Attitudes of general practitioners to caring for people with learning disability

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SUMMARY

Background. *The views of general practitioners on their increasing role in caring for people with learning disability in the community are not known.*

Aim. *A study was carried out to assess the views of general practitioners with regard to providing routine care, organizing health promotion and specific health checks for people with learning disability and the role of specialists.*

Method. *A postal questionnaire was sent to all 242 general practitioners in Gwent, south Wales. Participants had to mark their level of agreement with 20 attitude statements regarding learning disability.*

Results. *A total of 126 general practitioners (52%) responded. Respondents generally agreed that general practitioners were responsible for the medical care of people with learning disability. Respondents tended to be opposed to providing regular structured health promotion for people with learning disability, such as annual health checks and assessing hearing and eyesight. Specialist services were generally valued by respondents.*

Conclusion. *General practitioners largely accepted their role as primary health care providers for people with learning disability. In contrast, their role as providers of health promotion for this patient group was not generally accepted. Further research into the appropriateness and opportunity costs of health screening for people with learning disability is needed.*

Keywords: mentally handicapped; general practitioner services; patient needs; doctors' attitudes.

Introduction

AN average four-partner practice has on its list approximately 150 individuals with learning disability, previously known as mental handicap (2% prevalence).[1,2] The focus of care for people with learning disability has shifted from hospitals to the community;[3] general practitioners are therefore becoming responsible for meeting the primary health care needs of an increasing number of people with learning disability. Previous studies have highlighted a variety of problems associated with providing care in the community for people with learning disability.[4] Compared with people without learning disability, people with learning disability are at higher risk of both physical and psychological illnesses[1,5,6] that may often be undetected.[1,4] Eyesight and hearing problems and coronary heart disease are especially common.[1,4] Both a Royal College of General Practitioners working party[1] and a Welsh health planning forum protocol[7] have suggested that the health care needs of people with learning disability can be better met if general practitioners carry out more comprehensive regular surveillance including annual health checks.

The only work on the attitudes of general practitioners to people with learning disability has examined general practitioners' perceptions of the sort of doctor considered to be responsible for the medical care of this patient group. A psychiatrist was suggested by the majority of respondents in one study[8] while a physician in community practice was suggested in another, American, study.[9] Thus although policy makers have defined certain roles for general practitioners in the care of people with learning disability, general practitioners themselves seem uncertain of their precise role in providing this care.

A study was carried out to assess the attitudes of general practitioners to providing primary health care for people with learning disability, to determine their attitudes to organizing health promotion, including specific health checks, for this patient group and to assess their views on the role of specialist services.

Method

A 'learning disability attitude questionnaire', comprising 20 statements, was constructed for the study. Statements in the questionnaire covered general practitioners' attitudes towards the provision of primary health care for people with learning disability, health promotion issues, the role of specialist services, management of specific problems and general psychiatric and social issues. Responses to statements were marked on a 10 cm visual analogue scale where 'strongly disagree' was marked at the extreme left hand end of the line (assigned a score of zero) and 'strongly agree' was marked at the extreme right hand end of the line (assigned a score of 100).

A pilot questionnaire was sent to 12 general practitioners; they did not take part in the main study. In 1994, the questionnaire for the main study was mailed to all 242 general practitioners in Gwent, south Wales; one reminder (letter and questionnaire) was sent to non-respondents.

Analysis was performed using *SPSSPC*. The chi square test and Mann Whitney *U*-test were performed on the data, as appropriate. Cluster analysis was performed on general practitioners' responses to the attitude statements.

Results

Usable questionnaires were returned by 126 general practitioners (52.1%). No significant differences were found between respondents and non-respondents with regard to sex or the number of years they had been qualified.

General practitioners' responses to the statements in the learning disability attitude questionnaire are shown in Table 1. Respondents tended to agree with the statement that general practitioners were responsible for the medical care of people with learning disability in the community. Respondents tended to disagree with statements ascribing general practitioners with responsibility for providing annual health checks and assessment of hearing and eyesight in people with learning disability but they generally agreed that there should be thyroid tests for people

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Table 1. Responses of 126 general practitioners to statements in the learning disability attitude questionnaire.

