

Frequent attenders in general practice: a retrospective 20-year follow-up study

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SUMMARY

We describe a 20-year retrospective study of 58 patients with a cross-matched control group in one practice, who initially attended more than 12 times in 1975. The study establishes that frequent attendance is not consistent; the majority of high-attending patients in general practice revert over a short period of time to a normal consulting pattern. Diseases, rather than patients, appear to dictate high consulting rates. Consistent high attendance is largely owing to multiple pathology.

Keywords: frequent attenders; general practice.

Introduction

FREQUENT attenders in general practice have been a source of discussion among general practitioners (GPs) for many years.¹⁻⁴

Recent work has extended our knowledge and looked at frequent attenders in four practices over 41 months; it indicated the significant effect of the top 3% of attenders generating 17% of a GP's clinical workload. The patients were more likely to be female and have a chronic health problem.^{5,6}

Method

In 1975, the Burn Brae Medical Group was a training practice consisting of three male partners in rural Northumberland. By 1995 the practice had grown to three male and three female partners and the primary health care team had grown from seven to 23. The practice population had grown slowly from 7216 to 8200.

Throughout 1975, every face-to-face doctor-patient consultation was recorded. Using this data it was possible to identify 486 patients who had consulted on more than seven occasions in that year for any single diagnosis. Fifty-eight of these patients had been continuously registered with the practice for the 20 years from 1975 to 1995 and had an average of 12 consultations in 1975. These patients were cross-matched with 58 patients of the same age and sex who had consulted for the same diagnoses on fewer than three occasions in 1975. These two groups were highly selected in that they had not died, moved away, or changed practice.

The frequency of attendance in 1975 to 1980 and then for 1985, 1990, and 1995 was noted and statistical analysis was carried out using Epi-Info.

Each of the 116 patients' notes were searched and analysed for the original and continuing diagnoses. Finally, the records of the 14 patients who attended on average more than 12 times in each year of the 20 years were searched in detail and compared with the fifteen lowest attenders who averaged fewer than three consultations per year.

Results

In 1975, the mean age of the 486 patients was 62 years and we estimate, using data from 1986, that the mean age of the whole practice population in 1975 would have been 40 years. The 116 study patients had a mean age of 41 years in 1975 (high attenders = 41.8 years, low attenders = 41.3 years). In 1975, 53.4% of the 7216 patients were female and 60% of the 27 719 consultations during 1975 were with female patients; however, 66.7% of the high attenders were female.

In 1975 the average number of attendances by the high-

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HOW THIS FITS IN

What do we know?

Frequent attenders in general practice are more likely to be female and elderly. The highest attenders create a disproportionate amount of a general practitioner's workload.



What does this paper add?

Most frequent attenders resort to a normal consulting pattern within five years. Physical illness rather than psychological illness determines long-term frequent attendance. Patients who are high attenders over a long period of time are likely to be female and having continuing multiple physical illness.

attending group was 13 and for the low-attending group the average number of attendances was six. This was the only year that was shown to be statistically significantly different using the Mann-Whitney test ($P < 0.001$). Both groups had very similar consultation rates in 1990 and 1995 (Figure 1).

For 1990 and 1995, the practice had recorded consultation rate data for patients of the same age as the mean age for the high-attending and low-attending groups (i.e. 56

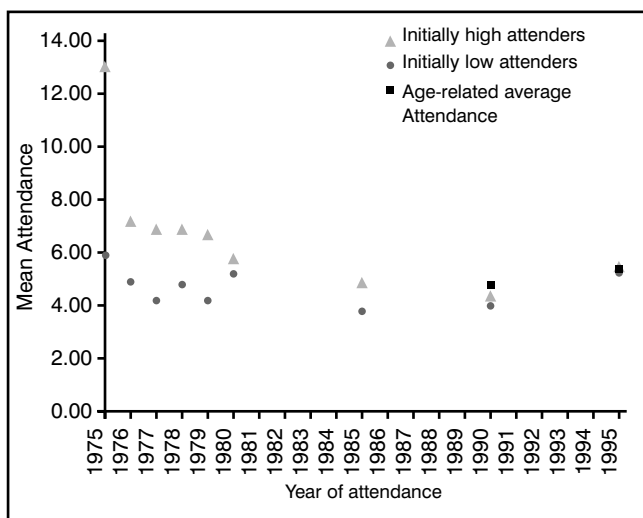


Figure 1. Mean attendances by year and by type of attender.

