

A classification of permanent and significant disease for general practitioners

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SUMMARY. A new simple classification of diseases seen in general practice is described. The system applies only to permanent conditions or those of continuing medical importance. It is not based on numerals from the *International Classification of Disease* nor on the College classification but includes a mnemonic. The system is easily adaptable.

Introduction

A simple classification of disease has been needed for those general practitioners who would like an "at-a-glance" at-risk register without the commitment of constant disease reporting and up-dating.

In a group practice of 12,500 patients, without strict adherence to lists, we found we were often seeing patients whose history we could not recall accurately. The introduction of L-dopa, for instance, made us realise how inadequate our memories were in reviewing those patients with established Parkinson's disease. We could not remember them all.

The practice dabbled with a diagnostic register (E book) kindly lent to us by the Birmingham Research Unit of the Royal College of General Practitioners, but we soon got tired of the constant commitment to push trivial illness into a precise diagnosis. We resolved, therefore, to produce a classification of our own with the following criteria. It must:

- (1) Be easily and clearly shown on the notes,
- (2) Be coded for confidentiality,
- (3) Be reasonably detailed,
- (4) Be of permanent significance,
- (5) Be easy to retrieve for follow-up or research,
- (6) Not need alteration,
- (7) Be precise enough to be consistent for different doctors,
- (8) Not add to the consultation time.

We thought the 12 divisions on the back of the college age/sex cards might well be used for flagging so we squeezed the 17 groups in the college classification down to 12 and by altering the names, found a letter which gave a mnemonic clue to the disease group. Some of these groups are contrived, but in practice seem to make sense. 'F' is the only letter that is not significant and since this is used for neoplasms, it may be just as well.

We suggest making an at-risk register as follows:

The disease code of letter and number is written boldly in the colour of choice in the top right-hand corner of the National Health Service envelope. A small white label may be used where notes are cluttered. A loose-leaf file is kept in the filing office with a page for each code and the name, sex, and date of birth of the patient is recorded by the filing clerk and the code number on the notes ticked or ringed to indicate it has been done. There is no need for the reception staff to have access to the classification.

There are various shortcomings, the biggest of which, perhaps, is the temptation to record diseases which are felt to be important at the time, but are probably not of long-term significance.

For example:

Asthma—in children—is difficult to define or to assess its long-term significance.

Psoriasis is undoubtedly sometimes significant, but by no means always.

Appendicectomy—a useful piece of history to know about, but is hardly significant in itself.

However, there is nothing in this classification that prevents local adaption and variation to suit a given practice or purpose.

We have been criticised for suggesting a classification that departs from the College or in the *International Classification of Disease* numbers, but there is little comparison. The college classification does not pretend to limit itself to significant disease nor is there any provision for accurate definition. For instance, quite significant handicaps such as use of a hearing aid or loss of an eye or paroxysmal tachycardia are not mentioned at all, while other conditions like hypertension have several numbers.

Having used this scheme for over two years, we have found it simple and easy to introduce without pressure, and offer it as a helpful compromise to those doctors who realise they will never be great researchers, but nevertheless would like to produce a few useful figures about their own practice.

Category	Criterion
A. Abnormalities—congenital	<i>Confirmation by</i>
1. Alimentary system	Specialist
2. Cardiovascular system	”
3. Genitourinary system	”
4. Metabolic system	”
5. Nervous system	”
6. Respiratory system	”
7. Skeleton and skin	”
B. Blood dyscrasias—permanent	<i>Confirmation by</i>
1. Pernicious anaemia	Haematologist
2. Proven malabsorption anaemia	”
3. Chronic leukaemia	”
4. Haemophilia	”
5. Other (myelomatosis, polycythaemia)	”
C. Cardiovascular disorders—permanent	<i>Confirmation by</i>
1. Coronary artery disease	Any two from: history, response to therapy, ischaemic changes on electrocardiograph
2. Myocardial infarct	Any two from: clinical diagnosis, ECG changes, enzyme levels
3. Hypertension	Requiring treatment longer than 3 months
4. Heart failure	Requiring treatment longer than 1 month
5. Rheumatic heart disease	Specialist
6. Paroxysmal tachycardia	Either three clinical episodes or ECG evidence
7. Peripheral arterial disease	Diagnosis by general practitioner
8. Cerebrovascular accident	Signs lasting over 48 hours
9. Deep vein thrombosis or embolus	Diagnosis by general practitioner

