

Content of General Practice

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Summary

Eight general practitioners participated in a survey of content of general practice. This is useful as an indicator of morbidity in the community as well as of workload of general practice.

A total of 3164 consultations were recorded, of which 2764 (87%) were because of an illness and the rest (13%) for other reasons like medical examinations, antenatal check, family planning advice, pregnancy tests, pap smear and vaccination. The old and the young have high consultation rates for an illness, men consulted as often as women. The most common illness seen was upper respiratory tract infections, accounting for 37% of all illnesses. Other common minor illnesses were skin infections (6%), genito-urinary infections (5%), minor musculoskeletal (6%) and gastrointestinal (6%) complaints as well as minor injuries and cuts (4%). Major disorders form an unusually low proportion (18%) of all illnesses seen, in comparison with figures from United Kingdom. The common major disorders seen were hypertension, asthma, chronic rheumatic disorders and diabetes. Circulatory disorders were remarkably rare, accounting for only 1% of illnesses. Psychological disorders, both major and minor, were also rarely seen, accounting for only 1% of illnesses which is in marked contrast with figures from the United Kingdom. Factors contributing to these notable findings are discussed.

Key words: General practice content, health services.

INTRODUCTION

In 1985, 54.9% of doctors in this country worked in the private sector.¹ The vast majority of whom no doubt were general practitioners. In the United Kingdom, it is estimated 98% of all episodes of illness which result in medical consultation are managed entirely within general practice.² Content of general practice are routinely surveyed for it is an important source of information of morbidity in the community, and information concerning general practitioner's workload. Little published information concerning general practice is known in this country. We present here a survey on the content of general practice.

METHODS

Fifty-one general practitioners were known to be practicing in the Eastern and Central Health District of Pahang. Twenty of these practitioners were randomly selected to participate in the survey, however, only 8 finally did cooperate.

Each participating practitioner was requested to record every consultation they had for a consecutive 7 days or more. For each consultation, the information required to be entered into a standard proforma were date of consultation, age and sex of person consulting and reason for consultation.

If a person had attended because of medical illness, a specific diagnosis was required whenever possible. Otherwise, the presenting complaints or symptoms were to be recorded. People may of course consult a doctor other than because of illness, if so, the reason was to be specified.

Reasons for consultation can be divided into 3 broad categories, their definitions are given below:-

- (1) **Minor condition:** this is any self limiting illness with no risk to life or of permanent disability. Common examples are upper respiratory tract infections, cystitis, tinea and minor injuries etc.
- (2) **Major disorder:** this is any illness which is acute and potentially life threatening or chronic and may result in permanent disability. Common examples are hypertension, asthma, diabetes, stroke, ischamic heart disease etc.
- (3) **Non-illness:** Common examples of this category are antenatal check, family planning advice, pap smear, vaccination, general medical examination.

Each participating practitioner was sampled at different time of the year to avoid the clustering of infectious illnesses in case an outbreak may occur at a particular time. For example, an outbreak of influenza in a particular month would result in disproportionate large number of upper respiratory tract infections being recorded if all participating general practitioners were recording consultations in that particular month.

RESULTS

A total of 3164 consultations were recorded by the 8 general practitioners over a total of 88 working days spread out at different time of the year. Thus, each general practitioner recorded on average 11 days of consultation, and on average, 36 consultations were recorded by each practitioner per day.

Table 1 gives the reasons for consultation. 2764 (87%) of the consultations were because of an illness, and the rest, 400 (13%), were for other reasons.

Table 1
Reasons for consultation in general practice

Reasons	No (%)
Medical Illness	2764 (87%)
Other reasons	400 (13%)
– medical examination / blood tests	164
– vaccination	70
– antenatal check	42
– family planning	42
– pregnancy tests	56
– pap smear	26
Total	3164 (100%)

Table 2 gives the age and sex distributions of patients (only those with an illness are included). Age distribution of the population of Pahang³ is also given for comparison. Male and female patients were about equal. The very young (age less than 4), the middle aged and elderly (age > 65) were disproportionately represented.

Table 2
Age and Sex Distribution of Patients Consulting General Practitioners

Age	Male No (%)	Female No. (%)	Total No. (%)	Population of Pahang (3) (%)
< 1	134 (5)	120 (4)	254 (9)	(14)
2 - 4	168 (6)	116 (4)	284 (10)	
5 - 14	148 (5)	180 (7)	328 (12)	(26)
15 - 24	186 (7)	254 (9)	440 (16)	(21)
25 - 34	202 (7)	262 (10)	464 (17)	(15)
35 - 44	204 (7)	170 (6)	373 (13)	(10)
45 - 54	148 (5)	128 (5)	276 (10)	(7)
55 - 64	98 (4)	92 (3)	190 (7)	(4)
> 65	64 (2)	86 (3)	144 (5)	(3)
Total	1356 (49)	1408 (51)	2764 (100)	(100)

Table 3 gives the illness pattern seen in general practice by broad disease grouping. Respiratory illness was the most common, accounting for 41% of all consultations.

