

PRACTICE OBSERVED

Practice Research

Referring children to an ENT department and prescribing psychotropic drugs to their mothers

D J G BAIN, C M SALES

Respiratory illness is responsible for one-third of new consultations and nearly a quarter of all consultations in general practice. About 60% of the consultations for respiratory disorders are in children under 15 years of age.

The physical characteristics of ENT disorders are well documented, but it is less clear why children are referred to ENT departments. A study of the trends in prescribing psychotropic and antibiotic drugs to families by general practitioners showed that children who receive more than the average number of prescriptions for antibiotics for episodes of acute respiratory illness have mothers who receive more than their share of psychotropic drugs.

We investigated this further. Our hypothesis was that the referral of children to ENT departments is associated with the consulting patterns of their mothers, and by the response of general practitioners to the problems of these mothers.

Method

We studied six practices in Aberdeen with a total of 26 163 patients and 24 doctors. Using the age sex registers we identified 1908 children who were born between 1973 and 1976 and had been registered with the same practice since birth.

A matched control group of children was chosen by taking the next child in the age sex register born in the same year as the index child, who had no record of an ENT referral, who had been registered with the practice since birth, and whose mother had been registered with the practice for a minimum of five years before the ENT referral date of the index child.

A record was made for each child of all contacts with the practice during the two years before the date of the ENT referral; for each mother a note was made of all recorded consultations with the practice during the five years before her child's referral to the ENT department. For the matched controls the records of the children and mothers were examined from the date of the index child's referral to the ENT department.

Results

There were differences between the six practices in referral rates and in prescribing rates. Two practices, which were known to have the largest numbers of patients in social classes IV and V, had higher percentages of ENT referrals and prescriptions for psychotropic drugs.

University Department of General Practice, Forresterhill Health Centre, Aberdeen AB9 2AY
D J G BAIN, MD, PRINCIPAL, SENIOR LECTURER
C M SALES, MEDICAL STUDENT

psychotropic drugs to one group of mothers may be related to the mothers expecting a doctor to do more for them than they would expect a general practitioner to do.

Although respiratory illness is more common in lower socioeconomic groups, there were no significant differences in social class between children referred to the ENT department and those not referred, indicating that the general practitioner responds to a family pattern of behavior rather than to family patterns of disease.

It would be reasonable to suggest that a number of children are referred to hospital and undergo operations when the underlying problems are a combination of the mothers' difficulties as parents, and their inability to cope with recurrent respiratory infections in their children.

In one respect it was reassuring to find that mothers who had received more than their share of psychotropic drugs had children who did not undergo operations but it may be argued that many of these children were "inappropriate referrals."

In contrast to hospital paediatric care managing the child in

general practice is more directly linked to the continual assessment of the child's parents, and in particular the child's mother. The mother's needs cannot be ignored at the expense of focusing too narrowly on the child's presenting problems.

We thank the general practitioners in Aberdeen who co-operated in this study and allowed us access to their patients' records.

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Clinical Curio: bohemian birth on a boat

Margaret was a pleasant girl, quiet but a little bohemian; in fact she lived in a boat permanently moored in our local boarad. She came to our antenatal clinic to book at 12 weeks but in her pregnancy, and duly attended the hospital booking clinic where the consultant agreed that she was suitable for the GP unit.

lamp and a torch held over my shoulder by Sister. Meanwhile, the ship's cat picked its way delicately across my tray of sterile instruments. The next day I returned with some discarded baby clothes and a dozen Terry-towelling nappies for use when the supply of banana leaves ran out. Unfortunately Margaret's diastolic blood pressure was now 90 mm Hg, so I expressed my concern and prescribed some Yalium to prevent an eclamptic fit.

Margaret and her baby were discharged and she was seen again at the hospital when she was five months later. I returned home at seven one evening to find a midwifery sister on the telephone from the hospital where she had returned to collect her baby.

