Diagnostic Profile of a Family Practice Clinic: Patients with Psychosocial Diagnoses

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A 10 percent random sample of all active patient charts in the Family Practice Clinic at the University of California, Davis, Sacramento Medical Center was analyzed for age, sex, occupation, marital status, and number of clinic visits in the previous 12 months. Diagnoses and treatments for each visit were also recorded. Thirty-six percent of all adult female patients and 26.5 percent of all adult male patients were diagnosed as having psychosocial problems. Patients with psychosocial diagnoses made more visits for both acute and chronic illnesses and were more frequently diagnosed with illnesses in every diagnostic category than were other patients. Women, patients in blue-collar occupations, and patients who had never married or were divorced were most likely to have psychosocial diagnoses. Of the patients with psychosocial diagnoses, 18.8 percent were treated with antidepressants, 16.0 percent with pain medications, and 11.1 percent with tranquilizers.

A variety of recent studies have documented the incidence of psychosocial problems among patients in primary care clinical settings.[1-3] Depending on the classification system used and the data source, most studies have found that 10.0 to 60.0 percent of all primary care patients have significant psychosocial problems. Patients with psychosocial diagnoses have been shown to have higher mean consultation rates than other patients[4-7] and to have higher rates of ill-defined conditions.[8,9]

This study was designed to provide a profile of the patient population and the range of diagnoses and prescribed treatments at the Family Practice Clinic at the University of California, Davis, Sacramento Medical Center. The study also focused on diagnoses of psychosocial problems and on differences in health status and patterns of clinic use between patients with psychosocial diagnoses and other patients. The study was completed at the beginning of a major behavioral science training program for family practice residents and can provide a basis for comparison in evaluating the clinical social science curriculum. The recent introduction of a computerized record keeping system at the clinic will provide a data base for further study.

Clinical Setting and Methods

The Family Practice Clinic serves primarily a low income urban population. Clinic staff includes family practice residents, family nurse practitioners, and physician faculty preceptors. At least 60.0 percent of all patients have family members who are also patients at the clinic. Each patient is as-

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Table 1. Rank Order of Diagnostic Categories by Number of Consultations

Diagnostic Category	Number of Visits	Percentage of Total Visits*
Psychosocial	250	16.0
Health maintenance	243	15.5
Obstetric	230	14.7
Respiratory	202	12.9
Gynecologic	168	10.7
Cardiovascular	142	9.0
Musculoskeletal	128	8.2
Dermatologic	116	7.4
Endocrine, metabolic, nutritional	114	7.3
Ear, nose, throat	113	7.2
Gastrointestinal	67	4.3
Neurologic	45	2.9
Hematologic	23	1.5
Infectious or parasitic	19	1.2

*Totals more than 100 percent because some visits were for more than one problem

signed to a particular physician but may be seen by another physician or a family nurse practitioner as scheduling requires.

A 10 percent random sample of all active patient charts (n =388) was selected and coded for analysis.* Data recorded included age, sex, occupation, marital status, number of visits to the clinic in the previous 12 months, and diagnoses and prescribed treatments for each visit.

A simplified version of the International Classification of Health Problems in Primary Care (ICHPPC) was used to code illnesses, with the addition of a more comprehensive classification system for psychosocial problems that included substance abuse, family problems, financial problems, life event problems, social problems, situational stress, vague somatic complaints, depression, anxiety, and psychoses. Illness problems were analyzed both specifically (eg, arthritis, asthma, family problems) and by diagnostic categories (eg, musculoskeletal problems, respiratory problems, psychosocial problems).

*Charts were selected with the aid of a computer program that generated pseudo random numbers corresponding to shelf locations.

Results

Children 15 years old and younger made up 32.0 percent of the clinic patient population; 9.3 percent of all patients were 65 years old or older. Children were nearly evenly divided by sex (53 percent male), while 72.1 percent of the adult patients were female and 27.9 percent were male. Private insurance or self-payment plans were utilized by 20.2 percent of all patients. The remainder were covered by MediCal, MediCare, and clinical teaching subsidies.