Table 3
Illness pattern in general practice by broad disease grouping

Disease Grouping	No. (%)
Respiratory Disorders	1144 (41)
Skin Disorders	310 (11)
Genito-urinary Disorders (including gynaecological and renal disorders)	270 (10)
Musculoskeletal disorders	238 (9)
Gastrointestinal	174 (6)
Cardiovascular	166 (6)
Injuries and Accident	110 (4)
Ill-defined symptoms	92 (3)
Endocrine and metabolic disorders	66 (2)
Eye and Ear Disorders	58 (2)
Neurological disorders	56 (2)
Psychiatric disorders	44 (2)
Febrile Illness	18 (1)
Obstetric disorders	10 (0.5)
Haematological disorders	8 (0.5)
Total	2764 (100)

Table 4 gives the minor and major conditions seen in general practice. Minor illnesses accounted for 82% of all consultations with an illness, of which the most common specific illnesses were upper respiratory infections (37%), skin infections (6%) and genito-urinary infections (5%).

Table 4
Minor and Major conditions in general practice

Minor condition	No. (%)	No. (%)
Upper respiratory tract conditions (Upper respiratory tract infections)	(1024) (37)	1028 (37)
Skin conditions (Skin infections : tinea, abscess, lice, scabies, etc.)	(162) (2)	296 (11)
(Eczema, rashes and urticaria)	(121) (4)	
Genitourinary conditions (Genitourinary infections : urinary tract infection, sexually transmitted diseases, vaginal discharge)	(152) (5)	254 (9)
(menstrual complaints)	(80) (3)	
Musculoskeletal conditions (Rheumatic pain and aches)	(86) (3)	160 (6)
(Low back ache)	(74) (3)	
Gastrointestinal conditions (Dyspepsia/epigastric pain)	(82) (3)	174 (6)
(gastroenteritis)	(44) (2)	
Minor injuries and accidents		110 (4)
Ill defined symptoms		92 (3)
Psychoemotional problems		40 (1)
Eye and ear conditions		58 (2)
Other minor conditions		52 (19)
Total Minor Conditions		2264 (82)
Major disorders		
Hypertension		116 (4)
Asthma		82 (3)
Chronic Rheumatic disorders : osteoarthritis, Rheumatoid arthritis, gout.		78 (3)
Diabetes mellitus		54 (2)
Lower respiratory tract infection		28 (1)
Congestive cardiac failure		28 (1)
Ischaemic heart disease		10
Other major cardiovascular disorders		12
Major neurological disorders: epilepsy, dementia, stroke etc.		12
Major psychiatric disorder: (Schizophrenia)		4
Other major disorders		76 (3)
Total Major Disorders		500 (18)
ALL CONDITIONS		2764 (100)

Major disorders accounted for only a small proportion (18%) of illness managed in general practice. Common ones were hypertension (4%), asthma (3%), chronic rheumatic disorders (3%) and diabetes (1%), all circulatory disorders (ischaemic heart disease, stroke, congestive cardiac failure) accounted for only 1% of all illnesses and 8% of all major disorders in general practice. Cancers, whether suspected or known, are virtually negligible in general practice.

The age distribution of major disorders was dominated by the middle aged and elderly. While only 8% of illness seen in those below 4 years of age was major up to 1/2 of all illnesses seen in those above age of 55 years was major, as shown in Table 5.

Table 5
Age distribution of major disorders

Age group	Percentage proportion of illness seen is major disorders (No. of major disorder x 100) Total No. of Illness
0 - 4	8%
5 - 24	9%
25 - 34	11%
35 - 44	19%
45 - 54	40%
> 55	49%