She never came for her postnatal examination, but Sister has since met the couple happily pushing their pram through the market place. Wherever I drive past the boatyard I remember Margaret and her baby and wonder whether the baby had a better or worse start in life than all those born with the benefits of modern technology in the hospital up the road. Only time will tell—A. Xvost, general practitioner, Surbiton, Surrey.

We will be pleased to consider for publication other interesting clinical observations made in general practice.—ED, BMJ.

Social class was known for 94 of the index cases and 89 controls, and there were no major differences between the two groups (table 1). There were 85 boys and 47 girls in both the index and control groups. The mean consultation rate for each child for the two years before referral to an ENT department was 10.7, and for a similar two-year period for the control group 6.5 (table 1). This difference in the consultation rate is highly significant (p < 0.001).

Table III shows that a significantly higher number (p < 0.01) of mothers with children who were referred to the ENT department received psychotropic drugs over the five years compared to mothers whose children were not referred. The mothers in the study group

received an average of 3.9 prescriptions whereas the mothers in the control group received an average of 2.5 prescriptions. Information about social class was available for 94 of the referred children. Table IV shows the social class distribution for (a) the mothers who received psychotropic drug and (b) the mothers who did not receive these drugs. A higher proportion of the mothers in (a) were from social classes IV and V than in other groups, whereas a higher proportion of the mothers in (b) were from social classes I and II. These differences in social class distribution were not statistically significant.

The children who were referred to the ENT department fell into three categories: (1) Children who had no operation. (2) Children who had a tonsillectomy or an adenotomectomy, or both. (3) Children who had a middle-ear operation with or without a tonsillectomy/adenotomectomy. Table V shows that there were notable differences between these three groups: a significantly higher (p < 0.01) percentage of mothers whose children did not have surgery received prescriptions for psychotropic drugs than those whose children had surgery.

TABLE 1—Social class distribution of referred children and their mothers and controls

Table with 4 columns: Social class, Referred children and their mothers, Controls, Total. Rows include I, II, III, IV+V, Total.

TABLE 2—Relation between outcome of ENT referral for children and psychotropic prescribing to their mothers

Table with 4 columns: ENT outcome for children, No. of mothers who received psychotropic drug, No. of mothers who did not receive psychotropic drug, Total. Rows include No surgery, Tonsillectomy or adenotomectomy, Middle-ear and other operations, Total.

TABLE 3—Referral of children to the ENT department: consultation rates of children and mothers

Table with 3 columns: Children referred to ENT, Children not referred to ENT, Total. Rows include Children, No. of children, Mean age (years), Mean consultation rate over 2 years, Mothers, No. of mothers, Mean age (years), Mean consultation rate over 5 years.

Specialist opinion, taken from letters about 103 children, included recommendations from a total of nine ENT surgeons—four consultants, four senior registrars or registrars, and one medical assistant—that is, an average of 11 letters or recommendations per surgeon. The small numbers of patients seen by individual surgeons were insufficient to make statistical comparisons between ENT specialists.

Discussion

The general practitioner deals with the patient's presenting problems in the context of the physical, emotional, and social attributes, which cannot easily be separated from each other. Furthermore, the behaviour and attitudes of the general practitioner may be an important factor in the outcome for his patients. In this study there were differences between six practices in terms of the referral and prescribing behaviour of doctors. Two of the practices which had a larger proportion of patients in social classes IV and V than the other practices had higher referral and prescribing rates. The numbers, however, were too small to make conclusions about the reasons for the differences in referral and prescribing behaviour between general practitioners and between practices.

Decisions about children's health are largely outside their own control, and the behaviour of parents often has a considerable influence on the management of their children. General practitioners are frequently confronted with the mothers who present their children with recurrent respiratory infections. Other reports have shown that there is a link between emotional illness in mothers, the prescribing of psychotropic drugs to mothers, and the management of common childhood disorders.

TABLE 4—Referral of children to ENT departments and prescribing of psychotropic drugs to mothers

Table with 4 columns: No. of children referred to ENT, No. of children not referred to ENT, Total. Rows include No. of mothers prescribed psychotropic drugs, No. of mothers not prescribed psychotropic drugs, Total.

