Primary Care (Version 2)</td>
</tr>
<tr>
<td>ICPC-2 PLUS</td>
<td>A terminology classified according to ICPC-2</td>
</tr>
<tr>
<td>IHD</td>
<td>Ischaemic heart disease</td>
</tr>
<tr>
<td>MBS</td>
<td>Medicare Benefits Schedule</td>
</tr>
<tr>
<td>NESB</td>
<td>Non-English-speaking background (i.e. a language other than English is spoken at home)</td>
</tr>
<tr>
<td>NOS</td>
<td>Not otherwise specified</td>
</tr>
<tr>
<td>NSAID</td>
<td>Non-steroidal anti-inflammatory drug</td>
</tr>
<tr>
<td>OTC</td>
<td>Over-the-counter (i.e. medications advised for over-the-counter purchase)</td>
</tr>
<tr>
<td>PBS</td>
<td>Pharmaceutical Benefits Scheme</td>
</tr>
<tr>
<td>QA</td>
<td>Quality assurance (in this case the Quality Assurance Program of the Royal Australian College of General Practitioners)</td>
</tr>
<tr>
<td>RACGP</td>
<td>Royal Australian College of General Practitioners</td>
</tr>
<tr>
<td>SAND</td>
<td>Supplementary Analysis of Nominated Data</td>
</tr>
<tr>
<td>SAS</td>
<td>Statistical Analysis System</td>
</tr>
<tr>
<td>WHO</td>
<td>World Health Organization</td>
</tr>
<tr>
<td>Wonca</td>
<td>World Organization of Family Doctors</td>
</tr>
</tbody>
</table>
Subject bibliography

**ABSENTEEISM**
9  Influenza and absenteeism

**ACID SUPPRESSANT**
29  Non-steroidal anti-inflammatory drugs (NSAIDS) and acid suppressant use
78  NSAID & acid suppressant use in general practice patients

**ADVERSE PHARMACOLOGICAL EVENTS**
56  Prevalence, cause and severity of adverse pharmacological events

**AFTER-HOURS MEDICAL SERVICES**
10  Length of consultation; after-hours arrangements; co-morbidity
32  Patient use of after-hours medical services

**ALCOHOL**
Section 4.4 Alcohol consumption

*See also: Alcohol use in: Measures of health and health care delivery in general practice in Australia (pg 20)*.

**ALLERGIC RHINITIS**
1  Allergic rhinitis

**ALZHEIMER’S**
28  Prevalence of Alzheimer’s disease and dementia
102  Alzheimer’s disease or dementia in patients attending general practice

