

4 SAND substudies conducted continually since April 2000

Issues: Four topics have been included in all research packs for all GPs, since 1 April 2000. These are:

- patient-reported height and weight, from which patient BMI is calculated separately for adults and for children
- patient-reported current smoking status (adults aged 18 years and over)
- patient-reported alcohol consumption (adults aged 18 years and over)
- length of consultation for encounters claimable as A1 Medicare items of service (in minutes).

Results for these studies are reported every year in each annual BEACH report^{8,24-28} and are only summarised here.

Sample: GP completion of questions about the three patient risk measures and start and finish times for the encounter was requested in 40 encounter forms out of every 100 forms completed by each GP from April 2000 to March 2006. Although the patient risk factor questions were asked of subsamples of patients in 1999-00, all three questions were not asked of the same patient until 2000-01. The results presented here are limited to the study years of 2000-01 to 2005-06 as the three questions were asked of the same patient subsample.

Method: Detailed SAND methods are provided in Chapter 2.

4.1 Body mass index of adults

Sample: Patients aged 18 years and over, total sample from 2000 to 2006=191,580 comprising: $n=31,957$ in 2000-01; $n=31,789$ in 2001-02; $n=32,367$ in 2002-03; $n=31,890$ in 2003-04; $n=30,476$ in 2004-05; $n=33,101$ in 2005-06.

Methods for this study: The BMI for an individual is calculated by dividing weight (kilograms) by height (metres) squared. Metric conversion tables (feet and inches; stones and pounds) were provided to the GP.

In 2005-06 the WHO recommendations²⁹ for BMI groups were adopted. These specify that a person with a BMI:

- less than 18.5 is underweight
- greater than or equal to 18.5 and less than 25 is normal
- greater than or equal to 25 and less than 30 is overweight
- of 30 or more is obese.

This has affected the division between underweight and normal weight, which in previous reports was set at a BMI of 20, but is now set at 18.5. For more detailed data refer to *General practice activity in Australia 2005-06*⁸ in which the BMI data for previous years have been re-calculated according to the WHO criteria.

Results: The proportion of patients classed as overweight or obese has remained relatively steady over time with between 54.3% and 57.0% of patients classed as overweight or obese. From 2000–01 to 2005–06 there was a statistically significant increase in the proportion of adults classed as obese from 20.2% (95% CI: 19.5–20.8) to 22.2% (95% CI: 21.5–22.9). There was no change in the proportion of patients classified as overweight (34.1% compared with 34.6%).

These results are consistent with those of the 1999–00 AusDiab study³⁰ and the results reported for each BEACH year from 2000–01 onwards.²⁷ They are also broadly consistent with the Australian Bureau of Statistics 2001 figures from the National Health Survey of 58% of adults aged 18 years or more being overweight or obese.³¹

For other related abstracts see: 55 Patient weight, perception of weight and weight loss, 68 Patient weight, perception of weight and weight loss in adults, 69 Patient weight, methods and medications tried for weight loss in adults, 71 Patient BMI, morbidity and medication use in adults.

Further reading:

Charles, J., Britt, H., & Knox, S. 2006, 'Patient perception of their weight, attempts to lose weight and their diabetes status', *Australian Family Physician*, vol. 35, no. 11, pp. 925–928.

4.2 Body mass index of children

Sample: Children aged between 2 and 17 years, total sample from 2000–06=21,066, comprising: $n=3,831$ in 2000–01, $n=3,692$ in 2001–02; $n=3,579$ in 2002–03; $n=3,301$ in 2003–04; $n=3,184$ in 2004–05; $n=3,479$ in 2005–06.

Methods for this study: Metric conversion tables (feet and inches; stones and pounds) were provided to the GP.

The standard BMI calculation described above is not appropriate for children. Cole et al. developed a method which calculates the age–sex-specific BMI cut-off levels for overweight and obesity specific to children.³² This method, based on international data from developed Western cultures, is applicable in the Australian setting. There are three categories defined for childhood BMI: underweight/normal, overweight and obese.

Results: There has been no change in the proportion of children classed as overweight/obese since 2000–01, when 13.6% (95% CI: 11.0–16.2) were classed as obese and 17.8% (95% CI: 16.2–19.4) as overweight, in total 31.4% (29.4–33.4) being overweight or obese. In 2005–06 the results demonstrated that 11.9% (95% CI: 10.6–13.2) were classed as obese, and 18.6% (95% CI: 17.2–19.9) as overweight, a total of 20.5% (95% CI: 18.6–22.4) being overweight or obese. For more detailed data about BMI of children attending general practice refer to *General practice activity in Australia 2005–06*.⁸

4.3 Smoking

Sample: Patients aged 18 years and over, total sample 2000–06=194,312, comprising: $n=32,124$ in 2000–01, $n=31,966$ in 2001–02; $n=32,651$ in 2002–03; $n=32,718$ in 2003–04; $n=31,295$ in 2004–05; $n=33,558$ in 2005–06.

