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# NESB patients

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General practitioner consultations with patients of non-English speaking background (NESB) account for one in 10 encounters recorded in the BEACH (Bettering the Evaluation and Care of Health) program (NESB is defined as patients who reported that their primary language spoken at home is not English). We present a descriptive comparison of consultations with NESB and English speaking patients recorded between April 2007 and March 2009. Indigenous persons were excluded from the analysis to give a clearer picture of NESB patients of non-Australian origin. Only statistically significant differences with nonoverlapping 95% confidence intervals are reported.

Non-English speaking patients were less likely to be aged 15–24 years and more likely to be in the 65–74 years age group and hold a Commonwealth Health Concession card (52%) than English speaking patients (44%). A greater proportion (91%) of NESB patients lived in capital cities than did English speaking patients (65%). There was no difference in gender distribution.

Chronic problems more commonly managed at NESB encounters included respiratory, circulatory, endocrine/metabolic and digestive. Individual problems managed more frequently included hypertension, acute upper respiratory infection (URTI), diabetes, lipid disorder, and dermatitis. Psychological, skin and ear problems were managed less often for NESB patients. Individual problems managed less often included depression, solar keratosis, malignant skin neoplasm and contraception (*Table 1*).

## Management of problems

There was no difference in the overall medication rate for NESB and English speaking patients, although NESB patients were more likely to receive advice to purchase over-the-counter medications. Most of the differences in prescribed medications reflected the problems managed, with higher rates of cardiovascular, digestive, skin, musculoskeletal and respiratory medications and a lower rate of psychological medications and contraceptives recorded (*Figure 1*). Clinical treatments, especially counselling about nutrition/weight and advice on treatment, were more common at encounters with NESB patients. On the other hand, general

**Table 1. Significant differences in rates of problems managed at encounters with NESB and English speaking patients**

Problem managed	NESB rate per 100 encounters (n=15 378)	English speaking rate per 100 encounters (n=178 926)
Respiratory	22.2	19.4
URTI	7.5	5.4
Circulatory	21.7	18.3
Hypertension	13.3	9.9
Endocrine/metabolic	18.0	13.0
Diabetes	6.2	3.6
Lipid disorders	5.6	3.7
Skin	13.0	17.8
Dermatitis	2.7	1.8
Solar keratosis	0.3	1.5
Digestive	12.2	10.4
Psychological	9.1	12.9
Depression	2.3	4.6
Ear	3.0	4.0

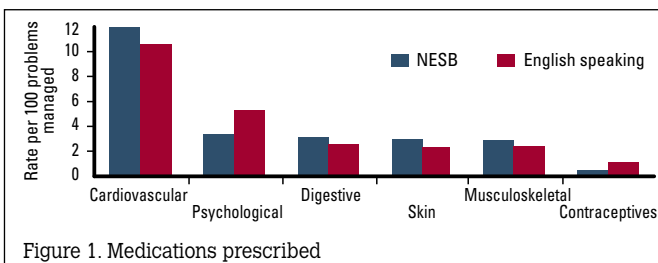


Figure 1. Medications prescribed

practitioners performed fewer procedures for NESB patients, particularly excisions and dressings, in line with the lower rates of solar keratosis and skin neoplasms. No differences were found in rates of referral, pathology or imaging ordered.

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