Statement	Median score (95% CI)[a]
Provision of primary health care	
GPs are responsible for medical care of people with learning disability in the community	76 (70–82)
The move from hospitals to community of people with learning disability will greatly increase GP workload	75 (69–81)
People with learning disability make more demands on GPs' time than average patients	46 (34–50)
Health promotion issues	
Every practice should have a register of people with learning disability	68 (59–75)
People with Downs syndrome over 30 years of age should have annual thyroid function tests	62 (52–68)
Every practice should organize health promotion screening for people with learning disability	48 (45–50)
It is GPs' responsibility to assess regularly hearing and eyesight in people with learning disability	20 (15–24)
It is GPs' responsibility to perform annual health checks on people with learning disability	16 (13–23)
Role of specialist services	
Key workers are a useful point of contact when dealing with people with learning disability	85 (82–87)
Community teams provide useful support to GPs	82 (78–84)
Families of people with learning disability should be offered genetic counselling routinely	73 (70–80)
Treatment of behavioural disturbance in people with learning disability is specialists' responsibility	69 (63–73)
Psychiatrists in mental handicap offer little support to GPs	41 (31–48)
Management of specific problems	
Obesity in people with learning disability is usually preventable	52 (49–61)
Most communication disorders can be improved with treatment	50 (48–60)
In clinical practice taking a history from a person with learning disability is of little help	40 (34–47)
Medication is treatment of choice for behaviour disturbance	26 (20–32)
Psychiatric and social issues	
GPs of people with learning disability have little influence over their social care	59 (53–65)
All people with learning disability should live in the community	50 (45–55)
Behavioural disturbance in people with learning disability is usually caused by psychiatric illness	44 (36–47)

CI = confidence interval. [a]Where 0 is strongly disagree and 100 is strongly agree.

with Downs syndrome and that practices should have registers of people with learning disability. Specialist services were valued by respondents. No consistent view was held by the respondents with regard to management of specific problems although they tended to disagree with the statement that medication was the treatment of choice for behaviour disturbance. The responses to statements on general psychiatric and social issues showed no consistent views among the general practitioners.

Five groups of general practitioners with recognizable characteristics were identified following the cluster analysis. The first group (31 respondents) contained general practitioners who generally agreed with general practitioner involvement in all aspects of the care of people with learning disability. The second group (30 respondents) were generally neutral in their responses. The third group (28 respondents) agreed with general practitioner responsibility for routine medical care but not with health promotion; this group did not value community teams. The fourth group (seven respondents) agreed with general practitioner involvement in care for people with learning disability but were concerned about workload and wanted specialist help for people with behavioural disturbance. The fifth group (seven respondents) were negative about all aspects of general practitioner involvement in the care of people with learning disability.

Discussion

This is the first study in the United Kingdom to focus on the attitudes of general practitioners to providing care for people with learning disability. A response rate of 52% and the lack of psychometric validation of the questionnaire demand caution in the interpretation of results so comment is focused on where major variation was found to occur. There were no differences between respondents and non-respondents with regard to sex or number of years they had been qualified. Respondents tend to report ideal views in attitude surveys[10] but properly conducted attitude studies can be regarded as valuable when interpreted carefully.[11]

The results suggest that general practitioners in the present study felt responsible for general medical care of individuals with learning disability but that general practitioners were opposed to annual health checks and assessing hearing and eyesight. The thyroid function test for people with Downs syndrome was, however, viewed favourably. The disparity between these positive attitudes and the negative approach to hearing and eyesight assessment may therefore not be because of a lack of interest in health screening activities but instead may reflect a lack of knowledge of the importance of these problems in this patient group or a lack of belief in the sensitivity and specificity of hearing and eyesight assessments. Given the high prevalence of eyesight and hearing problems in people with learning disability[1,4] this needs urgent attention. Respondents tended to favour practice registers of people with learning disability and the establishment of such registers may be an important step forward in ensuring systematic care for these individuals.

The value of annual checks in people with learning disability has, however, not been assessed and this may explain some of the reluctance among general practitioners to carry out regular surveillance of another at-risk group when the value of screening in elderly people has been questioned[12] and health checks for conditions such as coronary heart disease have, at best, shown modest benefits.[13]

Respondents generally valued specialist services, especially key workers and community teams. General practitioners' general agreement with families of people with learning disability being offered genetic counselling is encouraging, particularly as previous studies have shown that families of people with learning disability value such referrals.[14]

In conclusion, the general practitioners in this survey reflected a commitment to the general primary health care of people with learning disability, including routine thyroid function tests for people with Downs syndrome. The frustration in general practice over blanket screening programmes[12] was also seen in the respondents' generally negative attitudes to annual health checks. There was a willingness to become involved in specific screening, such as thyroid function tests, when the evidence base was good. Further research is needed into the appropriateness and opportunity costs of health screening for people with learning disability.

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