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Carpal tunnel syndrome

Between April 2000 and March 2009, carpal tunnel syndrome was managed 1700 times among 885 400 encounters in the BEACH program (Bettering the Evaluation and Care of Health) at a rate of two contacts per 1000 encounters. This extrapolates to about 195 000 contacts annually across Australia.

■ **Management of carpal tunnel syndrome (CTS) was rare in patients aged <25 years, who accounted for only 2.4% of patients at these encounters, and was most commonly recorded for patients aged 45–64 years (45.5% of patients). The problem was managed at a significantly higher rate for females (2.2 per 100 encounters) than for males (1.5 per 100), and females were therefore significantly over represented at carpal tunnel encounters (67.0% of patients) compared with total BEACH where 57% were females.¹ Patients were less likely than average to be new to the**

practice, but the carpal tunnel problem itself was more likely to be new to the patient. The percentage of carpal tunnel problems that were work related (8.9%) was more than four times higher than the work related proportion of all problems managed in BEACH (1.9%) (Figure 1).

Encounters where CTS was managed were also four times more likely than average to be claimed from workers' compensation (10.5% compared with 2.3%), and significantly less likely to be standard and more likely to be long consultations (Figure 2).

Management of CTS included much lower levels of medications (21 per 100 carpal tunnel problems compared with 68 per 100 total problems). Referral rates per 100 carpal tunnel problems (44 per 100) were over five times the BEACH average (8 per 100). Almost all referrals were to specialists, and 50% of these were to neurologists. Half of the neurological referrals were specifically for nerve conduction studies. Pathology and imaging ordering rates were low (Figure 2).

These results confirm the established view that CTS is far more likely to occur in women and has been associated with certain occupations.² In Australian general practice a high proportion of patients managed for CTS are referred to specialists.

Conflict of interest: none declared.

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References

1. Britt H, Miller GC, Charles J, et al. General practice activity in Australia 2007-08. General Practice Series No. 22. Cat. no. GEP 22. Canberra: Australian Institute of Health and Welfare, 2008.
2. U.S. Department of Health and Human Services. National Institute of Neurological Diseases and Stroke. Carpal tunnel syndrome fact sheet. Available at www.ninds.nih.gov/disorders/carpal_tunnel/detail_carpal_tunnel.htm.

Figure 1. Patient/problem characteristics

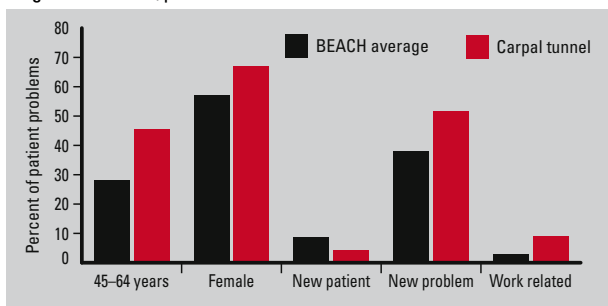


Figure 2. Encounter details