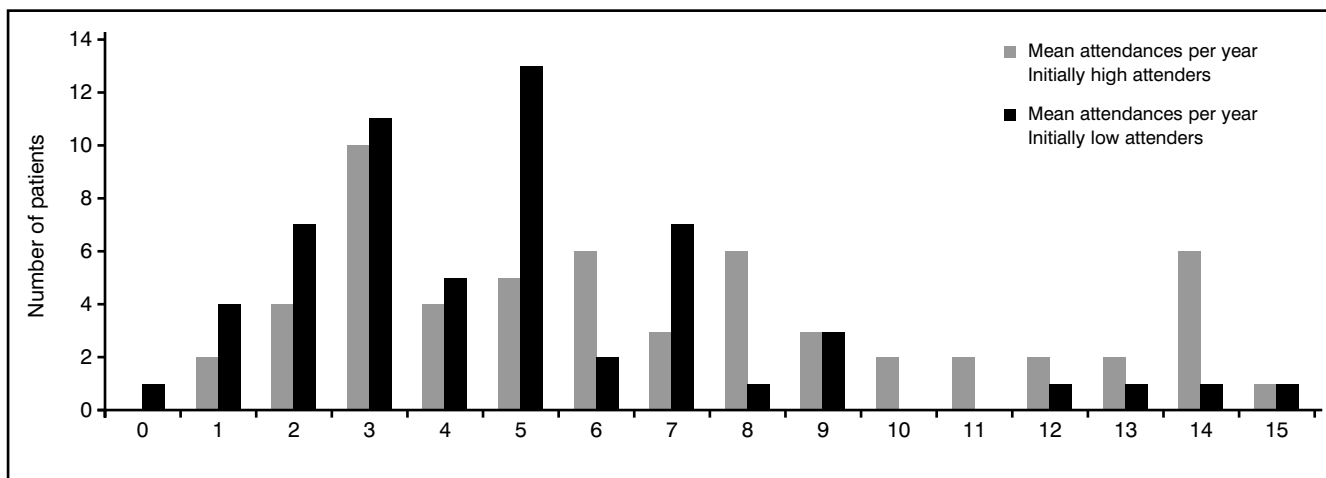


Figure 2. Mean attendances over 20 years for 116 patients studied from 1975–1995.

years and 61 years respectively). As shown in Figure 2, the consultation rates for all groups is very similar in the years 1990 and 1995.

Over the whole 20 years there was variation in attendance between the two groups, with some high attenders becoming low attenders and vice versa (Figure 2). Taking the years 1975, 1980, 1985, 1990, and 1995 the mean consultation rate per year over this period was 6.4 for the initial high-attending group and 4.8 for the initial low-attending group.

The original diagnoses of the high attenders were compared with the diagnoses recorded for the whole practice population in 1975⁷ and this showed higher levels of endocrine, blood, mental, and musculoskeletal diseases and pregnancy in the high-attending group. Only respiratory diseases were lower.

Eight diseases continued throughout the 20 years in both high and low attenders: asthma, thyroid disease, pernicious anaemia, multiple sclerosis, psychosis, chronic bronchitis, irritable bowel syndrome, and hypertension.

Of the 14 patients who attended on average over 12 times throughout the 20 years, 10 were originally high attenders and four low attenders; nine were female. Of the fifteen lowest attenders 10 were originally low and five were initially high attenders; seven were female. Ten of the highest attenders had three or more continuing major physical illnesses that included vascular diseases, diabetes, and osteoarthritis; two had a single continuing disease (asthma and epilepsy), six were being treated for depression, and only one had a continuing anxiety neurosis. The low attenders had three patients with a single continuing disease: angina, asthma, and hypertension, and only one was now being treated for depression. Two of the high attenders in 1975 who had become low attenders had a depressive illness during 1975 only.

Discussion

This study suffers from being from a single atypical practice, having small numbers, and being retrospective, but has the advantage of covering 20 years.

The study confirms previous work that high attenders are more likely to be elderly and female.^{5,6} It has also highlighted the short duration of high attendance for most patients.

Other studies have shown a fall of 50% in attendance in the second year.⁶ The physical nature of the eight diseases identified as ongoing throughout the 20 years, with only major psychoses from psychological medicine, confirms Heywood's comment that 94% of their frequent attenders had a chronic health problem.⁶

We suspect that it is the 14 continuously high attenders throughout the 20 years that most GPs consider when discussing frequent attenders; however, this is a very small cohort and is made up almost exclusively of patients with multiple physical illnesses.

Neal and Heywood suggest that GPs need strategies to deal with this group of patients; however, if the majority of patients who frequently attend revert to normal attendance in one year then is this really necessary?^{5,6} As physical illness appears to be such a major factor, perhaps it is strategies for chronic disease management that will relieve the problem.

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