

THEME

Nausea and vomiting



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Presentations of nausea and vomiting

The BEACH program is a continuous national study of general practice activity in Australia. This analysis of encounters where patients presented with nausea and/or vomiting between April 2000 and March 2006 provides a backdrop against which related articles in this issue of *Australian Family Physician* can be further considered.

Nausea and/or vomiting were presented as patient reasons for encounter at 1.6% of the 596 000 encounters recorded in this period (Figure 1–8). Gender specific presentation rates did not differ. Results suggest there was an average 1.5 million presentations of nausea and/or vomiting per year in general practice across Australia.

Vomiting was more often presented by children aged <15 years (3.1 per 100 encounters) and decreased steadily with age to 4 per 1000 encounters in those aged 65+ years. In contrast, nausea was most often presented by those aged 15–24 years (1.1 per 100 encounters) and was less frequent in all other age groups.

Problems managed

Gastroenteritis was the most likely diagnosis (37 per 100 encounters) at these encounters but was significantly more likely among males (44 per 100) than females (33 per 100 encounters). More than 40% of patients aged <45 years presenting with nausea and/or vomiting had gastroenteritis managed at that encounter. From 45 years onward, while gastroenteritis remained common, it was of decreasing likelihood with increasing age, being managed at only 18% of encounters with patients aged 75+ years.

The presenting symptom remained undiagnosed (being described as nausea or vomiting) at almost 1 in 10 encounters; more often in females than males. However, this was least likely in children (6% of encounters) and increased steadily with age to represent more than 16% of nausea/vomiting encounters with patients aged 65+ years.

Migraine was rarely managed at encounters with children (<1%) and with patients aged 65+ years. The likelihood of the GP managing migraine at these encounters peaked among patients aged 45–64 years (6% of encounters). Migraine was more often managed for females

with nausea/vomiting than in males. Gastritis was managed in most age groups at 5 or 6% of encounters, but stood out among those aged 15–24 years (9% of encounters).

Oesophageal disease (largely reflux) was managed for some nausea/vomiting patients in all age groups but was not common at encounters with younger people (2% of encounters with those aged <25 years). However its management rate rose steadily with age to 6% among those aged 45–64 years and to over 8% in the oldest age group.

Adverse effects of medications were managed at 3% of nausea/vomiting encounters and more frequently with female patients (4%) than with males (2%). The likelihood of this diagnosis was highest at encounters with patients aged 65+ years (8% of encounters), reflecting greater polypharmacy with increasing age. However, it is notable that 5% of nausea/vomiting encounters with those aged 45–64 years also involved adverse effect management.

While gastroenteritis remains the single most likely diagnosis for patients presenting with nausea/vomiting, 1 in 10 of these presentations remain undiagnosed; higher among older patients. The likelihood of other diagnoses varies with the age of the patient.

Conflict of interest: none declared.

Acknowledgments

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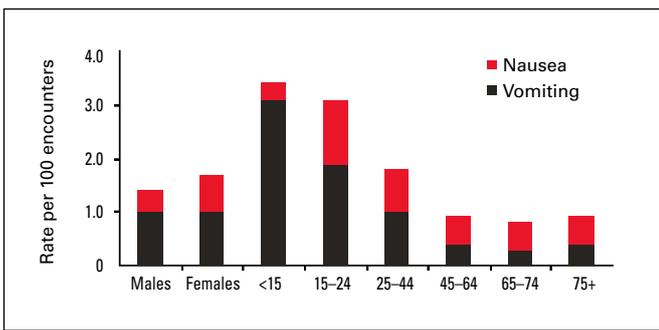


Figure 1. Age specific rate, nausea/vomiting RFEs

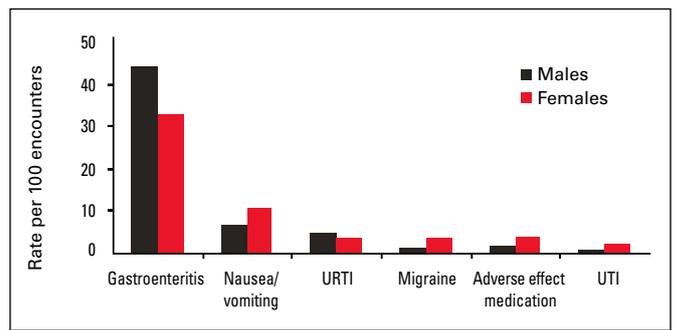


Figure 2. Gender specific rate for problems managed where nausea/vomiting was a RFE

