

THE RETURNING PATIENT

A survey of patients with high attendance rate

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A ONE year survey of attendance rate and related problems was carried out during 1960–61 in two settlements in the south of Israel.¹

The whole population of both settlements are members of the Workers Sick-fund of Israel and have free access to the doctor. The physician visits each settlement four times a week, doing also all home and emergency calls. Every day a male nurse works in both settlements. 82.6 per cent of the population consulted the doctor at least once during the year of the survey; 30 per cent requested one or more home visits and there were 4.8 consultations per patient at risk per year. These were divided into 4.1 surgery attendances and 0.7 home visits.

Among other results it was found that patients with ten or more consultations per year (surgery attendances and home visits) constitute only 14.4 per cent of the whole population, but they were responsible for 48.8 per cent of all doctor/patient contacts during the year. These figures correspond to those published by Backett.² He found that 16 per cent of his patients had ten or more consultations per year and were responsible for 52 per cent of his work.

The present survey concerns those patients with ten or more consultations per year and applies to the same period as the previous one—between 1 October 1960 and 31 September 1961.

Age and sex of patients

In a population of 1,175 patients at risk there were 169 patients (14.4 per cent) who had ten or more consultations per year. Those 169 people constitute the material of the present survey and will now be called 'patients'.

There were 66 males (10.5 per cent of the whole male population) and 103 females (18.7 per cent of the whole female population).

The corresponding figures in the survey by Backett² were very

similar; 13 per cent of the whole male population and 18.2 per cent of the female.

Table I shows that women were 61 per cent of the 'patients', while they were only 46.7 per cent of the whole population. Men were only 39.1 per cent of the 'patients' while they were 53.3 per cent of the whole population. This majority is most evident with women in the age group of 25-54. They were 36 per cent of the 'patients' while they constitute only 16.1 per cent of the whole population. There was only a majority of male 'patients' in children up to age of 14.

TABLE I
AGE DISTRIBUTION OF THE 'PATIENTS', COMPARED WITH THE AGE OF THE WHOLE POPULATION (IN PERCENTAGES)

Age	Males		Females		Total		Percentage of age group in the whole population		
	No. of patients	Per cent	No. of patients	Per cent	No. of patients	Per cent	Males	Females	Total
— 4	20	11.8	9	5.3	29	17.1	5.5	4.8	10.3
—14	19	11.2	14	8.3	33	19.5	18.5	15.1	33.6
—24	2	1.2	7	4.1	9	5.3	8.9	5.9	14.8
—34	5	3.0	18	10.6	23	13.6	5.5	5.6	11.1
—44	4	2.4	21	12.4	25	14.8	4.7	5.7	10.4
—54	8	4.7	22	13.0	30	17.7	4.9	4.8	9.7
—64	5	3.0	5	3.0	10	6.0	3.9	2.7	6.6
—74	2	1.2	5	3.0	7	4.2	0.9	1.3	2.2
+75	1	0.6	2	1.2	3	1.8	0.5	0.8	1.3
Total	66	39.1	103	60.9	169	100.0	53.3	46.7	100.0

Number of consultations

The range of consultations occurred from 10 to 54 per year. Most of them were between 10-20 consultations per year. However, there were also five 'patients' with 40 consultations and over.

It is obvious from the figures of table II that the majority of female 'patients' is most evident among those that visited the doctor more than 20 times per year. The ratio between male versus female 'patients' was 2 : 3, while in the group with 21 or more consultations it was 1 : 5.

Complaints

The basic question that I intended to investigate was why do those 'patients' consult the doctor?

For this purpose I divided patients into three groups (table III): (1) Patients who suffered only from organic disease. This included all acute intercurrent disease; all chronic organic disease and also pregnancy.

(2) Functional group. This included all forms of neurosis and one case of true psychosis.

(3) Mixed group. This group included:

- (a) Neurotic patients which suffered also from acute or chronic organic disease. It is clear that consultations in these cases can partly be accorded to those reasons and not exclusively to their basic neurotic problems.
- (b) Children of obviously neurotic parents. Among 62 children included in this survey, in 38 or 61 per cent it was found that at least one parent suffered from neurosis. Twenty-one of these 38 parents belonged to the group 2 (functional) and 16 to the group 3 (mixed). Only one of those neurotic parents is not included in this survey.

