CARE OF THE ELDERLY IN A GENERAL PRACTICE

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IN VIEW of the oft-expressed statement that elderly patients require appreciably more medical attention than others in general practice, and in view of the increasing attention being paid to geriatrics in general, I decided to determine, in my own practice, just how much work was entailed in providing general medical services for the elderly.

Method

For the purposes of this survey, an arbitrary definition of 'elderly' was—any patient aged 70 or over.

As the survey was conducted in the first six months of 1963, it was decided to use the mid-date of this period, viz. 31 March 1963, to determine the age. That is to say, all patients born on or before 31 March 1893, were regarded as belonging to the group which shall be referred to, as seventy plus.

This allows of those patients who reached the age of 70 between 1 January 1963 and 31 March 1963, being included in the survey, and at the same time the actual number of patients whose seventieth birthday fell in this trimester, is so very small as not to cause any significant difference as compared with using 1 January 1963 as the date to determine a seventy plus.

During the period 1 January 1963 to 30 June 1963 (apart from three weeks during which I was absent from the practice), a record was kept of every item of service rendered, and its nature noted—i.e. surgery attendance, or visit to home of patient—and the age of the patient served, was also noted.

This period of January to June takes in winter, spring and summer

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months, and so, together with its duration, gives a fair picture of practice conditions.

The practice is run by myself as sole principal, with an assistant, and is entirely National Health Service in a working-class area.

Data

The average number of patients at risk in the period surveyed, was 3,767. Of this number 251 were seventy plus (as defined above), of whom 73 were males and 178 females. This leaves 3,516 'other' patients—i.e. those below the age of 70 and to whom I shall refer below, as 'others'. This means that, of the total number of patients, 6.66 per cent are seventy plus (table I).

The total number of items of service given was 6,766, of which number 1,047 items of service were rendered to the seventy plus, which is equivalent to 15.47 per cent of the total—(table 1)—i.e. the seventy plus patients required 2.34 times a greater number of services than their "simple" percentage of the practice population. These figures also show that the seventy plus patients required, on average, 4.17 items of service each as against 1.63 items each for the others (the 3,516 of whom required 5,719 items of service).

TABLE I
STATISTICAL COMPARISON BETWEEN SEVENTY PLUS AND OTHERS IN PRACTICE POPULATION

	Per cent
Percentage of seventy plus in total practice population Percentage of total items of services given to seventy plus Average number of items of service given to each seventy	6·66 15·47
plus	4·17 each 1·63 each

The 'breakdown' of these foregoing figures is interesting and instructive. Of the total 6,766 items of service given, surgery attendances accounted for 4,509 items and the visits totalled 2,257. Of these 4,509 surgery attendances, the seventy plus group made 271 attendances, which is equivalent to 6 per cent of the total (table II) i.e. a rate of surgery attendance commensurate with their percentage of the practice population (6.66 per cent).

This rate of surgery attendance is equivalent to an average of 1.08 attendances for each seventy plus, and this compares with the 3,716 'other' patients' surgery attendances, totalling 4,238, an equivalent surgery attendance of 1.2 attendances each, i.e. there is

little significant difference in the surgery attendance of seventy plus or 'other' patients (table II).

TABLE II
COMPARISON OF SURGERY ATTENDANCES

						Per cent
Percentage of surgery attendances made by seventy plus				6·00 1·08		
Average number of surgery attendances of each seventy plus Average number of surgery attendances of each 'other'						
patients				••		1.20

However, a very different picture emerges when the figures relating to visits, are broken down (table III).

The total number of visits paid to all patients was 2,257, of which number the seventy plus group claimed 776, which is 34.38 per cent of the total—i.e. 5.17 times greater than their percentage of the practice population. As summarized in table III, it will be seen that the seventy plus patient required an average of 3.09 visits each, as compared with 0.42 visits each to the others (who had paid to them a total of 1,481 visits from their number of 3,516). That is to say, the seventy plus required 7.4 times as much visiting as the 'others' did.

TABLE III
COMPARISON OF VISITS

	Per cent
Percentage of total visits paid to seventy plus Average number of visits made to each seventy plus Average number of visits made to each 'other' patient	 34·38 3·09 each 0·42 each

Of the 776 visits paid to the seventy plus, 443 (equivalent to 19.7 per cent of the seventy plus total) were 'chronic' visits—i.e. routine visits paid regularly at intervals varying from 2—6 weeks, according to the needs of particular patients and some of these 'chronic' visits were 'elective'.

However, even allowing for this factor, 333 of the seventy plus visits were 'acute'—i.e. first calls to an acute illness or acute incidents in the course of a chronic illness and this figure of 333 alone, is equivalent to 10.32 per cent of the total visits made in the practice, and so even this figure is higher than the percentage population of seventy plus and takes no account of any subsequent visits necessary in an acute illness or incident and so if one added

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in these follow-up visits in acute illness, the figure of 10.32 per cent would obviously be much higher still.

The seventy plus attendance/visit ratio was 271/776 = 0.35:1 whereas the 'others' attendance/visit ratio was 4,238/1,481 = 2.86:1 (table IV)

TABLE IV ATTENDANCE VISIT RATIO

Attendance/visit ratio of seventy plus		••	 0·35:1
Attendance/visit ratio of 'others'	••	••	 2.86:1

Summary

From the foregoing data, the picture in my particular practice, is of a seventy plus population who definitely require an appreciably greater amount of attention than those patients under 70 and this extra attention lies almost completely in the field of visits to the home of the patient.

One feature which is not capable of statistical analysis, is the personal relationship between doctor and patient, and personally, I find it a pleasant task to look after the seventy plus, as they are of a generation where courtesy and gratitude are still regarded as important and this certainly is a factor of sufficient weight to make any extra attention required by the elderly less onerous.

Acknowledgement

I wish to express my gratitude to my assistant, Dr Elizabeth Wilson, for her help in record keeping in this survey.

Obstetrics and the Family Doctor. P. O'BRIEN, M.D. Journal of the Irish Medical Association, P. 150. May 1964.

In this short paper the author discusses general practitioner obstetrics with reference to the position in several Western nations. The main factors making for safe domiciliary obstetrics are good antenatal care and proper case selection.

In Sweden 96 per cent of women are confined in hospital. In Holland this figure is only 30 per cent. The stillbirth rates in the two countries are very similar and both are lower than in Britain.

He concludes: "So long as he is prepared to give the high quality of antenatal care which is quite within his competence, and to protest if he feels he is being left to deal with unsuitable cases in unfavourable circumstances, then those mothers entrusted to his care will enjoy the standard of service which they are entitled to expect under modern conditions".