**ANGINA**
98  Management of hypertension and angina in general practice patients

**ANTI-PSYCHOTIC**
66  Anti-psychotic medication use by general practice patients

**ANXIETY**
2  Anxiety/stress, consultation time, level of education
47  Management of depression and anxiety

**ARTHRITIS**
88  Arthritis rates and NSAID use in general practice patients

**ASTHMA**
3  Asthma
22  Asthma—prevalence, severity and management
39  Severity of asthma, medications and management
48  Asthma prevalence and management
<table>
<thead>
<tr>
<th>Page</th>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>63</td>
<td>Asthma—prevalence, management and medication side-effects</td>
<td>164</td>
</tr>
<tr>
<td>70</td>
<td>Inhaled corticosteroid use for asthma management</td>
<td>181</td>
</tr>
<tr>
<td>96</td>
<td>Inhaled corticosteroid use for asthma management</td>
<td>238</td>
</tr>
<tr>
<td>104</td>
<td>Asthma management and medication use among patients attending general practice</td>
<td>256</td>
</tr>
<tr>
<td>16</td>
<td>Effect of day and time of GP visit on billing method</td>
<td>61</td>
</tr>
<tr>
<td>41</td>
<td>Time of visit and billing status</td>
<td>118</td>
</tr>
<tr>
<td>55</td>
<td>Patient weight, perception of weight and weight loss</td>
<td>147</td>
</tr>
<tr>
<td>68</td>
<td>Patient weight, perception of weight and weight loss in adults</td>
<td>175</td>
</tr>
<tr>
<td>69</td>
<td>Patient weight, methods and medications tried for weight loss in adults</td>
<td>178</td>
</tr>
<tr>
<td>71</td>
<td>Patient BMI, morbidity and medication use in adults</td>
<td>184</td>
</tr>
<tr>
<td>20</td>
<td>Section 4.1 Body mass index of adults</td>
<td></td>
</tr>
<tr>
<td>21</td>
<td>Section 4.2 Body mass index of children</td>
<td></td>
</tr>
<tr>
<td></td>
<td>See also: Body mass in: Measures of health and health care delivery in general practice in Australia (pg 11).</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Cardiovascular disease</td>
<td>35</td>
</tr>
<tr>
<td>26</td>
<td>Prevalence of diagnosed hypertension and difficulties in treatment</td>
<td>84</td>
</tr>
<tr>
<td>30</td>
<td>Lipid lowering medications and coronary heart disease</td>
<td>94</td>
</tr>
<tr>
<td>31</td>
<td>Prevalence and severity of chronic heart failure</td>
<td>96</td>
</tr>
<tr>
<td>33</td>
<td>Prevalence and management of cardiovascular risk factors</td>
<td>100</td>
</tr>
<tr>
<td>38</td>
<td>Prevalence of chronic heart failure, management and control</td>
<td>111</td>
</tr>
<tr>
<td>46</td>
<td>Coronary heart disease, risk factors and lipid lowering medication</td>
<td>128</td>
</tr>
<tr>
<td>54</td>
<td>Secondary prevention of heart attack or stroke</td>
<td>145</td>
</tr>
<tr>
<td>57</td>
<td>Prevalence and management of chronic heart failure in general practice patients</td>
<td>152</td>
</tr>
<tr>
<td>59</td>
<td>Hypertension management and control in general practice patients</td>
<td>156</td>
</tr>
<tr>
<td>75</td>
<td>Prevalence, management and investigations for chronic heart failure</td>
<td>192</td>
</tr>
<tr>
<td>76</td>
<td>Patients with risk factors for metabolic syndrome</td>
<td>194</td>
</tr>
<tr>
<td>77</td>
<td>Heart failure—underlying causes and medication management</td>
<td>196</td>
</tr>
<tr>
<td>79</td>
<td>Hypertension and dyslipidaemia—comorbidity and management in general practice patients</td>
<td>200</td>
</tr>
<tr>
<td>86</td>
<td>Diabetes Types 1 and 2 and coronary heart disease</td>
<td>217</td>
</tr>
<tr>
<td>87</td>
<td>Management of cardiovascular or diabetes related conditions</td>
<td>219</td>
</tr>
<tr>
<td>90</td>
<td>Prevalence, management and investigations for chronic heart failure in general practice patients</td>
<td>225</td>
</tr>
<tr>
<td>92</td>
<td>Prevalence of metabolic syndrome</td>
<td>229</td>
</tr>
</tbody>
</table>
Hypertension and dyslipidaemia—comorbidity and management in general practice patients ................................................................. 200
Diabetes Types 1 and 2 and coronary heart disease ......................................................... 217
Management of cardiovascular or diabetes related conditions ........................................ 219
Prevalence, management and investigations for chronic heart failure in general practice patients ..................................................................................................................... 225
Prevalence of metabolic syndrome ..................................................................................... 229
See also: Hypertension in: Measures of health and health care delivery in general practice in Australia (pg 55).

CO-MEDICATIONS
14 Co-medications .............................................................................................................. 57

CO-MORBIDITY
10 Length of consultation; after-hours arrangements; co-morbidity ...................................... 47
37 Prevalence of common morbidities in patients encountered in general practice........ 109
61 Prevalence of chronic illnesses identified as National Health Priority Areas among general practice patients .......................................................... 160
89 Estimates of the prevalence of chronic illnesses identified as Health Priority Areas among patients attending general practice .......................................................... 223
See also: Co-morbidity in: Measures of health and health care delivery in general practice in Australia (pg 61).

COMPLIMENTARY THERAPIES
36 Patient use of complimentary therapies ........................................................................ 107

CONTRACEPTIVE
72 Contraceptive use among female general practice patients aged 16–44 years ............. 186

CORONARY HEART DISEASE
30 Lipid lowering medications and coronary heart disease ............................................. 94
46 Coronary heart disease, risk factors and lipid lowering medication .............................. 128
86 Diabetes Types 1 and 2 and coronary heart disease ....................................................... 217
97 Statin medication use among high CHD risk patients attending general practice .......... 241
98 Management of hypertension and angina in general practice patients ......................... 243

CORTICOSTEROID
70 Inhaled corticosteroid use for asthma management ..................................................... 181
96 Inhaled corticosteroid use for asthma management ..................................................... 238

CULTURAL BACKGROUND
52 Language and cultural background of patients .............................................................. 140
65 Language and cultural background of general practice patients .................................. 169
95 Cultural background of patients attending general practice ........................................ 236
See also: Employment and occupation in: Measures of health and health care delivery in general practice in Australia (pg 73).

