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# Chronic musculoskeletal problems managed in general practice

The BEACH program, a continuous national study of general practice activity in Australia, gives us an overview of encounters at which chronic musculoskeletal problems were managed. This synopsis provides a backdrop against which articles in this issue of the *Australian Family Physician* can be further considered.

**To identify chronic musculoskeletal (CM) problems we used a chronic conditions list<sup>1</sup> classified according to ICPC-2.<sup>2</sup> Conditions included: congenital anomalies, musculoskeletal syndromes, osteoarthritis, osteoporosis, malignant neoplasms, and other less common conditions such as lupus erythematosus and scleroderma. Among the 101 993 encounters recorded in BEACH between April 2005 and March 2006, there were 7389 at which 7597 CM problems were managed. Encounters at which CM problems were managed made up 7.3% of all encounters. These problems accounted for 5.0% of all problems managed and 43.3% of all musculoskeletal problems managed.**

## Gender and age of patients

Almost two-thirds (64.5%) of the 7389 patients at CM encounters were female, a higher proportion than total BEACH encounters (56%); CM problems were managed at 8% of encounters with females; 6% with males.

The age distribution of patients at CM encounters reflected the chronicity of these problems, with 46.5% of patients aged 65 years and over (BEACH total 26.8%). Age specific rates ranged <1 per 100 encounters with patients aged <25 years to 13.0 with those aged 75 years and over.

## Reasons for encounter

The effect of the age distribution of the sample is shown in the high rate of patient reasons for encounter (176 compared with 150 per 100 total BEACH encounters). The need for prescriptions, test results, check ups, and symptoms of the back, neck, shoulder and knee made up a large proportion of reasons for encounter.

## Other problems managed

Circulatory problems were the most commonly managed comorbidity at a rate of 21 per 100 of these encounters. These were followed by endocrine/metabolic problems managed at 13 per 100 of these encounters. Individually, hypertension was the most common other problem, managed at a rate of 14 per 100 CM encounters.

## Medications

Medications were prescribed, advised over-the-counter or supplied by the general practitioner at a higher rate (84 per 100 CM problems managed) than the BEACH average (71 per 100 problems). Medications were prescribed at a rate of 72 per 100 (compared with 59 per 100 problems in BEACH) and nonsteroid anti-inflammatory drugs accounted for almost one-third. Paracetamol was the most common individual prescribed medication, at a rate of 12 per 100 CM problems. Meloxicam was prescribed at a rate of 7, and paracetamol/codeine at a rate of 6 per 100 CM problems managed.

## Other treatments

The rate of other treatments provided (26 per 100 CM problems) was average for BEACH. Physical medicine/rehabilitation was provided at a rate of 5.6 per 100 CM problems; advice/education at 3.5 per 100. Procedures were recorded at 11 per 100 CM problems.

## Referrals

Referrals were provided for 13 per 100 CM problems, higher than the BEACH average (8 per 100). These were made most frequently to physiotherapists (5 per 100 CM problems).

## Pathology and imaging orders

The pathology test ordering rate of 16 per 100 CM problems was lower than the BEACH average (25 per 100). Full blood count and ESR were most commonly ordered (3 and 2 per

100 of these problems respectively).

The imaging order rate (16 per 100 CM problems) was higher than the BEACH average (6 per 100 problems). The most common imaging orders were X-ray of the knee and densitometry tests (2 per 100 CM problems managed).

Conflict of interest: none.

### References

- O'Halloran J, Miller GC, Britt H. Defining chronic conditions for primary care with ICD-10. *Fam Pract* 2004;21:381-6.
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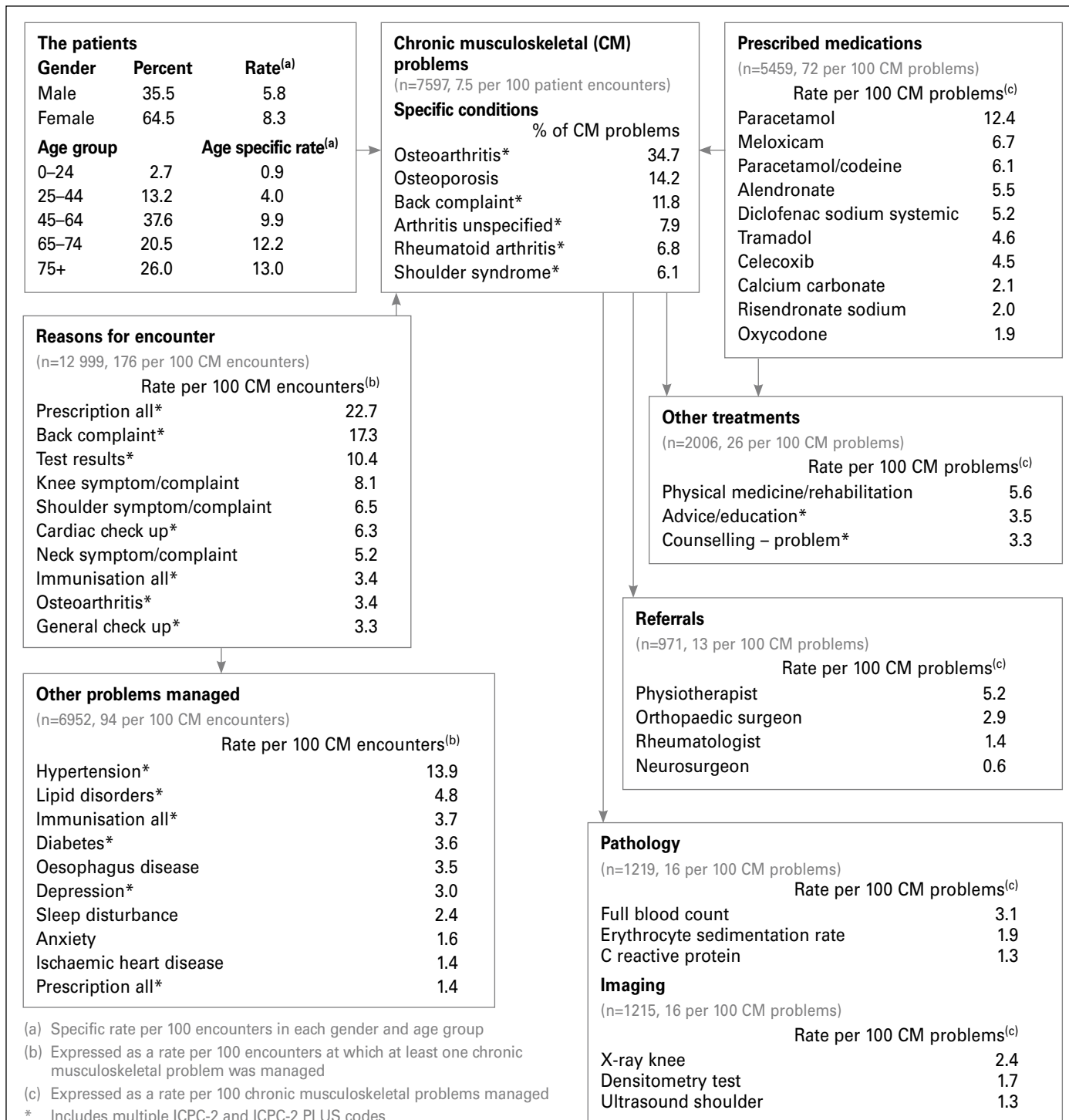


Figure 1. Content of encounters at which a chronic musculoskeletal problem was managed