The mean number of clinic visits per patient during the 12-month period preceding the study was 4.08, and the median number of visits was 2.50. Adult male patients made 17 percent, adult female patients 57 percent, and children 26 percent of all visits. Approximately 50 percent of all patients used the clinic infrequently (one or two visits in 12 months per patient), accounting for 17 percent of all visits. Ten percent of all patients were frequent users (ten or more visits in 12 months per patient) and accounted for 34 percent of all visits.

Acute problems accounted for 41.0 percent of all visits. Chronic problems prompted 45.5 percent of all visits, and 11.0 percent were made for both

Table 2. Mean Number of Visits in 12 Months Made by Patients with Psychosocial Diagnoses and Other Patients

Age (years)	Patients with Psychosocial Diagnoses: Number	Patients with Psychosocial Diagnoses: Visits (mean)	Other Patients: Number	Other Patients: Visits (mean)
Male				
0-19	6	3.50	71	3.18
20-39	9	2.00	19	2.79
40-59	7	8.43	12	2.58
60 and older	2	5.00	19	3.63
Female				
0-19	9	3.78	58	2.76
20-39	41	5.98	82	4.68
40-59	11	7.27	14	2.36
60 and older	11	7.09	14	3.57

Table 3. Prevalence of Illness Among Patients Aged 20 Years and Older with Psychosocial Diagnoses Over Other Adult Patients (percent)

Diagnostic Category	Patients with Psychosocial Diagnosis (n=81)	Other Patients (n=243)
Endocrine, metabolic*	29.6	8.0
Respiratory**	28.4	16.7
Gynecological	27.0	21.4
Musculoskeletal	24.7	16.0
Cardiovascular	21.0	17.3
Gastrointestinal**	19.3	8.6
Dermatological	18.5	14.8
Vague complaints, symptoms not otherwise specified	16.0	9.3
Neurological	13.6	10.5

*P<.001
**P<.05

acute and chronic problems. Only 2.5 percent of all visits were for life threatening illnesses.

More visits were made to the clinic for psychosocial problems than for health maintenance or for illnesses in any other diagnostic category (Table 1). Depression and anxiety were the 19th and 24th most prevalent illnesses, as measured by the number of patients ever diagnosed as suffering from these illnesses during the 12-month study period, but were the seventh and eighth most common diagnoses per clinical consultation. Additionally, patients with psychosocial diagnoses had a larger mean number of visits in 12 months for all illness problems than had other patients in every age and sex group, except men aged 20 to 39 years (Table 2).

Adult patients with psychosocial diagnoses were found to have more illnesses in every diagnostic category (Table 3). The most significant differences in frequency of diagnosis between patients with psychosocial problems and other patients were

Table 4. Patients with Psychosocial Diagnoses by Sex and Age

	Male			Female		
Years	Number in Sample	Number of Psychosocial Diagnoses	Percent	Number in Sample	Number of Psychosocial Diagnoses	Percent
0-19	77	6	7.8	67	9	13.4
20-39	28	9	32.1	123	41	33.3
40-59	19	7	36.8	25	11	44.0
60 and older	21	2	9.5	27	11	40.7
20 and older	68	18	26.5	175	63	36.0
Total	145	24	16.6	242	72	29.8

found for metabolic and nutritional problems, including obesity, and for gastrointestinal and respiratory illnesses.

Of the adult clinic population (aged 20 years and older), psychosocial problems were diagnosed in 33.3 percent, including 36.0 percent of all adult female patients and 26.5 percent of all adult male patients. Women represent 62.5 percent of the total clinic population, but 75.0 percent of the psychosocial diagnoses were made for female patients. Psychosocial diagnoses were made for 29.8 percent of all female patients and 16.6 percent of all male patients. Female patients were more likely than male patients to be diagnosed as having psychosocial problems in every age group, including children under ten years old (Table 4).

Female patients aged 20 years and older made an average of 4.96 visits in 12 months, compared with 3.51 visits for adult male patients. This higher rate of consultation was not reflected in rates of diagnosis, however. Women were not significantly more likely to have illnesses in any diagnostic category, except in the category of psychosocial problems (Table 5).

