Carmen Zhang Lisa Valenti Helena Britt

General practice encounters with Aboriginal and Torres Strait Islander people

Kevwords

diabetes mellitus, type 2; asthma; Indigenous population



In the BEACH program between April 2008 and March 2013, general practitioners (GPs) recorded details of 7380 patient encounters with people who identified themselves as Aboriginal and Torres Strait Islander, which accounted for 1.5% of all BEACH encounters. The rates at which type 2 diabetes and asthma were managed at encounters with patients who identified as Aboriginal and Torres Strait Islander people were compared with those of other patients.

Of the encounters with patients who identify as Aboriginal and Torres Strait Islander, 63% were with patients aged less than 45 years and 37% were aged 45 years or older; the average age was 36 years. This differed significantly from encounters with other patients, where 41% were less than 45 years and 59% were 45 years or older, the average age being 49 years. The sex distribution did not differ between patients who identified as Aboriginal and Torres Strait Islander people and other patients.

Although patients who identified as Aboriginal and Torres Strait Islander were younger than other patients, type 2 diabetes was managed twice as often at encounters with them (8.2 per 100 encounters), compared with other patients (4.0 per 100 encounters). The rate at which asthma was managed was also significantly higher for patients who identified as Aboriginal and Torres Strait Islander (3.4 per 100 encounters) than for other patients (2.1 per 100 encounters).

The rate of type 2 diabetes management was significantly higher at encounters with Aboriginal and Torres Strait Islander men, compared with other men (8.3 per 100 encounters and 5.0 per 100 encounters, respectively) and Aboriginal and Torres Strait Islander women, compared with other women (8.1 per 100 encounters and 3.2 per 100 encounters, respectively). For patients who identified as Aboriginal and Torres Strait Islander, there was no significant difference in the rate at which type 2 diabetes was managed between the sexes. However for other patients, type 2 diabetes was managed at a significantly higher rate in men than women.

The higher rate of type 2 diabetes management at encounters with patients who identified as Aboriginal and Torres Strait Islander was seen in all adult age groups (*Figure 1*). In the 15–24 year age group, the rate of management at encounters with patients who identified as Aboriginal and Torres Strait Islander people was more than four times the rate for other patients (1.8 compared with 0.4 per 100 encounters). In the 25-44 year age group, the rate of type 2 diabetes management was more than five times higher for patients who identified as Aboriginal and Torres Strait

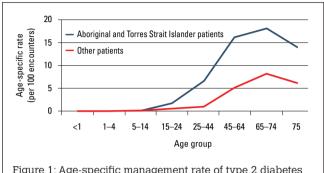


Figure 1: Age-specific management rate of type 2 diabetes

Islander people, compared with other patients (6.6 compared with 1.2 per 100 encounters).

The higher rate of asthma management among Indigenous patients was seen in both sexes (3.0 per 100 encounters with Indigenous men, compared with 2.1 per 100 with non-Indigenous; and 3.5 per 100 encounters with Indigenous women, compared with 2.0 per 100 with non-Indigenous), and in the 25-44 and 45-64-year age groups (3.5 compared with 1.9 per 100 encounters; and 3.0 compared with 1.8 per 100 encounters, respectively).

The differences in the rates of type 2 diabetes¹ and asthma² management management reflect the higher prevalence of these conditions in Aboriginal and Torres Strait Islander peoples.

References

- Australian Institute of Health and Welfare 2013. Diabetes indicators in Australia. Available at www.aihw.gov.au/diabetes/indicators [Accessed 29 November 2013].
- Australian Institute of Health and Welfare 2013. Asthma in Aboriginal and Torres Strait Islander Australians, Available at http://www.aihw.gov.au/WorkArea/ DownloadAsset.aspx?id=6442453804 [Accessed 29 November 2013].

Acknowledgements

The authors thank the GP participants in the BEACH program and all members of the BEACH team. Funding contributors to BEACH from April 2008 to March 2013: Australian Government Department of Health and Ageing; Australian Institute of Health and Welfare; Abbott Australasia; AstraZeneca Pty Ltd (Australia); Bayer Australia Ltd; CSL Biotherapies Ptv Ltd: GlaxoSmithKline Australia Ptv Ltd: Janssen-Cilag Ptv Ltd: Merck. Sharp and Dohme (Australia) Pty Ltd; National Prescribing Service; Novartis Pharmaceuticals Australia Pty Ltd; Pfizer Australia Pty Ltd; Sanofi-Aventis Pty Ltd; Wyeth Australia Pty Ltd. BEACH is approved by the Human Research Ethics Committee of the University of Sydney.

correspondence afp@racgp.org.au