



# Encounters with indigenous patients in Australian general practice

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The BEACH program, a continuous national study of general practice activity in Australia, gives an overview of consultations with indigenous patients. Between 1998 and 2003, general practitioners recorded 5476 consultations with people who identified themselves as being of Aboriginal and/or Torres Strait Islander origin. These accounted for approximately 1% of total BEACH encounters for the 5 year period.<sup>1</sup> In this article we compare 'indigenous encounters' with total BEACH encounters. This provides a backdrop against which articles in this issue of *Australian Family Physician* can be further considered.

## The GPs

The characteristics of the 1354 general practitioners who recorded at least one encounter with a patient identifying as an Indigenous Australian did not differ significantly from the total GP sample, except in terms of practice location. They were more likely to be practising in other rural, remote or offshore locations (20%) compared with the total sample (13%).

## Patient characteristics

The sex distribution of Aboriginal and Torres Strait Islander patients was identical to that of the total sample, but age distribution differed markedly. The proportion of patients aged less than 45 years was 71% compared with 49% in the total dataset; only 7% were aged 65 years or over compared with 25% in the total sample.

These patients were more likely to be new to the practice (12%) compared with the patients at all encounters (9%). They were significantly more likely than all sampled patients to hold a commonwealth concession card (59% of Indigenous Australians compared with 39% of all patients). Those who reported speaking a language other than English at home represented 7% of the indigenous sub-sample, which did not differ significantly from the total sample (9%).

## Problems managed

Table 1 shows the most common problems managed at indigenous and total encounters, with significant differences highlighted. Diabetes was the problem most frequently managed at encounters with Indigenous Australians, at a significantly higher rate (2.5 times higher) than at all encounters (7.1 per 100 indigenous encounters compared with 2.8 per 100 total encounters). This was followed by hypertension which was managed significantly less often at indigenous encounters (6.7 per 100) than at all encounters (8.8 per 100). Also less frequently managed at indigenous encounters was immunisation/vaccination. This was probably a consequence of the extensive community health centre based immunisation programs in the Northern Territory and Western Australia.

Both asthma (4.3 per 100 encounters) and acute bronchitis (3.8 per 100) were managed more frequently at indigenous encounters than average (2.9 and 2.8 per 100 respectively). Other problems with significantly higher management rates at indigenous encounters were:

- acute otitis media, managed at more than twice the average for all encounters
- pre/postnatal care, managed at a rate more than twice the average
- pregnancy (1.6 per 100 compared with the average 0.8)

- tonsillitis (1.8 per 100 indigenous encounters compared with 1.2 per 100 average), and
- boil/carbuncle (1.5 per 100 compared with 0.5).

## Medications

The medication rate of 115 per 100 indigenous encounters was higher than the BEACH average of 107 per 100. Although the prescribing rate was similar, the rate of medications supplied by the GP to the patient was double the average (19 compared with 8 per 100 encounters).

The most common types of medications prescribed at indigenous encounters were broad spectrum penicillins, other penicillins and cephalosporins, followed by simple analgesics, antihypertensives, and hypoglycaemics. The pattern for the total sample was somewhat different, reflecting the different patterns of problems under management: antihypertensives were the most commonly prescribed medications, followed by broad spectrum penicillins and nonsteroid anti-inflammatory/antirheumatoid medications.

An examination of the most common individual medications prescribed at indigenous encounters found significantly higher than average rates of amoxycillin, paracetamol, paracetamol/codeine, salbutamol, metformin and amoxycillin/potassium clavulanate. The influenza

virus vaccine was recorded significantly less often.

### Other treatments

There were no significant differences between indigenous encounters and total BEACH encounters in the rates of clinical and procedural treatments provided. Advice/education was the most common clinical treatment and application of a dressing the most common procedure.

### Referrals and investigations

The national average referral rate in BEACH is about 8 per 100 problems managed. The rate at indigenous encounters was somewhat lower, at 5.5 per 100 problems managed.

The rates of 26 pathology orders and five imaging orders per 100 problems managed at indigenous encounters were similar to the national average. The pattern of investigation ordering was also similar to that of total BEACH, with full blood counts and liver function tests the most common pathology orders, and chest X-rays and pelvic ultrasounds the most common orders for imaging.

### Reference

1. Britt H, Miller G, Knox S, et al. General practice activity in Australia 2002–03. AIHW Cat. No. GEP 14. Canberra: Australian Institute of Health and Welfare.

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**Table 1. Most common problems managed at indigenous and total encounters**

Variable	1998–1999 to 2002–2003	
	Encounters with indigenous people	Total encounters
	Rate per 100 encounters (n=5476) 95% CI	Rate per 100 encounters (n=502 100) 95% CI
Diabetes, nongestational*	7.1 (6.0–8.2)	2.8 (2.7–2.9)
Hypertension*	6.7 (5.7–7.7)	8.8 (8.6–9.0)
Upper respiratory tract infection	5.7 (4.8–6.5)	6.0 (5.9–6.2)
Asthma	4.3 (3.6–5.0)	2.9 (2.8–3.0)
Acute bronchitis/bronchiolitis	3.8 (3.2–4.5)	2.8 (2.7–2.8)
Depression*	3.4 (2.9–3.9)	3.8 (3.7–3.9)
Immunisation all*	3.3 (2.6–3.9)	4.8 (4.6–5.0)
Acute otitis media/myringitis	3.1 (2.5–3.6)	1.4 (1.4–1.5)
Back complaint*	2.2 (1.7–2.6)	2.6 (2.5–2.7)
Pre/postnatal check*	2.1 (1.5–2.5)	1.0 (0.9–1.0)
Anxiety	1.9 (1.4–2.3)	1.7 (1.7–1.8)
Urinary tract infection*	1.9 (1.5–2.3)	1.7 (1.7–1.7)
Tonsillitis	1.8 (1.4–2.2)	1.2 (1.1–1.2)
Sprain/strain*	1.7 (1.3–2.1)	1.8 (1.7–1.8)
Pregnancy*	1.6 (1.2–2.0)	0.8 (0.8–0.9)
General check up*	1.6 (1.2–2.1)	1.9 (1.8–1.9)
Boil/carbuncle	1.5 (1.1–2.0)	0.5 (0.5–0.5)
<b>Total problems</b>	<b>147.7 (143.7–151.6)</b>	<b>148.1 (147.3–148.9)</b>

\* Includes multiple ICPC-2 or ICPC-2 PLUS codes

Note: CI = confidence interval, shading indicates statistically significant difference between groups

Table includes only morbidities that arose at a rate of 1.5 per 100 encounters or more in the 5 year period