

The Review

Characteristics of patients who consult their GP on their birthdays

INTRODUCTION

I grew up believing that birthdays were special, almost like a personal Christmas. My birthday often fell during the Easter school holidays. I have never quite got used to having to go to work on my birthday and, indeed, try to avoid it. I would never choose to arrange disagreeable activities — for example, visiting the dentist — on my birthday. It seems I am not alone in this: a receptionist at my surgery told me that patients booking appointments sometimes declare that a date offered is their birthday and ask for a different one [D Pearce, personal communication, 2009].

Therefore it interested me to discover that patients sometimes came to see me, as their GP, on their birthdays. I decided to investigate why they did so.

METHOD

Cases were ascertained opportunistically. For 10 years from 2001 to 2010 I made notes about patients who were seen on their birthdays. Some patients drew my attention to the fact; others I noticed for myself, by looking at their records, particularly when writing a prescription. I wished them 'many happy returns', commiserated with those who were poorly and, if their condition allowed for such levity, asked them why they had come on this of all days. I subsequently examined their practice records and compared their consultation pattern with that of the practice population in general.

RESULTS

I identified 30 patients who consulted on their birthdays, 16 male and 14 female, aged 1–90 years. The modal age was 50–59 years, which accounted for six consultations. The second commonest age group was ≥80 years (five consultations). Three age bands yielded four consultations: 0–9 years (all of whom were babies on their first birthdays), 10–19, and 70–79 years. Four of the consultations occurred as home visits. Only one of those who consulted on a birthday was observed to do the same again.

I judged that 10 of the 30 consultations were non-acute and, therefore, that these patients had chosen (actively or for convenience) to attend on their birthdays. A 1-year old child, who attended for immunisation, had been invited by a

computerised system.

Six patients attended for an infective condition and six for review of a pre-existing condition, four were seen for gastrointestinal complaints, three for respiratory conditions and for injuries, two for skin conditions and for procedures, and one each for an eye complaint, a genitourinary problem, work stress, and an administrative matter.

The 1-year old presented for immunisation was judged by his mother not to know the difference. The patient who attended on two birthdays had an acute problem on both occasions. On the first occasion this patient hoped for greetings and cakes and on the second (now 82 years old) expressed the view that celebrations were for young people. Another patient seemed surprised to find that it was his birthday. A few thought it was not a bad idea to come on a birthday: the marking of another year seemed a reasonable time to assess their health. They did not, however, make a habit of it.

The 30 birthday consulters saw a GP 195 times in the calendar year of the birthday consultation, a rate of 6.5 consultations per patient-year (median 5 and mode 6; Figure 1). Patients of this practice overall consulted a GP a mean of 3.5 times in 2009. The rate for birthday consulters is a minimum estimate as I saw one patient on an out-of-hours shift and one as a temporary resident and have no other information about these patients. Three patients (who consulted three, 12, and 31 times, respectively) died during the

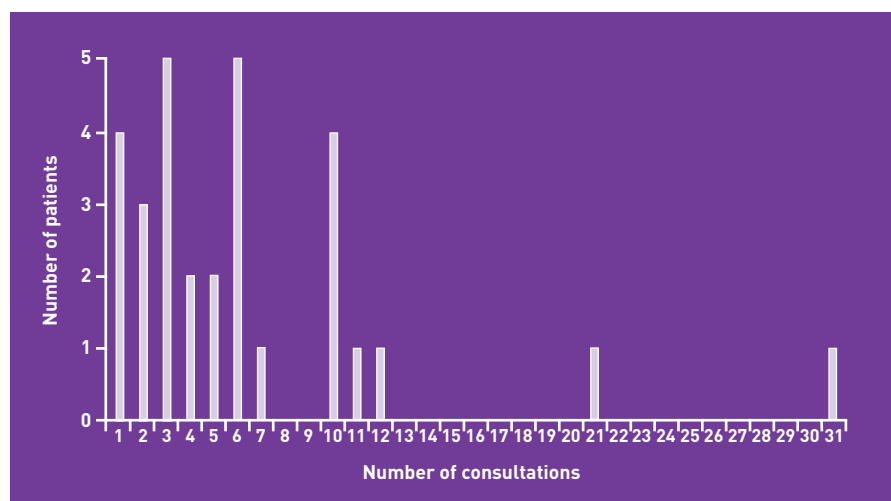
calendar year in which they consulted on their birthday (their deaths may have curtailed the number of consultations). One of these was the patient who consulted on two birthdays.

DISCUSSION

This study identified several types of birthday consultations. Acute illness requires help whatever the day, and some patients expressed regret that their special day should thus be marred. The presentation of a patient on a birthday might suggest a serious problem (who would go to the doctor if not absolutely necessary?) or trivia (reflecting a wish that all should be perfect on a special day). Some patients suggested nonchalance about birthdays, lack of conflict between experiencing a birthday and a visit to the doctor, the feeling that a birthday was a good day for a check-up, and a wish to include their doctor in the celebrations, although only one was observed to do so more than once.

This investigation suffers from likely underascertainment and small numbers. It may be possible to interrogate a practice computer to determine whether patients have consulted on their birthdays, and this would facilitate full ascertainment. Birthday consulters in this surgery appeared to consult at almost twice the rate of patients in general, both in this surgery and in a recent national survey.¹ The occurrence of three deaths among the birthday consulters (3/30 is equivalent to a 10% death rate) is twice as high as the rate

Figure 1. Number of consultations by patients in the year of their birthday consultation.



for the practice over the same 10 years (133/2671; 5%). Dividing these rates by 10 gives annual death rates of about 1% for birthday consulters and 0.5% for the practice population, compared with 0.9% for England and Wales in 2008.²

The terms 'birthday' and 'consultation' together yielded 15 hits on PubMed, none of which seemed relevant. 'Birthdays' yielded 197 hits, with some citations illustrating interest in the personal significance of birthdays and their association with health. Twenty-first birthdays are associated with excessive drinking of alcohol³ but birthday cards warning of the consequences may reduce such consumption.⁴ Uptake of screening for colorectal cancer is higher when invitations are sent out in the week of a birthday.⁵ Women are more likely to die in the week after a birthday and men shortly before,⁶ but a large study has discounted the idea that patients with cancer can postpone death until after significant events such as birthdays.⁷ A German study in 2007 suggested that suicides were no commoner on birthdays than at other times,⁸ but more recent evidence from the UK⁹ and Hungary¹⁰ suggests an increased risk of suicide among men around the time of their birthdays. Those with hypertension are more likely to suffer vascular attacks on birthdays,¹¹ which may offer another opportunity for warning-greetings.

The celebration of a birthday requires the existence of a calendar, a record of the point in that calendar at which an individual's

birth took place, and a perception that the recurrence of the date is significant. A specific birthday does more than mark, say, the accrual of years (perhaps winters or summers) to an individual's life needed in order to mark the transition from childhood to adulthood. It creates a personal identification with a date, an annual opportunity for celebration and/or taking stock. People are more likely to remember the birthdays of others if they are close to their own birthday.¹² Personal experience and observation of patients suggest that dates on which loved ones have died are apt to prompt recollection. Dates of significant bereavements are recorded on our practice computer as significant problems.

The data presented here, imperfect as they are, suggest that those who consult on their birthday have higher than average consultation rates. The high death rate observed among birthday consulters may be a warning to take seriously those who present on a day usually associated with celebration. Perhaps, as the published work suggests, we can exploit birthdays for the promotion of health.

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Provenance
Freely submitted; not externally peer reviewed.

DOI: 10.3399/bjgp11X593974

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