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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-the-counter 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).

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.

Investigations

Pathology and imaging tests were not commonly ordered

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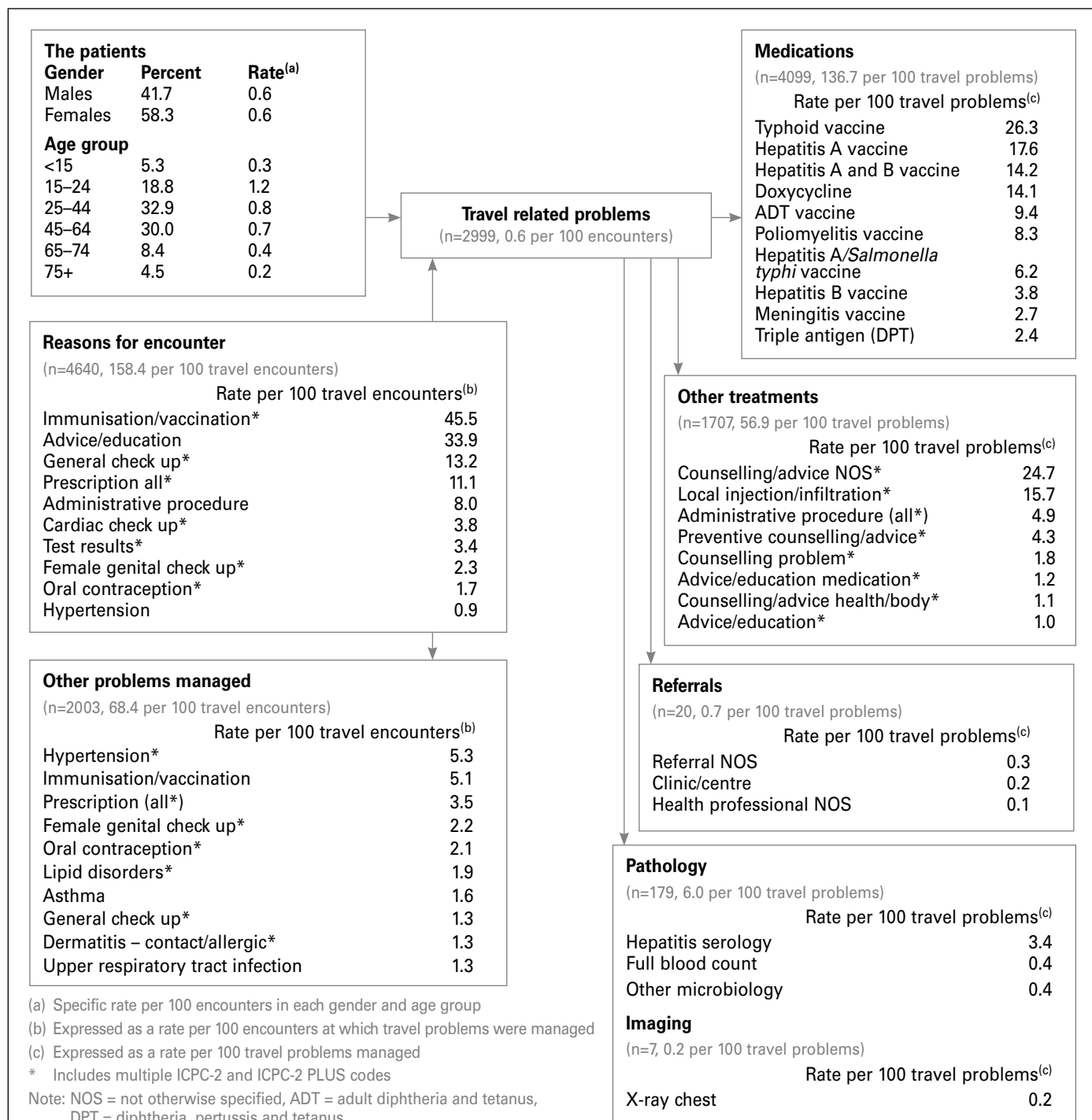


Figure 1. Management of travel related problems in Australian general practice