TABLE 5—Social class of mothers of referred children and prescribing of psychotropic drugs

Table with 4 columns: Social class of mother, History of psychotropic drugs, No history of psychotropic drugs, Total. Rows include I+II, III, IV+V, Total.

Point of View

The riots in my practice—Toxteth

PATRICIA A BRADLEY

Ironically, because few patients turned up at the surgery in the few days after the weekend of violence, the riots in Toxteth gave me time to chat to patients about their cause. Those I spoke to were unanimous that the cause was not racial. Opinion was evenly divided among the conventional theories of where they lay the blame. Unemployment in the area, police harassment, lack of parental control, and poor environmental conditions all had their supporters, but there were two more novel theories.

It is right if it could be the reason why the kerb crawlers come into Liverpool 8, showing a dissatisfaction with their own way of life, employed and affluent though they may be. A dissatisfaction they are both unable to express and satisfy. There is no doubt that we live in a violent society, where there is about as much to be gained by being a member of the Union of Miners as there is to be gained by being a member of the National Union of Teachers.

The second was from a young man who said that he supported the riots but felt that those involved, though ostensibly fighting for what was not to happen even if they had them. He felt that they were expressing a dissatisfaction with society as it is ordered today, but unable to express it they would continue to be dissatisfied even if jobs miraculously materialised. If he

Some years ago while working in Bangladesh I met the local leader of the Beggar's Union. At the time I found the idea of a Beggar's Union laughable. It has taken the Toxteth riots to make me appreciate its significance. In Bangladesh, when asked their occupation many men stated "beggar." Very rarely would anyone admit to being unemployed. I understand now that to be a beggar, though not an enviable position, earned you a certain status, a place in society, and a channel of communication with government officials. Whereas if you were unemployed you had neither status nor a voice—you were nothing.

Princes Park Health Centre, Liverpool L8 6SY
PATRICIA A BRADLEY, MB, DCH, GENERAL PRACTITIONER

It might be that the immediate problem is not to find jobs for everyone but to find a way to give the unemployed a voice—a place in society. At the same time we might be considering whether we want to perpetuate a society where a person's identity is forever most strongly linked with the job they happen to hold and not to what they are, leading to the dissatisfaction expressed not only by the rioters but by the kerb crawlers and my young patient in very different ways.

ONE HUNDRED YEARS AGO The King and Queen's College of Physicians and Council of the Royal College of Surgeons in Ireland, impressed with the necessity for inquiry into the causes of, and the remedies for, the excessive mortality in Dublin, have felt it their duty to commit a subject intimately connected with the public health. Committees were, therefore, appointed by both Colleges to co-operate in forming a joint report. After a lengthy incubation, a report has been produced, and, having been adopted by both Colleges, has been issued as an expression of their opinion. As a concise and authoritative statement of previously well known and recognised causes of the established high mortality of Dublin, the report is valuable and its suggestions for sanitary reforms in that city, if not novel, should be viewed with respect as coming from such high authorities. The Colleges, after careful consideration of all facts, give expression to the definite opinion that "the City of Dublin

is, and has been, unhealthy in an excessive degree; and its extraordinary death-rate is attributable, not to errors of computation or irreparable circumstances, but to long-continued neglect of sanitation, and the omission to enforce the legal means provided for a remedy. The Colleges are further of opinion that "the excessive mortality among the city-dwellers is due to the defective sanitary authority of the most firm, energetic, and persevering execution of the powers entrusted to it, to secure even a partial amelioration of the existing evils; and the health of the city will be likely to deteriorate still further unless dealt with by a new and radical method more vigorous than that which has hitherto been adopted." The appended gives the sections of the Public Health Act (1848) of 1878, which confer full legal powers on the sanitary authority for enforcing several of the various hygienic and sanitary measures referred to in the report. (Dublin Sanitary Journal)