ENDOCRINE, METABOLIC AND NUTRITIONAL
15 Lipid lowering medication ................................................................. 59
20 Screening and management of blood cholesterol ................................ 70
21 Diabetes—prevalence, management and screening ............................. 72
25 Prevalence of diabetes, medications and control ................................. 82
30 Lipid lowering medications and coronary heart disease ....................... 94
40 Type 2 diabetes mellitus, prevalence and management ....................... 116
45 Diabetes mellitus prevalence, management and risk factors ................ 126
46 Coronary heart disease, risk factors and lipid lowering medication .......... 128
50 Risk factors of patients on lipid lowering medications [interim report] .. See Abstract 67
55 Patient weight, perception of weight and weight loss .......................... 147
58 Lipid lowering medications: patient eligibility under PBS .................... 154
64 Current use of statins by general practice patients ............................... 167
67 Risk factors of patients on lipid lowering medications ........................ 173
68 Patient weight, perception of weight and weight loss in adults ............... 175
69 Patient weight, methods and medications tried for weight loss in adults .... 178
71 Patient BMI, morbidity and medication use in adults ........................... 184
76 Patients with risk factors for metabolic syndrome ............................... 194
86 Diabetes Types 1 and 2 and coronary heart disease ............................. 217
87 Management of cardiovascular or diabetes related conditions .............. 219
92 Prevalence of metabolic syndrome ...................................................... 229
94 Type 2 diabetes—investigations and related conditions ....................... 234
99 Lipid management in patients with high risk conditions ....................... 245

Section 4.1 Body mass index of adults .................................................... 20
Section 4.2 Body mass index of children .................................................. 21

Also see, in: Measures of health and health care delivery in general practice in Australia: Body mass (pg 11) and Cholesterol (pg 31).

ETHNIC
52 Language and cultural background of patients .................................... 140
65 Language and cultural background of general practice patients ............ 169
92 Prevalence of metabolic syndrome ...................................................... 229
95 Cultural background of patients attending general practice ................... 236

FEMALE GENITAL
8 Hormone replacement therapy (HRT) .................................................. 43
84 Menopausal status, symptoms and treatment of women aged 18 and over .... 212

See also: Vaccination and mammography in: Measures of health and health care delivery in general practice in Australia (pg 35).
Severity of illness ......................................................................................................... 124
Language and cultural background of patients ................................................................. 140
Smoking status of adults and their attempts to quit ............................................................. 142
Prevalence, cause and severity of adverse pharmacological events ................................. 150
Prevalence of chronic illnesses identified as National Health Priority Areas among general practice patients .......................................................... 160
Language and cultural background of general practice patients ........................................ 169
Warfarin use in patients with qualifying morbidity ......................................................... 188
Smoking and passive smoking in the home ...................................................................... 190
Employment status and workers compensation claims in general practice patients .......... 202
Prevalence and management of chronic pain .................................................................. 207
Estimates of the prevalence of chronic illnesses identified as Health Priority Areas among patients attending general practice .......................................................... 223
Cultural background of patients attending general practice ........................................... 236
Types of medicine use and patient use of medicines list ................................................. 250
Section 4.3 Smoking ............................................................................................................ 21
Section 4.4 Alcohol consumption ........................................................................................ 22
Section 4.5 Length of consultation ...................................................................................... 23
Also see, in: Measures of health and health care delivery in general practice in Australia: Alcohol use (pg 20); Co-morbidity (pg 61); Consultation time and GP satisfaction (pg 51); Employment and occupation (pg 73); Health care utilisation (pg 40); Physical activity (pg 23); Severity of illness (pg 58); Smoking (pg 15); The effect of the introduction of therapeutic group premiums on patient care (pg 47); Vaccination and mammography (pg 35) and Wellbeing (pg 7).

GORD
Drugs for the treatment of peptic ulcer and reflux ............................................................... 65
Gastro-oesophageal reflux disease (GORD) in general practice patients ......................... 80
Gastro-oesophageal reflux disease (GORD) .................................................................. 102
Prevalence of GORD and associated proton pump inhibitor use .................................... 158
Gastrointestinal symptoms in patients attending general practice .................................. 247

GP SATISFACTION
See also: Consultation time and GP satisfaction in: Measures of health and health care delivery in general practice in Australia (pg 51).

