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# Irritable bowel syndrome in Australian general practice

The BEACH program, a continuous national study of general practice activity in Australia, gives us an overview of encounters at which irritable bowel syndrome (IBS) was managed. This synopsis provides a backdrop against which articles in this issue of *Australian Family Physician* can be further considered.

**Irritable colon, spastic colon syndrome, mucous colitis, splenic flexure syndrome and functional diarrhoea were included with irritable bowel syndrome (IBS), however these related conditions accounted for only 3% of total IBS problems managed.**

Irritable bowel syndrome was managed in BEACH 2110 times in the 7 years from April 1998 to March 2005, at a rate of 0.3 per 100 general practice encounters (*Figure 1*). This represents an average of approximately 285 000 encounters at which IBS is managed in general practice across Australia in any 1 year.

## Gender and age of patients

Three-quarters of encounters at which IBS was managed (IBS encounters) were with female patients. The gender specific rates showed IBS management rates of 0.2 per 100 total encounters with males and a rate of 0.4 per 100 encounters with females.

The age distribution for IBS encounters showed significant differences from the total BEACH data. There were higher than average encounters with patients aged 25–44 years (31%) and with patients aged 45–64 years (33%). Age specific rates were highest among those age groups, with a rate of 0.4 per 100 encounters with each of those groups.

## Reasons for encounter

Abdominal pain was the most common reason for encounter stated by patients (34 per 100 of these encounters). Diarrhoea was the reason given by patients at 14 per 100 IBS encounters.

## Other problems managed

Psychological problems were the most commonly managed problems with IBS, at a rate of 13 per 100 of these encounters. They were followed by musculoskeletal problems at 11 per 100 IBS encounters. Individually, hypertension was the most common other problem, managed at a rate of 6 per 100 IBS encounters. Depression and anxiety (at 5 and 4 per 100 IBS encounters respectively) were managed at significantly higher than average rates for BEACH.

## Medications

The rate of medications prescribed/advised/supplied was close to the BEACH average at 67 per 100 IBS problems managed. Mebeverine was the medication most frequently prescribed at a rate of 16 per 100 IBS problems managed. Hyoscine butylbromide, psyllium hydrophillic mucilloid, and atropine/diphenoxylate were each prescribed at a rate of 5 per 100 IBS problems.

## Other treatments

The rate of other treatments provided, 49 per 100 of these problems, was significantly higher than the average for BEACH. Most commonly the treatment was observation/health education/advice, provided at a rate of 34 per 100 IBS problems managed. Therapeutic counselling/listening was provided for 12 per 100 IBS problems.

## Referral

The average referral rate for BEACH is 8 per 100 problems managed. Patients with IBS were referred at a rate of

11 per 100 problems. Referrals were made most frequently to gastroenterologists (7 per 100 IBS problems).

### Pathology and imaging orders

The pathology ordering rate of 26 per 100 IBS problems was average for BEACH. Full blood count was the test most commonly ordered, at a rate of 5 per 100 of these problems. Faeces MC&S tests were

ordered for 2 per 100 IBS problems managed, as were liver function tests. Imaging ordering rates were also average (6 per 100 IBS problems), the most common being ultrasound of the abdomen.

Conflict of interest: none.

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(a) Specific rate per 100 encounters in each gender and age group  
 (b) Expressed as a rate per 100 encounters at which irritable bowel syndrome was managed  
 (c) Expressed as a rate per 100 irritable bowel syndrome problems managed  
 \* Includes multiple ICPC-2 and ICPC-2 PLUS codes \*\* NOS = not otherwise specified

Figure 1. Content of encounters at which irritable bowel syndrome was managed