Care of schizophrenia in general practice

Irwin Nazareth, Michael King, Andrew Haines, Sharon See Tai, Gillian Hall

Department of Primary Health Care, University College London Medical School, Whittington Hospital, London N19 5NF
Irwin Nazareth, *lecturer*
Andrew Haines, *professor*
Sharon See Tai, *research analyst*

Academic Department of Psychiatry, Royal Free Hospital Medical School, London NW3 2QG
Michael King, *senior lecturer*

London SW19 7AP
Gillian Hall, *pharmacoepidemiologist*

Correspondence to: Dr Nazareth.

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Little is known about the management of schizophrenia in general practice.[1] Our aim was to compare the care of patients with schizophrenia with that of patients with chronic physical diseases and patients randomly selected from the practice register.

Patients, methods, and results

Thirteen of the 16 London general practices fulfilling required validation standards of the VAMP (value added medical products) computer research bank between April and September 1990 participated.[2] A search of the computerised records identified 212 patients with a diagnosis of schizophrenia; 90% of a one in two random sample were given a lifetime diagnosis of schizophrenia according to broad diagnostic criteria.[2] Each was age matched (within a five year band) and sex matched with two patients in the same practice. The first was randomly selected from a pool of patients with chronic physical diseases (epilepsy, diabetes, rheumatoid arthritis, and multiple sclerosis) and in the second from the practice register.

Information for the preceding four years was collected from the practice records. All consultations were counted and coded as physical or mental according to the presenting complaints; the number of disease specific assessments for patients with schizophrenia and chronic physical diseases was recorded. Entries in the notes pertaining to housing, employment, finances, or social outlets were counted and classed as social entries for all three groups of patients. The number of letters from hospital consultants was recorded. Prescriptions issued by the surgery without direct patient contact were classed as repeat prescriptions.

Variables examined in the analysis were divided around the median of the respective control group's observations. Disease specific assessments and letters from hospital consultants were not relevant for the controls selected from the practice register. As these controls had few psychiatric consultations and repeat prescriptions binary variables were created corresponding to none or at least one such event. These variables were then analysed by conditional logistic regression[3] for matched case-control studies with the EGRET statistical package. The aim of the regression was to determine factors predicting membership of the schizophrenia group (table).

Mental health consultations strongly predicted that a patient belonged to the schizophrenia group. Social entries were also associated with this group. Physical consultations were more strongly associated with being in the physical disease group, as were repeat prescriptions and disease specific assessments. The total consultation rate was not a significant predictor of membership of the schizophrenia group in the comparison with the physical disease group, but in the comparison with the other control group, frequent consultations (above the median of this control group) indicated that patients were 11 times more likely to belong to the schizophrenia group.

Comment

Patients with schizophrenia consulted their general practitioner more often than the average patient but with similar frequency to patients with chronic physical disorders. Mental health consultations in the two comparison groups were infrequent. Our findings confirm that patients with schizophrenia consult more often with physical complaints than the average patient, which may divert doctors from reviewing important mental health issues.[4] The index disorder was more often assessed in patients with chronic physical diseases than in those with schizophrenia, who therefore received little specific management.

Results of controlled comparisons by conditional logistic regression between patients with schizophrenia and two groups of control patients

Factor (independent variable)*	Schizophrenia group *v* chronic physical disease group	Schizophrenia group *v* control group
Consultation rate:		
Total:		
Odds ratio	1·25	11·13
95% Confidence interval	0·81 to 1·94	5·4 to 22·93
p Value	0·32	<0·001
Physical:		
Odds ratio	0·28	1·9
95% Confidence interval	0·17 to 0·47	1·22 to 2·96
p Value	<0·001	0·004
Mental:		
Odds ratio	7·57	21·83
95% Confidence interval	4·34 to 13·22	9·63 to 49·49
p Value	<0·001	<0·001
Social entries in notes:		
Odds ratio	2·29	
95% Confidence interval	1·37 to 3·82	
p Value	0·002	
Repeat prescriptions issued:		
Odds ratio	0·54	2·75
95% Confidence interval	0·34 to 0·84	1·22 to 6·18
p Value	0·007	0·014
Disease specific assessments undertaken:		
Odds ratio	0·52	
95% Confidence interval	0·34 to 0·78	
p Value	<0·002	
Letters from consultants received:		
Odds ratio	1·37	
95% Confidence interval	0·93 to 2·03	
p Value	0·17	

*Divided around median of control group.

Our study has limitations. Not all consultations are recorded, and communications with other professionals may be spoken rather than written.[5] The case-control comparison, however, would have reduced the effect of such a systematic error. These results lack qualitative detail; we will be presenting data on the views of patients and their doctors elsewhere.

Patients with schizophrenia and chronic physical diseases generate a similar workload in general practice. However, a more structured approach to the care of schizophrenia is needed, with regular physical and mental state assessments and monitoring of drug treatment and closer cooperation with local psychiatric services.

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