HEALTH PRIORITY AREAS
Anxiety/stress, consultation time, level of education .......................................................... 30
Asthma .............................................................................................................................. 32
Cardiovascular disease ................................................................................................... 35
Depression ....................................................................................................................... 37
Smoking and passive smoking in general practice patients ............................................. 52
Perceived stress .............................................................................................................. 54
<table>
<thead>
<tr>
<th>Section</th>
<th>Title</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>75</td>
<td>Prevalence, management and investigations for chronic heart failure</td>
<td>192</td>
</tr>
<tr>
<td>76</td>
<td>Patients with risk factors for metabolic syndrome</td>
<td>194</td>
</tr>
<tr>
<td>77</td>
<td>Heart failure—underlying causes and medication management</td>
<td>196</td>
</tr>
<tr>
<td>78</td>
<td>NSAID &amp; acid suppressant use in general practice patients</td>
<td>198</td>
</tr>
<tr>
<td>79</td>
<td>Hypertension and dyslipidaemia—comorbidity and management in general practice patients</td>
<td>200</td>
</tr>
<tr>
<td>85</td>
<td>Management of osteoporotic fractures in general practice patients</td>
<td>215</td>
</tr>
<tr>
<td>86</td>
<td>Diabetes Types 1 and 2 and coronary heart disease</td>
<td>217</td>
</tr>
<tr>
<td>87</td>
<td>Management of cardiovascular or diabetes related conditions</td>
<td>219</td>
</tr>
<tr>
<td>88</td>
<td>Arthritis rates and NSAID use in general practice patients</td>
<td>221</td>
</tr>
<tr>
<td>89</td>
<td>Estimates of the prevalence of chronic illnesses identified as Health Priority Areas among patients attending general practice</td>
<td>223</td>
</tr>
<tr>
<td>90</td>
<td>Prevalence, management and investigations for chronic heart failure in general practice patients</td>
<td>225</td>
</tr>
<tr>
<td>92</td>
<td>Prevalence of metabolic syndrome</td>
<td>229</td>
</tr>
<tr>
<td>94</td>
<td>Type 2 diabetes—investigations and related conditions</td>
<td>234</td>
</tr>
<tr>
<td>96</td>
<td>Inhaled corticosteroid use for asthma management</td>
<td>238</td>
</tr>
<tr>
<td>97</td>
<td>Statin medication use among high CHD risk patients attending general practice</td>
<td>241</td>
</tr>
<tr>
<td>98</td>
<td>Management of hypertension and angina in general practice patients</td>
<td>243</td>
</tr>
<tr>
<td>99</td>
<td>Lipid management in patients with high risk conditions</td>
<td>245</td>
</tr>
<tr>
<td>103</td>
<td>Cardiovascular risk in patients attending general practice</td>
<td>254</td>
</tr>
<tr>
<td>104</td>
<td>Asthma management and medication use among patients attending general practice</td>
<td>256</td>
</tr>
<tr>
<td></td>
<td>Section 4.1 Body mass index of adults</td>
<td>20</td>
</tr>
<tr>
<td></td>
<td>Section 4.2 Body mass index of children</td>
<td>21</td>
</tr>
<tr>
<td></td>
<td>Section 4.3 Smoking</td>
<td>21</td>
</tr>
<tr>
<td></td>
<td>Section 4.4 Alcohol consumption</td>
<td>22</td>
</tr>
<tr>
<td></td>
<td>Also see, in: Measures of health and health care delivery in general practice in Australia: Alcohol use (pg 20); Body mass (pg 11); Cholesterol (pg 31); Depression (pg 44); Hypertension (pg 55); Musculoskeletal conditions and NSAID use (pg 64); Physical activity (pg 23); Prevalence of upper gastro-intestinal conditions and NSAID use (pg 26) and Smoking (pg 15).</td>
<td></td>
</tr>
</tbody>
</table>

**HEART ATTACK**

<table>
<thead>
<tr>
<th>Section</th>
<th>Title</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>54</td>
<td>Secondary prevention of heart attack or stroke</td>
<td>145</td>
</tr>
</tbody>
</table>

**HEART FAILURE**

<table>
<thead>
<tr>
<th>Section</th>
<th>Title</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>31</td>
<td>Prevalence and severity of chronic heart failure</td>
<td>96</td>
</tr>
<tr>
<td>38</td>
<td>Prevalence of chronic heart failure, management and control</td>
<td>111</td>
</tr>
<tr>
<td>57</td>
<td>Prevalence and management of chronic heart failure in general practice patients</td>
<td>152</td>
</tr>
<tr>
<td>75</td>
<td>Prevalence, management and investigations for chronic heart failure</td>
<td>192</td>
</tr>
<tr>
<td>77</td>
<td>Heart failure—underlying causes and medication management</td>
<td>196</td>
</tr>
</tbody>
</table>
90 Prevalence, management and investigations for chronic heart failure in general practice patients .................................................................225

HEPATITIS
See also: Hepatitis in: Measures of health and health care delivery in general practice in Australia (pg 68).