I concluded that, since children do not come to the doctor on their own, but are brought by their parents, obviously the high attendance rate of those children is influenced by the personality of their parents. Therefore they were included in this group.

TABLE II
SPECIFICATION OF 'PATIENTS' BY THE NUMBER OF CONSULTATIONS PER YEAR

<i>Number of consultations</i>	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24
Males ..	14	13	7	7	3	2	8	-	3	2	2	-	-	-	-
Females	16	9	7	12	5	5	6	2	7	6	2	7	2	1	1
Total ..	30	22	14	19	8	7	14	2	10	8	4	7	2	1	1
<i>Number of consultations</i>	25	26	27	28	29	30	31	33	34	39	40	43	45	54	<i>Total</i>
Males ..	-	1	1	-	-	-	-	1	-	-	2	-	-	-	66
Females	2	1	1	1	1	3	1	-	1	1	-	1	1	1	103
Total ..	2	2	2	1	1	3	1	1	1	1	2	1	1	1	169

TABLE III
DISTRIBUTION OF 'PATIENTS' ACCORDING TO AGE AND COMPLAINT

<i>Age</i>	<i>Organic</i>			<i>Functional</i>			<i>Mixed</i>			<i>Total</i>		
	<i>M</i>	<i>F</i>	<i>T</i>	<i>M</i>	<i>F</i>	<i>T</i>	<i>M</i>	<i>F</i>	<i>T</i>	<i>M</i>	<i>F</i>	<i>T</i>
- 4	14	3	17	-	-	-	6	6	12	20	9	29
-14	4	3	7	-	-	-	15	11	26	19	14	33
-24	2	2	4	-	-	-	-	5	5	2	7	9
-34	4	5	9	-	8	8	1	5	6	5	18	23
-44	3	3	6	-	7	7	1	11	12	4	21	25
-54	7	6	13	1	4	5	-	12	12	8	22	30
-64	4	2	6	-	-	-	1	3	4	5	5	10
-74	2	5	7	-	-	-	-	-	-	2	5	7
+75	1	2	3	-	-	-	-	-	-	1	2	3
Total ..	41	31	72	1	19	20	24	53	77	66	103	169
Total in percentages	24.3	18.3	42.6	0.6	11.2	11.8	14.2	31.4	45.6	39.1	60.9	100.0

As expected, the organic group is evenly distributed through all age groups. In the younger age group are mainly acute diseases, while chronic diseases are found mostly in those above 44. The pure neurotic patients are found only in the age group 25–54. There is a similar situation in the 'mixed' group, only with the addition of children of neurotic patients, as pointed out before.

Only about 12 per cent of the 'patients' had pure 'functional' complaints while about 43 per cent came with 'organic' complaints. The rest belongs to the 'mixed' group.

Distribution by sex (table IV) demonstrates that two-thirds of male patients had organic complaints, compared with only one-third among the female patients. There were ten times more patients with purely functional complaints among the females compared with males.

Table V was constructed in order to demonstrate if there is relation between the number of consultations and the nature of the complaints. Out of 12 patients who had an attendance rate of over 30, there was only one patient with purely 'organic' complaints. Among patients with 20–29 attendances per year a quarter came to me with purely organic complaints. However, among those with an attendance rate of 10–19 half had purely organic complaints. Therefore it can be concluded that patients with organic complaints are usually found in the lower attendance groups, while those with functional complaints are more numerous in the higher attendance group.

From table VI we see that 90 per cent of organic patients have up to 20 consultations per year

TABLE IV
DISTRIBUTION OF 'PATIENTS' ACCORDING TO THE COMPLAINT AND SEX (PERCENTAGES)

	<i>Organic</i>	<i>Functional</i>	<i>Mixed</i>
Males	62.1	1.5	36.4
Females	30.1	18.4	51.5
Total	42.6	11.8	45.6

TABLE V
DISTRIBUTION OF 'PATIENTS' ACCORDING TO THE COMPLAINT AND NUMBER OF CONSULTATIONS PER YEAR

<i>Compl.</i>	10–19	20–29	30–39	40+	<i>Total</i>
Org.	65	6	1	–	72
Func.	9	5	3	3	20
Mixed	60	12	3	2	77
Total	134	23	7	5	169

TABLE VI
COMPARISON OF 'PATIENTS' ACCORDING TO NUMBER OF CONSULTATIONS PER YEAR (PERCENTAGE)

	<i>Consultations per year</i>	
	<i>Under 20</i>	<i>Over 20</i>
Organic ..	90.3	9.7
Functional ..	45.0	55.0
Mixed ..	77.9	22.1
Total ..	79.3	20.7

and only ten per cent have over 20. While in the functional group only 45 per cent have under 20 consultations per year and 55 per cent have over 20. The mixed group stands, as expected, in between.

