Original Research Article

Profile of Patients Attending a General Practitioner's Clinic in Vadodara City, Gujarat

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ABSTRACT

Background: The general practitioner is a specialist trained to work in the front line of a healthcare system and to take the initial steps to provide care for any health problem(s) that patients may have.
Objectives: To evaluate the Socio-demography and pattern of patients attending the OPD of a general practitioner clinic.
Materials and Methods: Cross-sectional study done in Vadodara city during January 2010 to December 2010. Study population was all patients attending selected clinic. Study included the data of all the patients who were visit during study period at selected clinic. Data were collected by pretested questionnaire. Investigator went at selected clinic every day and collects the data of previous day.
Results: Study was found that clinic included under study had adequate waiting place, IEC material and all the facilities were sheltered from weather condition. Complete history taking and relevant physical examination was done only in 53% cases. GP recorded Temperature in only 32% cases of fever, Provisional diagnosis was not written in 15% cases and 46% explained prescription to the patients which was very less.
Conclusion: Lack of communication between provider and patients lead to inadequate gathering of information during consultation, leading to incorrect diagnosis, inadequate treatment and explanation, and inadequate understanding on part of client and thus, inadequate follow-up of instructions.

Keywords: General Practitioner, Health Infrastructure, Practice, Primary Care.

INTRODUCTION

The general practitioner is a licensed medical graduate who gives personal, primary and continuing care to individuals, families and a practice population irrespective of age, sex and illness. It is the synthesis of these functions which is unique.[1]

The general practitioner is a specialist trained to work in the front line of a healthcare system and to take the initial steps to provide care for any health problem(s) that patients may have. The general practitioner takes care of individuals in a society, irrespective of the patient's type of disease or other personal and social

characteristics, and organizes the resources available in the healthcare system to the best advantage of the patients. The general practitioner engages with autonomous individuals across the fields of prevention, diagnosis, cure, care, and palliation, using and integrating the sciences of biomedicine, medical psychology, and medical sociology.[2]

General Practitioners are the entry point to primary care services and are responsible for much care co-ordination and patterns of service use.[3,4] Because larger number of people to get easier and faster access to this services and reduce unnecessary investigations and inappropriate and non-specific treatments. The study was conducted with the objective to study the pattern of patients attending the OPD (Out Patient Department) of a general practitioner clinic.

MATERIALS AND METHODS

Study was a Cross-Sectional study conducted at selected GP's (General Practitioner) clinic in city Vadodara during January 2013 to February 2013. Study population was all patients attending selected clinic. Study included the data of all the patients who were visit during study period at selected clinic. After taking permission of institutional ethics committee the study was initiated. Data were collected by pretested questionnaire. Investigator went at selected clinic every day and collects the data of previous day.

RESULTS

Table 1: Socio – demographic Characteristics of Patients Attending GP's clinic (N=320).

Characteristics	n (%)
Total Cases Old New	 40 (12.5) 280 (87.5)
Mean Age 30.90 ± 15.37 years (95% CI* = 29.22 to 32.57)	
Age (Years) Less than 15 15 – 45 45-65 More than 65	 39 (12.2) 219 (68.4) 53 (16.6) 9 (2.8)
Sex Male Female	 174 (54.4) 146 45.6)
Mean Distance from the clinic (in time) 18.25 ± 16.30 minutes (95% CI = 16.58 to 20.11)	
Education Primary(1st to7th std) Secondary(8th to10th std) Higher secondary(11th to12th std) More than higher secondary Illiterate	 79 (24.7) 128 (40.0) 13 (4.1) 93 (29.1) 17 (2.2)
Marital Status Single Married Divorced/Separated Widowed	 114 (35.6) 202 (63.1) 0 (0.0) 4 (1.3)
Occupation Working full time or part time Unemployed Home worker Peadiatric/Student Retired	 130 (40.6) 1 (0.3) 100 (31.3) 80 (25) 9 (2.8)

* Confidence Interval

Table 1 show that 87.5% patients were new case and average age of patients was 30.90 ± 15.37 years. Almost 54.4% cases were male. Average distance of clinic

Table 2: General Sign/Symptoms of Patients attending GP's Clinic (N=320).