HORMONE REPLACEMENT THERAPY
8 Hormone replacement therapy (HRT) ................................................................................................................................. 43

HYPERTENSION
26 Prevalence of diagnosed hypertension and difficulties in treatment ................................................................. 84
59 Hypertension management and control in general practice patients ................................................................. 156
79 Hypertension and dyslipidaemia—comorbidity and management in general practice patients ........................................................................................................... 200
98 Management of hypertension and angina in general practice patients ................................................................. 243
See also: Hypertension in: Measures of health and health care delivery in general practice in Australia (pg 55).

INFECTIONS
9 Influenza and absenteeism ................................................................................................................................................. 45
18 Drugs for the treatment of peptic ulcer and reflux ........................................................................................................ 65
27 Prevalence and management of influenza ................................................................................................................. 86
See also: Hepatitis in: Measures of health and health care delivery in general practice in Australia (pg 68).

INFLUENZA
9 Influenza and absenteeism ................................................................................................................................................. 45
27 Prevalence and management of influenza ................................................................................................................. 86

LANGUAGE
52 Language and cultural background of patients ............................................................................................................... 140
65 Language and cultural background of general practice patients .................................................................................. 169
95 Cultural background of patients attending general practice ....................................................................................... 236

LENGTH OF CONSULTATION
2 Anxiety/stress, consultation time, level of education ......................................................................................................... 30
10 Length of consultation; after-hours arrangements; co-morbidity ............................................................................ 47
Section 4.5 Length of consultation ........................................................................................................................................... 23
See also: Consultation time and GP satisfaction in: Measures of health and health care delivery in general practice in Australia (pg 51).

LIFESTYLE
7 Health services utilisation, lifestyle status and chronicity ............................................................................................... 41

LIPID
15 Lipid lowering medication ................................................................................................................................................... 59
Lipid lowering medications and coronary heart disease ................................................... 94
Coronary heart disease, risk factors and lipid lowering medication ........................... 128
Risk factors of patients on lipid lowering medications [interim report]. See Abstract 67
Lipid lowering medications: patient eligibility under PBS ............................................. 154
Current use of statins by general practice patients....................................................... 167
Risk factors of patients on lipid lowering medications .................................................... 173
Hypertension and dyslipidaemia—comorbidity and management in general practice patients.................................................................................................................... 200
Lipid management in patients with high risk conditions................................................ 245

MALE GENITAL
93 Sexual dysfunction—premature ejaculation ............................................................. 231

MAMMOGRAPHY
See also: Vaccination and mammography in: Measures of health and health care delivery in general practice in Australia (pg 35).

MANAGEMENT
20 Screening and management of blood cholesterol ...................................................... 70
21 Diabetes—prevalence, management and screening ..................................................... 72
22 Asthma—prevalence, severity and management ......................................................... 75
27 Prevalence and management of influenza ................................................................... 86
33 Prevalence and management of cardiovascular risk factors ................................. 100
38 Prevalence of chronic heart failure, management and control .............................. 111
39 Severity of asthma, medications and management .................................................... 113
40 Type 2 diabetes mellitus, prevalence and management ............................................. 116
42 Prevalence and management of chronic pain ............................................................. 120
45 Diabetes mellitus prevalence, management and risk factors ..................................... 126
47 Management of depression and anxiety ................................................................. 130
48 Asthma prevalence and management ....................................................................... 132
49 Health status and management of patients on non-steroidal anti-inflammatory drugs .......................................................... .................. 135
57 Prevalence and management of chronic heart failure in general practice patients .... 152
59 Hypertension management and control in general practice patients ....................... 156
63 Asthma—prevalence, management and medication side-effects ............................... 164
70 Inhaled corticosteroid use for asthma management ................................................. 181
75 Prevalence, management and investigations for chronic heart failure ................. 192
77 Heart failure—underlying causes and medication management ............................. 196
79 Hypertension and dyslipidaemia—comorbidity and management in general practice patients .................................................................................................................... 200
82 Prevalence and management of chronic pain ............................................................ 207
83 Prevalence and management of migraine ............................................................... 210
Management of osteoporotic fractures in general practice patients ........................................ 215
Management of cardiovascular or diabetes related conditions ........................................ 219
Prevalence, management and investigations for chronic heart failure in general practice patients ..................................................................................................................... 225
Prevalence and management of gastrointestinal symptoms........................................... 227
Inhaled corticosteroid use for asthma management......................................................... 238
Statin medication use among high CHD risk patients attending general practice .... 241
Management of hypertension and angina in general practice patients.......................... 243
Lipid management in patients with high risk conditions.............................................. 245
Gastrointestinal symptoms in patients attending general practice ................................ 247
Asthma management and medication use among patients attending general practice ................................................................................................................................... 256