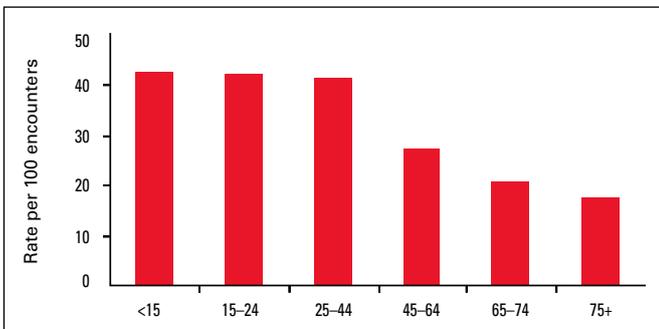


Figure 3. Gastroenteritis managed: age specific rate in patients with nausea/vomiting

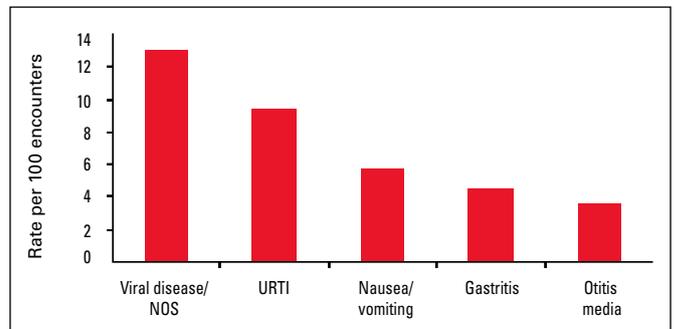


Figure 4. Commonly managed problems: <15 years of age

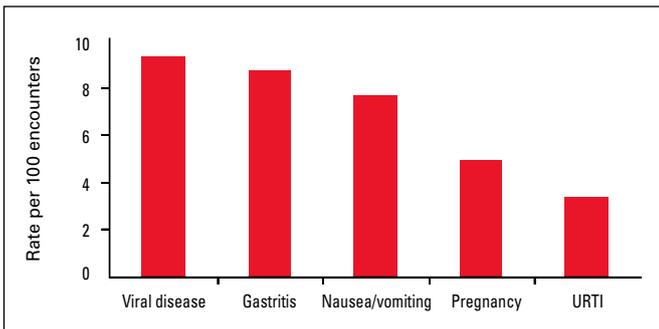


Figure 5. Commonly managed problems: 15-24 years of age

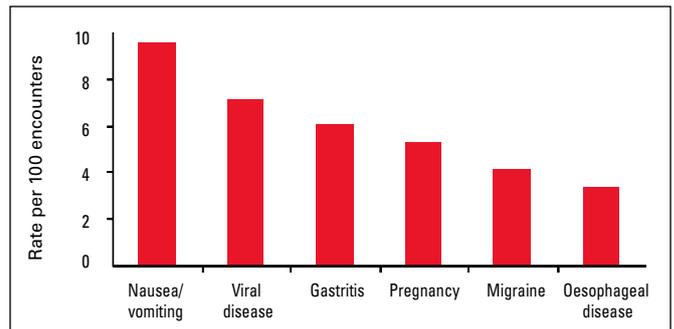


Figure 6. Commonly managed problems: 25-44 years of age

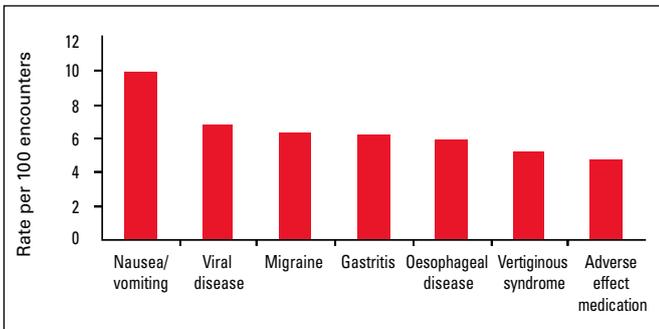


Figure 7. Commonly managed problems: 45-64 years of age

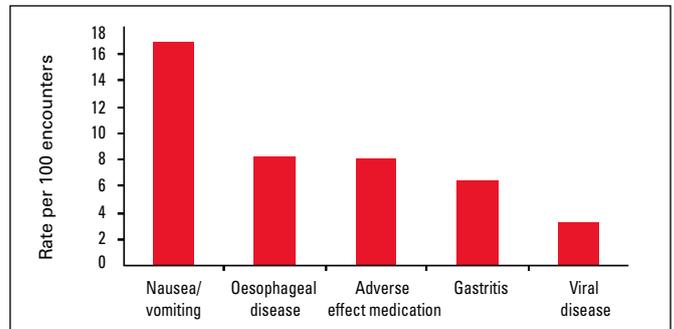


Figure 8. Commonly managed problems: ≥65 years of age