Category	Criterion
D. <i>Depression or other mental disorders</i>	
1. Depression	<i>Confirmation by</i> One admission lasting 28 days or 2 shorter admissions or 3 episodes outside hospital each needing one month's treatment
2. Addiction	Requiring therapy
3. Self-injury	Requiring admission and subsequent treatment of at least one month
4. Schizophrenia	Specialist confirmation
5. Senile dementia	Specialist confirmation
Psychopath	
Cerebral atrophy	
E. <i>End organs or neurological disorders</i>	
1. Sensitivities—confirmed or seasonal	<i>Confirmation by</i> Diagnosis by general practitioner
2. Total deafness or use of aid	Specialist
3. Blindness, partial or complete	Registered
4. Glaucoma	Requiring treatment
5. Multiple sclerosis	Specialist
6. Parkinsonism	Requiring treatment
7. Other neurological deficit not due to cerebrovascular accident	Lasting one month
8. Epilepsy	Requiring treatment
9. Educationally sub-normal (ESN)	Specialist
F. <i>Neoplasms</i>	
1. Alimentary system	<i>Confirmation by</i> Specialist
2. Breast	''
3. Genital system	''
4. Urinary system	''
5. Nervous system	''
6. Respiratory system	''
7. Skeleton and skin	''
8. Other—e.g. glandular	''
G. <i>Gut disorders—significant</i>	
1. Oesophageal atresia or hiatus hernia	<i>Confirmation by</i> X-ray
2. Proven peptic ulcer	X-ray
3. Gastrectomy, ilectomy, colectomy or short circuit operation or pyloroplasty and/or vagotomy	Specialist
4. Inflammatory disease of bowel	X-ray
5. Coeliac disease	Biopsy
6. Proven diverticulitis	X-ray or operation
7. Ileostomy or colostomy	Diagnosis by general practitioner
8. Gall bladder disease	X-ray
9. Liver disease	Permanent abnormality of liver function tests
10. Pancreatic disease other than categories F1 or H1	Specialist

Category	Criterion
H. <i>Hormonal dysfunction requiring permanent treatment</i>	<i>Confirmation by</i>
1. Diabetes	Biochemistry
2. Thyrotoxicosis Thyroidectomy or I ¹³¹ therapy	Specialist
3. Myxoedema	Biochemistry
4. Hypogonadism	Specialist
5. Other—e.g. myasthenia gravis	Specialist
I. <i>Infections and Injuries leaving permanent damage</i>	<i>Confirmation by</i>
1. Tuberculosis	Requiring chemotherapy or operation
2. Polio with resultant paralysis	Diagnosis by general practitioner
3. Tropical diseases	Specialist
4. Syphilis or gonococcal infections (salpingitis)	Specialist
5. Loss of limb	Diagnosis by general practitioner
6. Loss of eye	” ” ”
7. Gross scarring	” ” ”
J. <i>Joint, collagen and bone disease</i>	<i>Confirmation by</i>
1. Rheumatoid disease	Established or positive Rose-Waaler test
2. Gout	Raised uric acid before treatment, or two typical attacks, or response to colchicine or tophus formation
3. Ankylosing spondylitis	X-ray
4. Other—Osteoporosis Sarcoidosis Systemic lupus erythematosus	Specialist
5. Paget's disease of bone	X-ray
6. Joint surgery	Diagnosis by general practitioner
K. <i>Kidney and genitourinary disease—permanent</i>	<i>Confirmation by</i>
1. Pyelonephritis	Specialist
2. Nephrectomy	Specialist
3. Renal calculi	X-ray or production of stone or general- practitioner diagnosis, with haematuria
4. Other significant renal disease	Specialist
5. Hysterectomy Orchidectomy/prostatectomy	Operation
6. Tubal ligation Vasectomy	Operation
L. <i>Lung disease—obstructive</i>	<i>Confirmation by</i>
Definition—peak flow reading— Less than 400 in men ” ” 300 in women	
1. Asthma	Diagnosis by general practitioner
2. Bronchiectasis	History and x-ray
3. Chronic bronchitis	History and needing regular treatment
4. Emphysema	X-ray
5. Pulmonary fibrosis and pneumoconiosis	Specialist
6. Lobectomy	Operation