



The treatment of adolescents in Australian general practice

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The BEACH program, a continuous national study of general practice activity in Australia, gives us an overview of general practice consultations with adolescent patients. This provides a backdrop against which relevant articles in this issue of *Australian Family Physician* can be further considered.

General practice encounters with adolescents made up only 4.0% of all encounters in BEACH. According to the Australian Bureau of Statistics projected 2003 data, adolescents aged 12–18 years make up 9.7% of the Australian population. This reflects lower average attendance rates in this age group. *Figure 1* shows a summary of 19 975 general practice encounters with adolescents aged 12–18 years between April 1999 and March 2004.

The patients

Female patients accounted for 57.2% of encounters with adolescents; 43.5% of adolescent patients were aged 12–14 years, and 56.5% were aged 15–18 years. There were fewer health care card holders (29.3%), and patients of non-English speaking background (5.7%) in this age group than at other BEACH encounters (40.4% and 10.6% respectively). They were also more often new patients to the practice (14.0% compared with 10.0%).

Reasons for encounter

Reasons for encounter were described mainly in terms of symptoms. The most frequent reason that adolescents gave for their visit was throat symptom/complaint, at 10.4 per 100 encounters. This was about 2.5 times the average presentation rate at all

encounters. Cough was also common (8.4 per 100 encounters).

Problems managed

The problems managed at these encounters were largely acute in nature. Upper respiratory tract infection was by far the most common, managed at a rate of 11.0 per 100 encounters; almost double the BEACH average. Tonsillitis (3.9), and sprain/strain (3.2 per 100 encounters) were other commonly managed acute problems. Asthma (4.9), acne (4.3), and depression (1.9 per 100) were chronic problems frequently managed at adolescent encounters.

Medications

General practitioners prescribed medications at a rate of 65.0 per 100 adolescent encounters, far less than average (89.4 per 100). Seven of the top 10 medications were antibiotics, with amoxycillin the most commonly prescribed at a rate of 5.2 per 100 encounters. Paracetamol (3.3 per 100 encounters) and the levonorgestrel/ethinylloestradiol combination (2.8 per 100) were also frequently prescribed, as was salbutamol (2.7 per 100 encounters).

Referrals

Referrals to specialists were made at a rate of 5.8 per 100 encounters, most often to

dermatologists (1.1 per 100). The GPs referred patients to allied health services at a rate of 2.7 per 100 encounters, mainly for physiotherapy (1.1 per 100).

Tests ordered

Pathology tests were ordered at two-thirds the average rate (21.5 per 100 encounters compared with 32.9 per 100), full blood count being the most common (4.0 per 100 encounters). Imaging tests were ordered at a rate of 8.5 per 100 encounters, slightly higher than the average rate of 7.9 per 100.

Nonpharmacological treatments

Nonpharmacological treatments were divided into clinical and procedural. Clinical treatments were provided at a rate of 36.8 per 100 encounters, most frequently advice/education (7.9 per 100). Procedural treatments were recorded at a rate of 15.2 per 100 adolescent encounters, the most common being excision/removal/biopsy (3.5 per 100).

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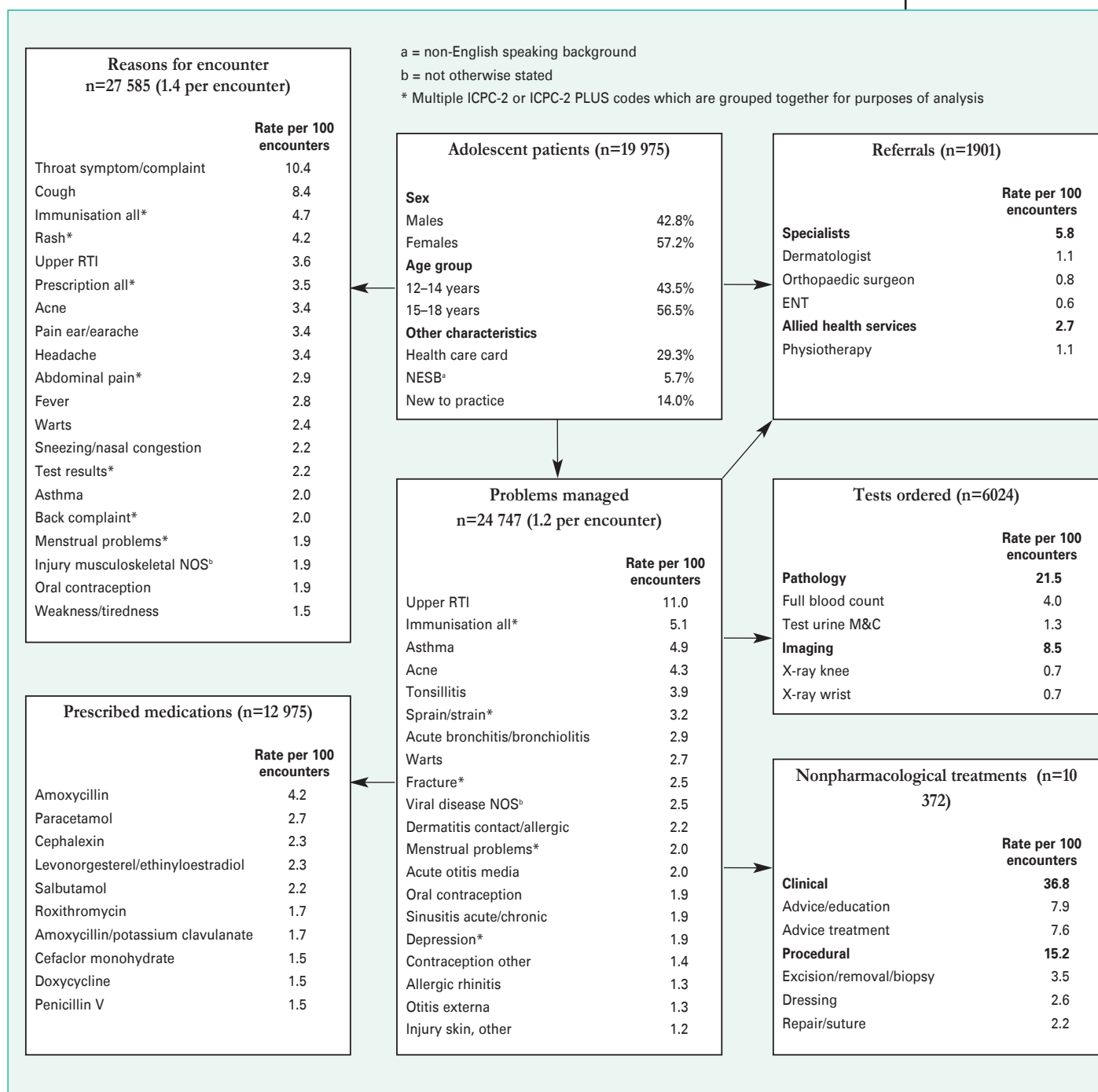


Figure 1. Content of encounters with adolescent patients