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Management of psychosis in Australian general practice

The BEACH program, a continuous national study of general practice activity in Australia, gives us an overview of consultations involving the management of psychoses. In this analysis we have included schizophrenia, affective disorders/bipolar, organic psychoses, and senile psychoses, with undefined psychosis and chronic brain syndrome grouped as 'other'. This synopsis provides a backdrop against which the theme articles in this issue of *Australian Family Physician* can be further considered.

Psychosis conditions were recorded as diagnoses in BEACH 4572 times between 1998 and 2005 at a rate of 0.7 per 100 encounters. This represents an average of approximately 630 000 encounters at which psychoses were managed in general practice across Australia in any 1 year. Schizophrenia was the most common of these conditions, accounting for two-thirds. Bipolar disorders made up almost one-quarter, while undefined psychosis accounted for less than 10%. Organic psychoses were seldom recorded (*Figure 1*).

Age and sex of patients

The age and sex of patients at encounters where a psychosis was managed (referred to here as psychosis encounters) differed from the BEACH average. The proportion of males was much higher than average (50% of patients compared with 40% in all encounters). This can also be seen in the sex specific rates, with psychosis managed at 0.8 per 100 male encounters compared with 0.6 per 100 female encounters.

The age specific rates of psychosis encounters peaked at 1.1 per 100 encounters with patients aged 25–44 years and a rate of 0.9 per 100 encounters with patients aged 45–64 years. There were lower rates for young and elderly patients with the lowest rate among those aged 75 years and over.

Reasons for encounter

The most common reason for attendance at a psychosis encounter was request for a prescription, stated by patients at a rate of 33.2 per 100 of those encounters. Schizophrenia was the recorded reason at 18 per 100 psychosis encounters, while bipolar disorder (5.5 per 100) was much less common.

Other problems managed

The rate of other problems being managed at psychosis encounters was low. The top 10 problems were similar to those at all BEACH encounters except for the high rate of drug abuse, at 1.6 per 100 psychosis encounters (compared with 0.6 in total BEACH data).

Medications

In BEACH, the average rate of medication prescription/advice/supply is approximately 70 per 100 problems managed, but for psychoses, the rate was much higher at 90 per 100 problems managed. Olanzapine was the most frequently recorded medication at a rate of 13.0 per 100 psychosis problems. Fluphenazine decanoate was recorded at a rate of 11.6, and lithium carbonate at 4.7 per 100 psychosis problems managed.

Other treatments

Other treatments such as counselling, therapeutic and diagnostic procedures were provided at a rate of 36 per 100 psychosis problems, which was close to the BEACH average. Therapeutic counselling and listening were most often provided; 20.7 per 100 psychosis problems. Observation/health education/advice was provided at a rate of 6.7, and an injection was given for 3.9 per 100 psychosis problems managed.

Referrals

Referral rates were average for BEACH, at 8.0 per 100 psychosis problems and were most often made to a psychiatrist.

Pathology orders

Pathology tests were ordered at a rate of 15 per 100 psychosis problems, which was approximately half the BEACH average. Tests for lithium levels were the most frequently ordered, at 3.0 per 100 psychosis problems managed.

Conflict of interest: none.

The patients

Sex	Percent	Rate[a]
Males	50.1	0.8
Females	49.9	0.6
Age group		
15–24	7.7	0.6
25–44	39.9	1.1
45–64	34.8	0.9
65–74	9.6	0.6
75+	7.9	0.4

Psychosis
(0.7 per 100 encounters)

Specific conditions (n=4572)

	% of psychosis
Schizophrenia	66.7
Bipolar disorder	23.3
Psychosis undefined/other	7.5
Organic psychoses	2.5

Reasons for encounter
(n=7006, 154 per 100 encounters)

Rate per 100 psychosis encounters[b]

Prescriptions all*	33.2
Schizophrenia	18.0
Bipolar disorder	5.5
Other psychological symptom	4.8
General check up*	4.2
Depression*	4.2
Follow up psychological NEC	4.0
Clarification/discussion	3.3
Sleep disturbance	2.9
Follow up unspecified	2.6

Medications
(n=4143, 90 per 100 psychosis problems)

Rate per 100 psychosis problems[c]

Olanzapine	
Zyprexa	10.0
Olanzapine	3.0
Fluphenazine decanoate	
Modecate	8.7
Fluanxol	2.9
Lithium carbonate	4.7
Risperidone	
Risperdal	4.0
Risperidone	2.5
Zuclopenthixol	
Clopixol	2.8
Antipsychotic unspecified	2.7
Benztropine mesylate	
Cogentin	2.5

Other problems managed
(n=3275, 71 per 100 encounters)

Rate per 100 psychosis encounters[b]

Hypertension*	5.1
Diabetes*	3.8
Depression	2.9
Lipid disorders*	1.8
Drug abuse	1.6
Sleep disturbance	1.5
Immunisation/vaccination all*	1.5
Upper respiratory tract infection	1.4
Back complaint*	1.4
Anxiety*	1.3