MEDICINES
8 Hormone replacement therapy (HRT).................................................................................. 43
14 Co-medications .............................................................................................................. .......... 57
15 Lipid lowering medication............................................................................................ 59
17 Private prescription products .......................................................................................... 63
18 Drugs for the treatment of peptic ulcer and reflux ....................................................... 65
29 Non-steroidal anti-inflammatory drugs (NSAIDS) and acid suppressant use......... 92
30 Lipid lowering medications and coronary heart disease ............................................. 94
46 Coronary heart disease, risk factors and lipid lowering medication ............................. 128
49 Health status and management of patients on non-steroidal anti-inflammatory drugs .......................................................................................................................... .............. 135
50 Risk factors of patients on lipid lowering medications [interim report] .. See Abstract 67
51 Use of proton pump inhibitors for gastrointestinal problems ....................................... 138
56 Prevalence, cause and severity of adverse pharmacological events ............................ 150
58 Lipid lowering medications: patient eligibility under PBS ......................................... 154
60 Prevalence of GORD and associated proton pump inhibitor use............................... 158
62 Use of proton pump inhibitors by general practice patients ....................................... 162
63 Asthma—prevalence, management and medication side-effects .................................. 164
64 Current use of statins by general practice patients ...................................................... 167
66 Anti-psychotic medication use by general practice patients ........................................ 171
67 Risk factors of patients on lipid lowering medications .............................................. 173
70 Inhaled corticosteroid use for asthma management.................................................... 181
72 Contraceptive use among female general practice patients aged 16–44 years .......... 186
73 Warfarin use in patients with qualifying morbidity ...................................................... 188
77 Heart failure—underlying causes and medication management .................................. 196
78 NSAID & acid suppressant use in general practice patients ........................................ 198
<table>
<thead>
<tr>
<th>Page</th>
<th>Topic</th>
</tr>
</thead>
<tbody>
<tr>
<td>81</td>
<td>Prevalence and indications for gabapentin use by patients attending general practice</td>
</tr>
<tr>
<td>88</td>
<td>Arthritis rates and NSAID use in general practice patients</td>
</tr>
<tr>
<td>96</td>
<td>Inhaled corticosteroid use for asthma management</td>
</tr>
<tr>
<td>97</td>
<td>Statin medication use among high CHD risk patients attending general practice</td>
</tr>
<tr>
<td>99</td>
<td>Lipid management in patients with high risk conditions</td>
</tr>
<tr>
<td>101</td>
<td>Types of medicine use and patient use of medicines list</td>
</tr>
<tr>
<td>104</td>
<td>Asthma management and medication use among patients attending general practice</td>
</tr>
<tr>
<td>205</td>
<td>Also see, in: Measures of health and health care delivery in general practice in Australia: Musculoskeletal conditions and NSAID use (pg 64); Prevalence of upper gastro-intestinal conditions and NSAID use (pg 26); The effect of the introduction of therapeutic group premiums on patient care (pg 47) and Vaccination and mammography (pg 35).</td>
</tr>
<tr>
<td>8</td>
<td>Hormone replacement therapy (HRT)</td>
</tr>
<tr>
<td>84</td>
<td>Menopausal status, symptoms and treatment of women aged 18 and over</td>
</tr>
<tr>
<td>76</td>
<td>Patients with risk factors for metabolic syndrome</td>
</tr>
<tr>
<td>92</td>
<td>Prevalence of metabolic syndrome</td>
</tr>
<tr>
<td>83</td>
<td>Prevalence and management of migraine</td>
</tr>
<tr>
<td>37</td>
<td>Prevalence of common morbidities in patients encountered in general practice</td>
</tr>
<tr>
<td>71</td>
<td>Patient BMI, morbidity and medication use in adults</td>
</tr>
<tr>
<td>73</td>
<td>Warfarin use in patients with qualifying morbidity</td>
</tr>
<tr>
<td>19</td>
<td>Osteoporosis</td>
</tr>
<tr>
<td>29</td>
<td>Non-steroidal anti-inflammatory drugs (NSAIDS) and acid suppressant use</td>
</tr>
<tr>
<td>49</td>
<td>Health status and management of patients on non-steroidal anti-inflammatory drugs</td>
</tr>
<tr>
<td>78</td>
<td>NSAID &amp; acid suppressant use in general practice patients</td>
</tr>
<tr>
<td>85</td>
<td>Management of osteoporotic fractures in general practice patients</td>
</tr>
<tr>
<td>88</td>
<td>Arthritis rates and NSAID use in general practice patients</td>
</tr>
<tr>
<td>210</td>
<td>Also see, in: Measures of health and health care delivery in general practice in Australia: Musculoskeletal conditions and NSAID use (pg 64) and Prevalence of upper gastro-intestinal conditions and NSAID use (pg 26).</td>
</tr>
<tr>
<td>28</td>
<td>Prevalence of Alzheimer’s disease and dementia</td>
</tr>
<tr>
<td>54</td>
<td>Secondary prevention of heart attack or stroke</td>
</tr>
</tbody>
</table>
Prevalence and indications for gabapentin use by patients attending general practice .......................................................... 205
Prevalence and management of migraine .......................................................... 210
Alzheimer’s disease or dementia in patients attending general practice .......... 252