Attendance rate according to age

In my previous survey¹ the average attendance rate of the whole population was 4.8 consultations per year per registered person. In this survey these 'specific patients' have an attendance rate which is three times greater (16.2 consultations per year).

There is an equal rise both in home visits and surgery attendances. Thus, as in the whole population the ratio between surgery attendances and home visits is the same—6 : 1.

There is no great difference between the attendance rate of the men whatever their age. (The age-group of +75 is distorted because of lack of significant number of patients.) Whereas there is a real difference in attendance rate with women in different age groups (as much as 40 per cent). Added to this, female attendance rate is usually higher than the male (table VII).

TABLE VII
CONSULTATION RATE PER 'PATIENT' PER YEAR (DISTRIBUTION ACCORDING TO THE AGE GROUPS)

Age	Males			Females			Average		
	S'rgergy	Home	Total	S'rgergy	Home	Total	S'rgergy	Home	Total
— 4	13.7	2.1	15.8	16.6	3.5	20.1	14.6	2.5	17.1
—14	11.3	2.8	14.1	11.2	1.9	13.1	11.3	2.4	13.7
—24	9.0	3.0	12.0	15.3	1.1	16.4	13.9	1.5	15.4
—34	10.4	1.4	11.8	16.7	0.6	17.3	15.3	0.7	16.0
—44	10.0	1.5	11.5	18.8	2.2	21.0	17.4	2.1	19.5
—54	13.2	2.5	15.7	13.5	1.5	15.0	13.4	1.8	15.2
—64	12.6	0.2	12.8	16.4	7.4	23.8	14.5	3.8	18.3
—74	9.0	1.5	10.5	12.4	2.6	15.0	11.4	2.3	13.7
+75	1.0	25.0	26.0	10.5	5.0	15.5	7.3	11.7	19.0
Total	11.9	2.5	14.4	15.2	2.1	17.3	14.0	2.2	16.2

The percentage of consultations according to the age group corresponds to the percentage of patients in that particular age group. Therefore it can be concluded that in this selected group of patients age has no influence on the number of consultations (table VIII).

Attendance rate according to complaints

Unlike the age, the nature of the complaints has a profound influence on the number of consultations. The patients with organic complaints, in comparison to those with functional ones,

have a lower attendance rate, while the mixed group is again somewhere in between (table IX).

TABLE VIII
PERCENTAGE OF CONSULTATIONS IN COMPARISON WITH PERCENTAGE OF 'PATIENTS' (ACCORDING TO AGE GROUPS)

Age group	Males		Females		Average	
	Percentage of consultations	Percentage of patients	Percentage of consultations	Percentage of patients	Percentage of consultations	Percentage of patients
— 4	11.5	11.8	6.6	5.3	18.1	17.1
—14	9.8	11.2	6.7	8.3	16.5	19.5
—24	0.9	1.2	4.2	4.1	5.1	5.3
—34	2.2	3.0	11.4	10.6	13.6	13.6
—44	1.7	2.4	16.1	12.4	17.8	14.8
—54	4.6	4.7	12.1	13.0	16.7	17.7
—64	2.1	3.0	4.4	3.0	6.5	6.0
—74	0.9	1.2	2.7	3.0	3.6	4.2
+75	1.0	0.6	1.1	1.2	2.1	1.8
Total	34.7	39.1	65.3	60.9	100.0	100.0

TABLE IX
CONSULTATION RATE PER 'PATIENT' PER YEAR (DISTRIBUTION ACCORDING TO THE COMPLAINTS)

Complaints	Males			Females			Average		
	S'rgery	Home	Total	S'rgery	Home	Total	S'rgery	Home	Total
Organic	10.2	2.5	12.7	12.1	3.0	15.1	11.0	2.7	13.7
Func.	32.0	8.0	40.0	19.6	2.2	21.8	20.2	2.5	22.7
Mixed	14.2	2.1	16.3	15.5	1.5	17.0	15.1	1.7	16.8
Total	11.9	2.5	14.4	15.2	2.1	17.3	14.0	2.2	16.2

It is obvious when comparing the percentage of consultations (according to the complaints) with the percentage of patients, that in the functional group the percentage of consultations surpasses the percentage of patients, while the organic group behaves exactly opposite. In the mixed group the two figures are almost equal.