Sr. No.	Sign/Symptoms	No. of Patients (%)
1	Fever	224 (70.0)
2	Headache	128 (40.0)
3	Body ache	127 (39.68)
4	Running Nose/Sneezing/Cold/Cough	102 (31.87)
5	Weakness	87 (27.18)
6	Pain	86 (26.87)
7	Vomiting/Nausea	81 (25.31)
8	Anorexia	39 (12.18)
9	Backache	38 (11.87)
10	Diarrhoea	24 (7.5)
11	Itching	18 (5.62)
12	Sore Throat	15 (4.68)
13	Mouth Ulcer	14 (4.37)
14	Breathlessness	14 (4.37)
15	Leg Cramps	14 (4.37)
16	Micturation Problems (Difficulty/burning/increase frequency)	13 (4.06)
17	Insomnia	11 (3.43)
18	Redness of Eye	10 (3.12)
19	Difficulty in Swallowing	10 (3.12)
20	Swelling	10 (3.12)
21	Burning Sensation in Abdomen	10 (3.12)
22	Constipation	7 (2.18)
23	Congestion in Chest	7 (2.18)
24	Redness of Skin	6 (1.87)

from the patient's residence was 18.25 ± 16.26 minute. Almost 40% patients were received secondary education (8th to 10th Sta.) and 63% were married patients. Only 2.8% patients were retired patients.

Table 3: GP's practice towards patients attending OPD (N=320).

Parameter	
Waiting Place	Adequate
IEC* material displayed adequately	Yes
Facilities of shelter from Weather Condition	Adequate
Power supply available	Yes
Temperature recorded in cases of Fever	32%
Blood Pressure examination in relevant patient	100%
Complete History and relevant Physical Examination	53%
Provisional Diagnosis written in Prescription	15%
Explanation of Prescription to patient	46%

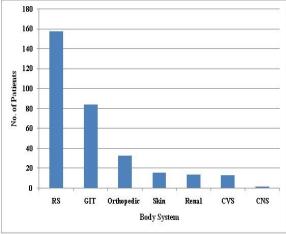*Information, Education and Communication,

Figure 1: Patients distribution according to Body system wise (N=320).
RS – Respiratory System, GIT – Gastro-Intestinal System,
CVS – Cardio-Vascular System, CNS – Central Nervous System

Table 2 shows that highest number of patients have attended GP's clinic with chief complain of Fever, Headache, Body ache and Running nose. GP have done investigation in 9 (2.8%) patients and referred 11 (3.4%) patients to higher specialist.

Table 3 that only temperature (T^0) had been taken in 32% patients, Blood Pressure had been taken in 100% in relevant patients, prescription had explained in 46% patients, history & physical examination had been done in 53% cases. Figure 1 shows that, highest number of patients was encountered at GP's clinic have respiratory problems and then Gastrointestinal, orthopedics patients respectively.

DISCUSSION

After some 30 years of medical development focusing largely on hospitals, organ Specialization, and high technology, the 1960s saw the revitalization of general practice, allowing this field of medicine to develop into a cornerstone of the healthcare system. Practitioners or family physicians are the first contact physicians for the community. They are playing very important role for diagnosis and treatment of various diseases including psychiatric disorders. Their knowledge and attitude reflect the direction of medical science.[5]

Study was found that clinic included under study had adequate waiting place, IEC material and all the facilities were sheltered from weather condition which consistence with finding of study done in rural Wardha by Ganguly E. et.al 2008.[6] Complete history taking and relevant physical examination was done only in 53% cases which was higher than the study done by Rohde & Vishwanathan[7] and Ganguly et.al.[6]They further found that the practitioners refer critical cases to government centers, which is consistent with our findings.GP recorded Temperature in only 32% cases of fever which was not consistence with the finding of study of rural Wardha (20%). Provisional diagnosis was not written in 15% cases and 46% explained prescription to the patients which was very less.

Psychiatric OPD in this study was less than 1, which was not consistent with finding of Study had been done in Bangalore City where average psychiatric patients flow per day at GPs clinic was 9.9 ± 10.64 (Shiv Gautam et.al 1980 [8]). In this study, maximum number of patients has respiratory problems.

Study also found that the interpersonal communication of GP in terms of explaining the prescriptions and provisional diagnosis, providing health education and relevant nutritional counseling, confirmation of patient's understanding of instructions and encouraging patients to ask questions, etc., showed poor results in more than 80% cases. Maintenance of records was found satisfactory. These records contained information regarding the diagnosis, detailed case management or follow-up. As such no studies on maintenance of records in the private sector in rural areas could be found.

CONCLUSION

Lack of communication between provider and patients lead to inadequate gathering of information during consultation, leading to incorrect diagnosis, inadequate treatment and explanation, and inadequate understanding on part of client and thus, inadequate follow-up of instructions.

There is a considerable scope for the improvement of basic facilities, service delivery and maintenance of records. To achieve this, there is an imperative need to equip the health providers with training and reorientation to patient's needs and also strengthening the counseling skills. Quality assurance programmes may be established in which such a study is repeated at regular intervals and feedback given to the private practitioners; based on which they could improve the quality of care on continuous basis. Such initiatives might strengthen the public-private partnerships.

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