NON-STERoidal ANTI-INFLAMMATory DRUGs (NSAIDs)
Non-steroidal anti-inflammatory drugs (NSAIDs) and acid suppressant use .... 92
Health status and management of patients on non-steroidal anti-inflammatory drugs .......................................................... 135
NSAID & acid suppressant use in general practice patients ................................. 198
Arthritis rates and NSAID use in general practice patients ............................... 221

Also see, in: Measures of health and health care delivery in general practice in Australia: Musculoskeletal conditions and NSAID use (pg 64) and Prevalence of upper gastro-intestinal conditions and NSAID use (pg 26).

OCCUPATION
Patient employment status and occupation ....................................................... 50

See also: Employment and occupation in: Measures of health and health care delivery in general practice in Australia (pg 73).

OSTEOPOROSIS
Osteoporosis ........................................................................................................ 67
Management of osteoporotic fractures in general practice patients .............. 215

PATHOLOGY
Initiation and purpose of pathology orders ..................................................... 122

PEPTIC ULCER
Drugs for the treatment of peptic ulcer and reflux ........................................... 65

PHYSICAL ACTIVITY
See also: Physical activity in: Measures of health and health care delivery in general practice in Australia (pg 23).

PREGNANCY, CHILD-BEARING, FAMILY PLANNING
Contraceptive use among female general practice patients aged 16–44 years .... 186

PREMATURE EJACULATION
Sexual dysfunction — premature ejaculation .................................................... 231

PRESCRIPTION
Private prescription products ........................................................................... 63

PREVALENCE
Diabetes—prevalence, management and screening ........................................... 72
Asthma—prevalence, severity and management ............................................. 75
Prevalence of diabetes, medications and control ............................................ 82
Prevalence of diagnosed hypertension and difficulties in treatment ............. 84
27 Prevalence and management of influenza ................................................................. 86
28 Prevalence of Alzheimer’s disease and dementia .................................................... 89
31 Prevalence and severity of chronic heart failure .................................................... 96
33 Prevalence and management of cardiovascular risk factors ..................................... 100
37 Prevalence of common morbidities in patients encountered in general practice ...... 109
38 Prevalence of chronic heart failure, management and control ............................... 111
40 Type 2 diabetes mellitus, prevalence and management ........................................... 116
42 Prevalence and management of chronic pain ........................................................... 120
45 Diabetes mellitus prevalence, management and risk factors .................................... 126
48 Asthma prevalence and management ..................................................................... 132
56 Prevalence, cause and severity of adverse pharmacological events ...................... 150
57 Prevalence and management of chronic heart failure in general practice patients ... 152
60 Prevalence of GORD and associated proton pump inhibitor use ............................ 158
61 Prevalence of chronic illnesses identified as National Health Priority Areas among general practice patients ................................................................. 160
63 Asthma—prevalence, management and medication side-effects ............................ 164
75 Prevalence, management and investigations for chronic heart failure ................... 192
80 Prevalence and indications for gabapentin use by patients attending general practice ................................................................. 205
81 Prevalence and management of chronic pain ........................................................... 207
83 Prevalence and management of migraine ............................................................... 210
89 Estimates of the prevalence of chronic illnesses identified as Health Priority Areas among patients attending general practice ................................................................. 223
90 Prevalence, management and investigations for chronic heart failure in general practice patients ................................................................. 225
91 Prevalence and management of gastrointestinal symptoms ..................................... 227
96 Inhaled corticosteroid use for asthma management ............................................... 238
97 Statin medication use among high CHD risk patients attending general practice ...... 241
98 Management of hypertension and angina in general practice patients ................ 243
99 Lipid management in patients with high risk conditions ........................................ 245
100 Gastrointestinal symptoms in patients attending general practice ....................... 247
102 Alzheimer’s disease or dementia in patients attending general practice ............... 252
104 Asthma management and medication use among patients attending general practice ................................................................. 256