Patients with blue-collar occupations and housewives were more likely to have psychosocial diagnoses than were patients in other occupational categories. Thirty-seven percent of all blue-collar workers, including 58.3 percent of all women with blue-collar jobs, and 35.0 percent of all housewives had psychosocial diagnoses, as compared with 16.7 percent of all patients with professional and technical occupations and about 20 percent of patients who were clerical workers, students, unemployed, or retired.

Table 5. Prevalence of Illness Among Male and Female Patients Aged 20 Years and Older (Percent During 12 Months)

Diagnostic Category	Males (n=68)	Females (n=175)
Endocrine, metabolic	10.3	17.1
Respiratory	14.7	22.9
Musculoskeletal	19.1	18.9
Cardiovascular*	27.9	14.9
Gastrointestinal	13.2	12.0
Dermatological	19.1	14.9
Vague complaints	17.6	10.1
Neurological	10.3	12.0
Psychiatric (adult patients)	26.5	36.0
Psychiatric (all patients)**	16.6	29.8

*P<.025
**P<.005

Among patients who had never married, 42.4 percent had psychosocial diagnoses, as did 39.1 percent of divorced patients. In comparison, 27.3 percent of all married patients and 30.8 percent of patients who had been widowed had diagnoses of psychosocial problems. The highest percentages of psychosocial diagnoses were found for both men and women among patients between the ages of 40 and 49 years, and the lowest were found in patients under 20 years of age.

Patients with psychosocial problems were more likely to be prescribed psychoactive drugs: 18.5 percent received antidepressant drugs, 16.0 percent were treated with pain medication, and 11.1

percent were treated with tranquilizers. As would be expected, no patients without psychosocial diagnoses were prescribed antidepressants, but 11.1 percent were given pain medications and 4.3 percent were treated with tranquilizers.

Discussion

Data from this study demonstrate that psychosocial problems, defined here to include substance abuse, family problems, financial problems, life event problems, social problems, situational stress, vague somatic complaints, depression, anxiety, and psychoses, are among the most common illness problems brought to primary care providers and constitute a substantial part of the clinic workload. It is clear that patients regard their primary care providers as major resources for the diagnosis and treatment of psychosocial problems.

It is not possible to determine from this study whether the higher rate of psychosocial diagnoses for women actually reflects a greater prevalence of psychosocial problems or indicates a tendency among care providers to label women as mentally ill. The debate on the differential prevalence of mental illness between men and women remains inconclusive. The psychiatric literature is replete with evidence of significant differences in psychiatric morbidity for men and women.[10-12] Dohrenwend and Dohrenwend, in a survey of more than 80 studies of psychiatric epidemiology, conclude that women are more likely than men to suffer from neuroses and manic-depressive syndromes, whereas men tend to exhibit personality disorders more frequently than women. They find no evidence, however, of a greater overall prevalence of psychiatric illness among women.[13,14]

Kessler and colleagues report that women are more likely than men with comparable problems to seek help for psychiatric disorders and suggest that "women translate non-specific feelings of distress into conscious recognition that they have emotional problems more readily than men do."[15] Subsequent phases of this project will focus on this issue by comparing the prevalence of psychosocial problems inferred from diagnoses in patient charts with that reported by patients in in-depth interviews. Data from this study do indicate, however, that women were not significantly more likely than men to have diagnosed illnesses in any diagnostic category except psychosocial problems.

More visits were made for psychosocial problems than for problems in any other diagnostic category during the 12-month study period, and patients with psychosocial diagnoses made more visits than other patients for all health problems. Additionally, visits made to the clinic for the treatment of anxiety and depression, the most frequently diagnosed psychosocial problems, represented a larger proportion of all clinic visits than the proportion of the total clinic population represented by patients who had been diagnosed as suffering from those illnesses. These indicators of the relationship of psychosocial problems to health status and patterns of clinic use suggest that more effective intervention and treatment for psychosocial problems could result in significant reductions in recidivism and thus in demands on limited health care resources.

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