DISCUSSION

The morbidity profile of patients attending general practice as shown in this survey is to a certain extent as expected. The young and the old have the highest consultation rate, disproportionate to their number in the population. Furthermore the middle aged and elderly are more likely to suffer from major disorders. These findings are consistent with that from community surveys⁴. As expected too, upper respiratory tract infection was the most common reason for consultation. However, there are several notable features, when one compares the findings with those from similar studies done in United Kingdom^{5,6} shown in Table 6. Both surveys show about the same average workload per day. It is interesting men in this survey should consult a general practitioner as often as women, whereas British men consult half as frequently as their women. Of greater significance is the differences in the illness pattern seen in the two surveys. In this survey, minor infections like upper respiratory tract, skin infections and genitourinary infections were the bread and butter of general practice. Together they accounted for nearly half (48%) of all illnesses. This is perhaps not surprising for a tropical developing country. In Britain, upper respiratory tract infection was also the most common illness encountered. However, in contrast, non-infective skin disorders and psychoemotional problems were the other common conditions. The discrepancy is particularly marked for psychoemotional problems. It accounted for a mere 1% of illnesses in this survey compare to 8% in United Kingdom. Similarly, chronic psychiatric problems figured prominently among the common major illnesses (3%) seen in British practice, it is almost negligible (0.1%) in this survey. There is no evidence to suggest that prevalence of psychoemotional problem is lower in Pahang as was once thought the case that developing countries have less mental disorders⁷. Somatization of psychological disorder is known to be more common among non-European cultures⁸, and in the opinion of a local psychiatrist⁹, masking or somatization of depression is socially and culturally convenient as there is considerable mis-

conception, stigma and taboos attached to mental disorder in Malaysia. The discrepancy in the consultation rate of psychoemotional problems between this survey and British survey may perhaps lend support to this opinion that many of the physical complaints that Malaysians see their general practitioner form may be masked psychological disorders. Non-psychiatrists anyway are not known to be particularly good at detecting psychiatric problems^{10,11}.

Table 6
Comparison of the content of general practice between this survey and United Kingdom survey

Content	This survey	United Kingdom
Average number of consultation per day	36	30
Women's consultation rate : men's	1 : 1	2 : 1
Illness pattern:		
- Common minor conditions	1. Upper respiratory tract infections 37% 2. Skin, mostly infections 11% 3. Genito-urinary, mostly infections 9%	1. Upper respiratory tract infections 19% 2. Skin, mostly eczema 11% 3. Psychoemotional problems 8%
Percentage proportion of minor conditions	82%	69%
- Common major disorders	1. Hypertension 4% 2. Asthma 3% 3. Chronic Rheumatic disorders 3% 4. Diabetes 2% 5. Lower respiratory tract infections 1%	1. Hypertension 8% 2. Lower respiratory tract infections 4% 3. Circulatory disorders 4% 4. Chronic Rheumatic disorders 3% 5. Chronic psychiatric disorders 3%
Percentage proportion of major disorders	18%	31%
Doctor-population ratio	1 : 5600	1 : 760

One further notable difference between this survey and the British survey is the number of major disorders managed in general practice. Major disorders accounted for only 18% of illnesses seen in this practice survey as compared to 1/3 in the United Kingdom. Hypertension was the most common major disorder seen in general practice. It accounted for 4% of illnesses seen in this practice survey. In contrast, it accounted for 8% of British practice and 9% of outpatient department clinic attendance in the local public hospital¹⁴. Circulatory disorders, which accounted for nearly 1/3 of all Malaysian deaths every year¹², accounted for only 1% of illnesses in this practice survey, but 4% in the British. This is highly remarkable, particularly in view of the scarcity of doctors in Pahang compared to the United Kingdom¹³. This finding must surely raise some questions concerning the role of general practice within the health care system in Pahang. General practitioners by their sheer numbers (most doctors in this country are general practitioners) as well as their extensive distribution, (one can be found in almost every small town or big village), ought, at least in theory, to play a key role in the primary health care service.

Yet, as shown in this survey, major medical problems accounted for a disproportionate small amount of general practice content. It is unlikely and there is no evidence to show that general practitioners are incapable of managing common major medical problems. The reason is probably related to the manner the health service is funded. General practice in Pahang is essentially part of the free enterprise system and general practitioners are paid by fee income. Thus most people with self-limiting minor illnesses requiring simple one-off treatment can afford to see a general practitioner, whereas, those with major chronic or severe illnesses requiring expensive long term treatment or more complex investigation and treatment tend to end up being treated by the public medical services which is essentially free.

There are many good reasons why the large number of hypertensives, diabetics, asthmatics and patients with other common major problems, currently managed within public health services, should be transferred to general practice. It would ease much of the congestion in public health facilities, patients certainly would like the short waiting time to see a general practitioner and no doubt general practitioners would welcome them. The only problem is how to make that happen.

In conclusion, this survey of the content of general practice has revealed the morbidity profile of patients attending general practice which is a useful indicator of morbidity in the community. It has also highlighted the paucity of psychoemotional problems in general practice. The limited role of general practice in the management of common major medical problems prevalent in Pahang is another notable finding.

ACKNOWLEDGEMENT

I thank the GPs who had participated in this survey, my secretary for her considerable assistance and Mr Paul Chako, the chief pharmacist of Mentakab District Hospital for allowing me access to the computer in his department.

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