See also: Prevalence of upper gastro-intestinal conditions and NSAID use in: Measures of health and health care delivery in general practice in Australia (pg 26).

PROTON PUMP INHIBITORS

51 Use of proton pump inhibitors for gastrointestinal problems ............................... 138
60 Prevalence of GORD and associated proton pump inhibitor use ............................ 158
62 Use of proton pump inhibitors by general practice patients .................................... 162
See also: Smoking in: Measures of health and health care delivery in general practice in Australia (pg 15).

STATINS
64 Current use of statins by general practice patients .......................................................... 167
97 Statin medication use among high CHD risk patients attending general practice ...... 241

STRESS
2 Anxiety/stress, consultation time, level of education .......................................................... 30
13 Perceived stress .................................................... 54

STROKE
54 Secondary prevention of heart attack or stroke ................................................................. 145

THERAPEUTIC GROUP PREMIUMS
See also: The effect of the introduction of therapeutic group premiums on patient care in: Measures of health and health care delivery in general practice in Australia (pg 47).

TIME
16 Effect of day and time of GP visit on billing method .......................................................... 61
41 Time of visit and billing status .................................................... 118

See also: Consultation time and GP satisfaction in: Measures of health and health care delivery in general practice in Australia (pg 51).

TYPE 2 DIABETES
40 Type 2 diabetes mellitus, prevalence and management ..................................................... 116
86 Diabetes Types 1 and 2 and coronary heart disease .......................................................... 217
94 Type 2 diabetes—investigations and related conditions .................................................. 234

UTILISATION
7 Health services utilisation, lifestyle status and chronicity .................................................. 41

See also: Health care utilisation in: Measures of health and health care delivery in general practice in Australia (pg 40).

VACCINATION
See also: Vaccination and mammography in: Measures of health and health care delivery in general practice in Australia (pg 35).

WARFARIN
73 Warfarin use in patients with qualifying morbidity .......................................................... 188

WEIGHT
55 Patient weight, perception of weight and weight loss .......................................................... 147
68 Patient weight, perception of weight and weight loss in adults ........................................ 175
69 Patient weight, methods and medications tried for weight loss in adults ...................... 178
71 Patient BMI, morbidity and medication use in adults ....................................................... 184
Section 4.1 Body mass index of adults .................................................................................. 20
Section 4.2 Body mass index of children .............................................................................. 21
WELLBEING
See also: Wellbeing in: Measures of health and health care delivery in general practice in Australia (pg 7).

WORKERS COMPENSATION
6    Employment status and workers’ compensation claims ................................................... 39
80   Employment status and workers compensation claims in general practice patients.. 202

SAND abstracts from the first year of BEACH (1998–99) have been published in Measures of health and health care delivery in general practice in Australia available from <www.fmrc.org.au/publications/Books3.htm>. Topics investigated included:

• Wellbeing
• Body mass
• Smoking
• Alcohol use
• Physical activity
• Prevalence of upper gastro-intestinal conditions and NSAID use
• Cholesterol
• Vaccination and mammography
• Health care utilisation
• Depression
• The effect of the introduction of the therapeutic group premiums on patient care
• Consultation time and GP satisfaction
• Hypertension
• Severity of illness
• Co-morbidity
• Musculoskeletal conditions and NSAID use
• Hepatitis
• Employment and occupation.

Other SAND abstracts from BEACH 2006–07 will be published in General practice activity in Australia 2006–07 in December 2007. The topics under investigation include:

• Severity of illness using the DUSOI scale
• Weight loss
• Diabetes
• Adverse pharmacological events
• Type 2 diabetes
• Secondary prevention of heart attack and stroke
• Erectile dysfunction.