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Injury management by GPs in Australia

Sir.

Throughout the world, injury is recognized as a leading cause of morbidity and premature mortality.^{1,2} Inclusion of injury prevention and management as a key area in The health of the nation has prompted discussion of the role that primary health care teams in the United Kingdom should play in injury prevention.^{3,4} This discussion is weakened, however, by the paucity of information regarding the epidemiology of injury treated by general practitioners. In Australia, a similar lack of information regarding injury treated in general practice has encouraged the belief that general practitioners treat few injuries.5-7 Furthermore, although injury prevention and management has been identified in national health policy as one of the four focus areas of major public health importance, general practitioners have not been involved in national injury control and management strategies.8,9

In order to clarify the role currently played by general practitioners in the management of injury in Australia we undertook a study of the epidemiology of injury occurring within the Australian Capital Territory in 1992. This is a geographically circumscribed area in the south east of Australia containing an urban community of 296 000 people. It is served by two hospital casualty departments and 273 general practitioners. Injury was defined as a medically-treated condition classifiable by an International classification of diseases (ninth revision) code between 800 and 995. Data on patients seen in casualty departments were obtained from hospital records. General practitioners completed a survey form about each injured patient that they managed.

The incidence of injury in this area during 1992 was estimated to be 164 (95% confidence interval (CI) 139 to 189) per 1000 person-years. There were an estimated 40 deaths (Australian Bureau of Statistics data), 1120 (95% CI 1080 to 1160) hospital admissions, 24 000 (95% CI 23 000 to 25 000) visits to hospital casualty departments and 23 500 (95% CI 17 000 to 30 000) general practice attend-

ances, the ratio of these four categories being 1: 28: 596: 592. Approximately half the injuries occurring in this community received initial medical care in general practice.

A sample of 79 people attending a general practitioner for treatment of an injury differed from a sample of 3007 patients who presented to hospital casualty departments with regard to age, with 21.5% and 7.4%, respectively, being aged over 55 years (P<0.001). There was no significant difference with regard to sex. Differences existed in the types of injuries treated. Compared with the group that presented to casualty departments the group treated by general practitioners included more trunk injuries (20.3% of 79 versus 7.6% of 3007, P < 0.001), fewer fractures (3.8% of 79 versus 14.2% of 3007, P<0.001) and fewer hospital admissions (none versus 5.0% of 3007, P<0.001).

The degree to which the specific results of this study can be generalized to other populations is limited by the considerable differences that exist between health care systems throughout the world. However, this study clearly demonstrates that general practitioners can play a substantial part in a community's management of injuries. Results of hospital studies cannot necessarily be generalized to the community at large without further examination of the exact nature of the role played by general practitioners. Further research is needed to examine the nature of the events responsible for the injuries treated by general practitioners and to identify possible avenues for general practitioner involvement injury prevention.

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Postnatal sexual health

Sir.

We undertook a pilot survey of postnatal sexual health among members of the National Childbirth Trust. A questionnaire was placed in the 1993 winter issue of the National Childbirth Trust magazine, New Generation; (1010 women replied), giving details of their background, most recent childbirth, and subsequent sexual health. Respondents were characteristically married (90.6% of 1009), 'older mothers' (75.0% of 1010 were over the age of 30 years) and had breastfed their baby (97.6% of 1008) and this broadly reflects the membership of the National Childbirth Trust. Rates of intrapartum procedures were comparable to rates in the general population. 1,2