

Ringing in the new year with the SNAP behavioural risk factors in general practice

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New year is a particularly appropriate time for general practitioners to reinforce our patients' resolutions to make lifestyle changes in their smoking, nutrition, alcohol intake and physical activity (the SNAP risk factors). These are the four most preventable contributors to disease in Australia:

- Tobacco smoking is the greatest risk factor of disease, accounting for 12% of the burden in men and 7% in women.
- Inadequate fruit and vegetable intake is responsible for approximately 3% of the disease burden. Together physical inactivity and poor nutrition cause overweight and obesity which contribute an estimated 4% of the total burden of disease and injury.
- Excessive alcohol consumption accounts for 2% of the total burden, as the injury and chronic disease burden associated with harmful and hazardous levels of alcohol consumption are partially offset by the burden of cardiovascular disease prevented by alcohol consumption.
- Physical inactivity is responsible for 7% of the total burden of disease and costs the health system \$400 million in direct health care costs.²

General practitioners are at the frontline in dealing with these risk factors and their consequences. There is evidence that GP interventions can be effective in dealing with these risk factors, however, to be effective we need to have the skills and capacity to offer both opportunistic and planned interventions targeting those most at risk. General practitioners need to: identify those with risk factors, assess their level of risk behaviour and readiness to change, provide information and education, offer behavioural counselling, provide appropriate pharmacotherapies, and refer to support services and programs or to self help groups.

The RACGP has published the updated 5th edition of its Guide to preventive care in general practice or 'Red book' which provides a guide to identification and assessment of these risk factors. The College has more recently developed a public education 'Use Your Head' campaign which aims to make consumers aware of the links between the SNAP risk factors and chronic disease and the role of GPs in supporting change.

These are part of a broader set of initiatives being coordinated by the Commonwealth Joint Advisory Group on GPs and Population Health as part of its SNAP initiative. The SNAP framework is intended to reduce the level of competing pressures that GPs work under and to support the development of systems within practices, local divisions of general practice and health services.³

While the problems are not complex, tackling them is not easy. It does require a more systematic approach and a little more time (something that is in short supply in general practice). These risk factors should be routinely addressed in consultations

especially in health assessments in the elderly or care plans for those with chronic disease. The patients for whom there is best evidence of our effectiveness in changing behaviour is that group who have existing disease or physiological risk factors such as hypertension, hyperlipidaemia or impaired glucose tolerance.

Aboriginal and Torres Strait Islanders, low income earners and people living outside metropolitan areas demonstrate higher levels of these risk factors and bear a disproportionate burden of disease. While their poorer health makes disadvantaged groups major users of general practice, they are also the lowest users of preventive care services. This is an important equity issue. We need to develop particular strategies to ensure these groups of patients receive the preventive care they need both at practice and division levels.

References

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