Other treatments
(n=1660, 36 per 100 psychosis problems)

Rate per 100 psychosis problems[c]

Therapeutic counselling/listening	20.7
Observation/health education/advice	6.7
Injection/infiltration	3.9
Clarification/discussion	2.1
Administrative procedure	1.9

Referrals and pathology

Rate per 100 psychosis problems[c]

Referrals (n=385, 8 per 100 psychosis problems)

Psychiatrist	4.2
Mental health team	1.3
Hospital/A&E/OPD	0.7

Pathology (n=676, 15 per 100 psychosis problems)

Test lithium	3.0
Full blood count	2.4
Test liver function	1.4

(a) Specific rate per 100 encounters in each sex or age group
(b) Expressed as a rate per 100 encounters at which psychosis was managed
(c) Expressed as a rate per 100 psychosis problems managed
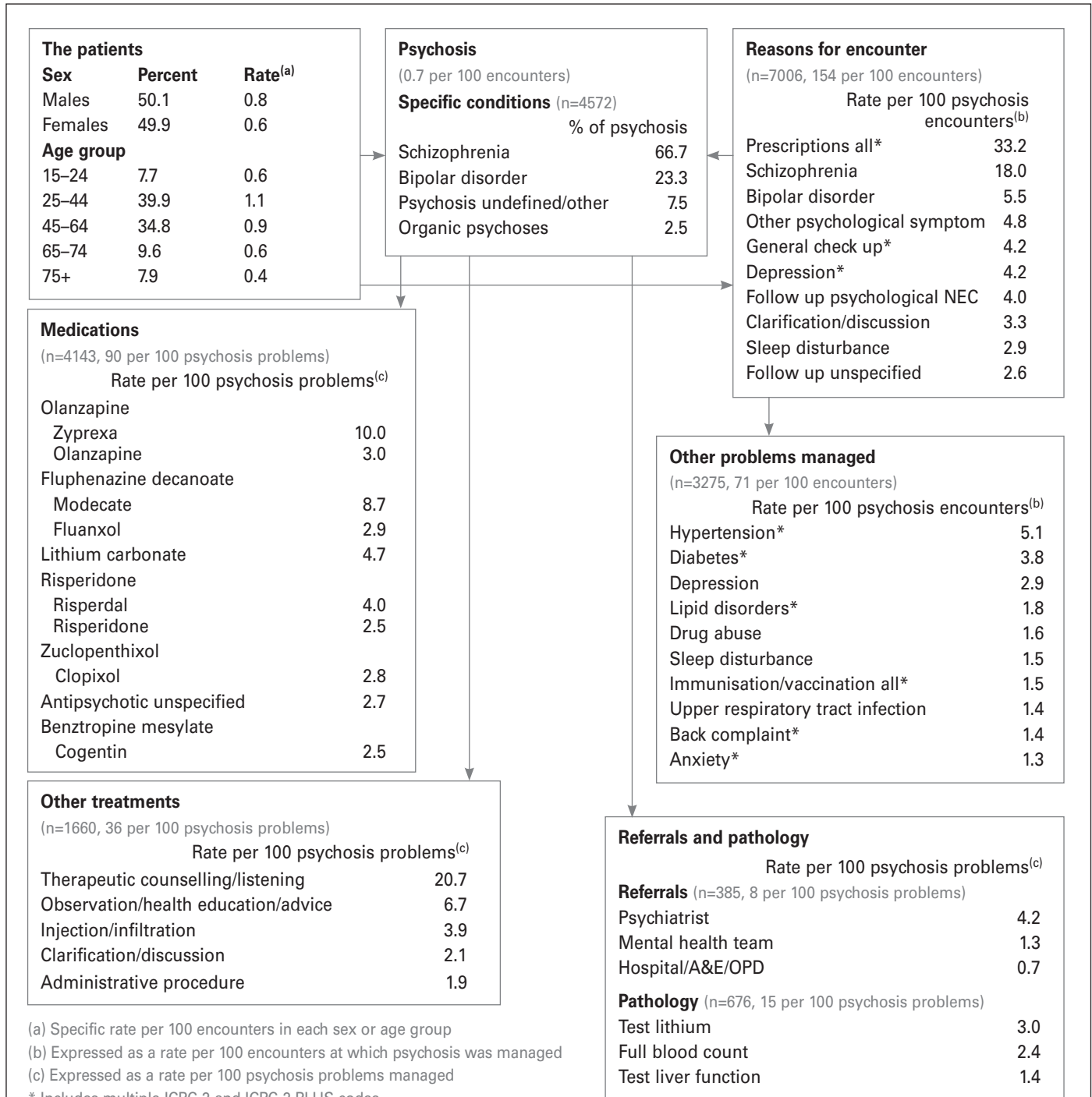* Includes multiple ICPC-2 and ICPC-2 PLUS codes

Figure 1. Content of encounters at which psychosis was managed