The conclusion can be drawn that patients with functional complaints have usually a higher attendance rate than those with pure 'organic' complaints (table X).

Familial incidence

This survey includes 169 people of whom 102 belong to 39 families. Amongst two-thirds of the patients at least two persons

belong to one family. Usually it is one of the parents with their children. However, in eight families both parents are included amongst the patients. There were four families where three generations were included in this survey, and even one family with four generations.

TABLE X
PERCENTAGE OF CONSULTATIONS IN COMPARISON WITH PERCENTAGE OF PATIENTS (DISTRIBUTION ACCORDING TO COMPLAINTS)

<i>Com-plaints</i>	<i>Males</i>		<i>Females</i>		<i>Average</i>	
	<i>Percentage of con-sultations</i>	<i>Percentage of patients</i>	<i>Percentage of con-sultations</i>	<i>Percentage of patients</i>	<i>Percentage of con-sultations</i>	<i>Percentage of patients</i>
Organic	19.0	24.3	17.2	18.3	36.2	42.6
Func.	1.5	0.6	15.1	11.2	16.6	11.8
Mixed	14.2	14.2	33.0	31.4	47.2	45.6
Total	34.7	39.1	65.3	60.9	100.0	100.0

Discussion

It has been stated many times that in every practice a minority of patients cause most of the work to the doctor. The fact that 14.4 per cent of patients caused almost half of all consultations illustrates very clearly that this impression is a real one. The close resemblance of these figures to the findings of Backett are very impressive, because they belong to very unlike patients. The only common factor is the charge-free access to the medical care.

The attendance rate for the patients of the present survey is three times greater than the average rate for the whole population. But if I exclude the patients of the present survey from the remaining population I receive figures which are six times greater: the high-attendance-rate-patients of this survey have an average of 16.2 consultations per year, while the whole remaining population has only 2.9 consultations per year.

Women have a higher attendance rate in most published series.¹ In the present survey women are a real majority not only with a higher number of consultations, but also in numbers. It is interesting that this difference in attendance rate is noticeable between the two sexes only in surgery consultations, while figures for home visits are almost identical.

In this survey I found that there is no real difference in the number of consultations between various age groups. This is in contrast to the figures for the whole population where I found a peak for children aged 0-4, then a sharp decline to a minimum in group 15-24 and a gradual rise to a new peak in older age groups.¹

It was a real surprise that about 43 per cent of 'patients' came with pure organic complaints, because I expected a much higher proportion of functional cases in patients selected on the basis of high attendance rate.

The incidence of functional illness in various reports fluctuates very highly. Pougher³ found amongst 500 patients neurosis in 36.2 per cent with a ratio of roughly 1 male to 3 females; 47.6 per cent of all consultations were sought by patients with some form of neurosis. Richards⁴ reports that approximately 30 per cent of patients were psychogenics. Waggoner⁵ states that ". . . at least one half of all patients have their symptoms as a result of emotional difficulties . . ." Mestitz⁶ reports that in a series of 1,817 patients seen in a casualty department, 27 per cent of patients were without organic abnormalities. Balint⁷ states that:

"There seems little doubt that a considerable proportion of the complaints about which patients consult their doctors are not primarily or solely related to physical causes but originate from emotional problems. . . . The figures found in the literature vary widely . . . lowest figures speak of about 10 per cent whereas the highest go as far as 60-80 per cent or even higher. . . ."

These fluctuations seem to depend much more on the attitude of the examiner than on real differences in the incidence of mental disturbances. Since there is no real objective basis for diagnosis, the latter depends as much on the personality and prejudices of the examiner as on patient-material examined.⁷ To this I should also add the basic education and experience of the examiner. Naturally, these conclusions apply to my present survey.

Conclusion

A survey of patients with high attendance rate (ten or more consultations per year) is presented and findings in respect of the age, sex distribution and complaints are assessed. Their influence on the attendance rate is investigated.

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