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Management of travel related problems in general practice

The BEACH program is a continuous national study of general practice activity in Australia. This article provides an analysis of encounters where travel related problems were managed in BEACH from April 2001 to March 2006. This synopsis provides a backdrop against which articles in this issue of Australian Family Physician can be further considered.

The travel related group consisted of immunisation

for overseas travel (including prophylaxis for malaria), advice and education related to travel, administrative procedures for travel, travel check ups, and travel sickness. By convention, in this article, we refer to issues related to travel as travel problems. This does not indicate that there is a health problem related to travel.

Problems related to travel were managed on 2999 occasions at 2930 encounters, at a rate of 0.6 per 100 encounters (Figure 1). This represents an average of approximately 570 000 encounters at which travel related problems were managed in general practice across Australia in any 1 year.

Patient age and gender

The gender distribution of patients was similar to average for BEACH, with 58.3% female. The gender specific rates were 0.6 per 100 encounters with male patients and 0.6 per 100 encounters with female patients. This indicates that males and females were equally likely to have travel problems managed.

Patients aged 15-24 years were most likely to have travel problems managed (1.2 per 100 encounters) followed by patients aged 25-44 years (0.8 per 100 encounters).

Reasons for encounter

The reason for encounter most often given was a request for immunisation (45.5 per 100 travel encounters). Patients also came for general advice and education (33.9 per 100 travel encounters) and general check ups (13.2 per 100).

Other problems managed

Hypertension was the problem most often managed with travel problems (5.3 per 100 travel encounters) followed by immunisation (5.1 per 100), prescription (3.5), and check up of the female genital system (2.2). The comorbidities managed reflect problems that require regular general practitioner contact that patients may not have the opportunity to have managed while overseas.

Medications

The rate of medications prescribed/advised for over-thecounter purchase or supplied by the GP was far more frequent in the management of travel problems (136.7 per 100 problems) than the average for all problems (71.4 per 100 problems).

Medications most commonly provided for travel problems were for prophylaxis: typhoid vaccine (26.3 per 100 travel problems), hepatitis A vaccine (17.6 per 100), hepatitis A and B vaccine (14.2), and doxycycline (14.1).

Other treatments

Nonpharmacological treatments (including clinical and procedural treatments) were provided at a rate of 56.9 per 100 travel problems.

General counselling and advice (including travel counselling and advice) was the most common clinical treatment provided (24.7 per 100 travel problems), followed by administrative procedures (4.9 per 100) and preventive counselling (4.3).

Injections were the most common procedure performed for travel problems (15.7 per 100 problems).

Referrals

Referrals were rarely provided for travel problems (0.7 per 100 travel problems). This was significantly less than the BEACH 2005–2006 average (8.2 per 100 problems).

Investigations

Pathology and imaging tests were not commonly ordered

at encounters involving management of travel problems (6.0 and 0.3 per 100 travel problems respectively) compared with average for BEACH (26.4 and 6.0 per 100 problems).

Conflict of interest: none.



The patients					Medications		
Gender Percent Rate ^(a) Males 41.7 0.6					(n=4099, 136.7 per 100 travel problems)		
			Rate per 100 travel problems ^(c)				
Females	58.3	0.6			Typhoid vaccine	26.3	
Age group)				Hepatitis A vaccine	17.6	
<15	5.3	0.3			Hepatitis A and B vaccine	14.2	
15–24	18.8	1.2			Doxycycline	14.1	
25–44	32.9	0.8	Travel relate	ed problems	ADT vaccine	9.4	
45–64	30.0	0.7		100 encounters)	Poliomyelitis vaccine	8.3	
65–74	8.4	0.4	(======		Hepatitis A/Salmonella		
75+	4.5	0.2	↑		<i>typhi</i> vaccine	6.2	
					Hepatitis B vaccine	3.8	
					Meningitis vaccine	2.7	
Reasons fo	or encounte	r			Triple antigen (DPT)	2.4	
(n=4640_15	8 4 ner 100 tr	avel encounters)					
(11—1010) 10		Rate per 100 travel	encounters(b)	Other	treatments		
Immunisation/vaccination* 45.5					(n=1707, 56.9 per 100 travel problems)		
Advice/education			33.9	(1)=1707			
General check up*			13.2		Rate per 100 travel problems ^(c)		
Prescription all*			11.1		Counselling/advice NOS* 24.7		
Administrative procedure			8.0		Local injection/infiltration* 15.		
Cardiac check up*			3.8		Administrative procedure (all*) 4.		
Test results*			3.4		Preventive counselling/advice* 4.3		
Female genital check up* Oral contraception* Hypertension			2.3		Counselling problem* 1.8 Advice/education medication* 1.2 Counselling/advice health/body* 1.3 Advice/education* 1.6		
			1.7				
			0.9				
			*				
Other problems managed				Referrals	Referrals		
(n=2003, 68.4 per 100 travel encounters)				(n=20, 0.7 per 100 travel problems)			
	F	ate per 100 travel	encounters ^(b)	Rate per 100 travel problems ^(c)			
Hypertension*			5.3	Referral NOS 0.3			
Immunisation/vaccination		5.1			0.3		
Prescription (all*)			3.5		Health professional NOS 0.1		
Female genital check up*		ın*	2.2	U.1			
Oral contra		۳۲	2.1	*			
Lipid disorders*			1.9	Pathology			
Asthma			1.6		(n=179, 6.0 per 100 travel problems)		
General check up*			1.3	(=170, 0.0 poi	Rate per 100 travel problems ^(c)		
Dermatitis – contact/allergic*		lorgic*	1.3	Honotitic core	·		
			1.3		Hepatitis serology 3. Full blood count 0.		
Upper respiratory tract infection			1.3		Other microbiology 0.4		
Specific rat	te per 100 enc	ounters in each gende	er and age group		31	.	
) Expressed	as a rate per 1	00 encounters at which	ch travel problems were mai				
Expressed	as a rate per 1	00 travel problems m	anaged	(n=7, 0.2 per 10	00 travel problems)		
Includes m	ultiple ICPC-2	and ICPC-2 PLUS co	des		Rate per 100 travel pr	oblems(c)	
		specified, ADT = adul		X-ray chest		0.2	