Methods for this study: Respondents were limited to adults aged 18 years and over because there are concerns about approaching the younger patient group to ask for information on smoking for survey purposes. In addition, the reliability of this information from patients aged 14–17 years may be compromised if a parent is present.

Results: The proportion of adults attending general practice who are daily smokers has decreased from 19.3% (95% CI: 18.5–20.1) in 2000–01 to 17.1% (95% CI: 16.3–17.8) in 2005–06. For more detailed data about the smoking status of patients attending general practice refer to *General practice activity in Australia 2005–06*.⁸

For other related abstracts see: 12 Smoking and passive smoking in general practice patients, 35 Smoking status of adults and their attempts to quit, 53 Smoking status of adults and their attempts to quit, 74 Smoking and passive smoking in the home.

Further reading:

Doran, C. M., Valenti, L., Robinson, M., Britt, H., & Mattick, R. P. 2006, 'Smoking status of Australian general practice patients and their attempts to quit', *Addict.Behav.*, vol. 31, no. 5, pp. 758–766.

Valenti, L., Charles, J., & Britt, H. 2005, 'Passive smoke in Australian homes: 1999 to 2004 [letter]', *Australian and New Zealand Journal of Public Health*, vol. 28, no. 4, pp. 387–388.

Degenhardt L, Knox S, Barker B, Britt H, Shakeshaft A. The management of alcohol, tobacco and illicit drug use problems by general practitioners in Australia. *Drug Alcohol Rev* 2005; 24(6):499–506.

4.4 Alcohol consumption

Sample: Patients aged 18 years and over, total sample 2000–06=190,130 comprising: $n=31,543$ in 2000–01; $n=31,559$ in 2001–02; $n=32,140$ in 2002–03; $n=31,721$ in 2003–04; $n=30,414$ in 2004–05; $n=32,753$ in 2005–06.

Methods for this study: Respondents were limited to adults aged 18 years and over because there are concerns about approaching the younger patient group to ask for information on alcohol consumption for survey purposes. In addition, the reliability of this information from patients aged 14–17 years may be compromised if a parent is present.

To measure alcohol consumption, BEACH uses three items from the WHO Alcohol Use Disorders Identification Test (AUDIT),³³ with scoring for an Australian setting.³⁴ Together, these three questions assess 'at-risk' alcohol consumption in adult patients. The scores for each question range from zero to four. A total (sum of all three questions) score of five or more for males or four or more for females suggests that the person's drinking level is placing him or her at risk.³⁴ A standard drinks chart is provided to each GP to help the patient identify the number of standard drinks consumed.

Results: There has been a statistically significant increase in the proportion of adults reporting at-risk levels of alcohol consumption from 24.1% (95% CI: 23.3–24.9) in 2000–01 to 25.9% (95% CI: 25.0–26.8) in 2005–06. For more detailed data about alcohol consumption refer to *General practice activity in Australia 2005–06*.⁸

Further reading:

Proude, E. M., Britt, H., Valenti, L., & Conigrave, K. M. 2006, 'The relationship between self-reported alcohol intake and the morbidities managed by GPs in Australia', *BMC Fam Pract*, vol. 7, p. 17.

Degenhardt L, Knox S, Barker B, Britt H, Shakeshaft A. The management of alcohol, tobacco and illicit drug use problems by general practitioners in Australia. *Drug Alcohol Rev* 2005; 24(6):499–506.

4.5 Length of consultation

Sample: Encounters for which an A1 Medicare item of service was claimable, a total of 196,346 encounters 2000–06, comprising: $n=30,961$ in 2000–01, $n=35,104$ in 2001–02, $n=34,886$ in 2002–03, $n=31,863$ in 2003–04, $n=30,683$ in 2004–05, $n=32,849$ in 2005–06.

Methods for this study: GPs were asked to record the encounter start-time and finish-time in hours and minutes. Consultation length was calculated only for A1 Medicare-claimable consultations, as finish time minus start time in minutes.

Results: The length of A1 Medicare-claimable encounters has remained steady over time. In 2000–01 the mean length of these encounters was 14.8 minutes (95% CI: 14.5–15.1) and the median length was 13.0 minutes. In 2005–06 the mean length was 14.9 minutes (95% CI: 14.6–15.1) and median length was 13.0 minutes.

For other related abstracts see: 2 Anxiety/stress, consultation time, level of education, 10 Length of consultation; after-hours arrangements; co-morbidity.

Further reading:

Bindman A.B., Forrest C., Britt H., Crampton P., Majeed A. 2007, 'Diagnostic scope of and exposure to primary care physicians in Australia, New Zealand and the United States: cross sectional analysis of results from three national surveys', *British Medical Journal* (Epub ahead of print).

Britt, H., Valenti, L., & Miller, G. 2002, 'Time for care. Length of general practice consultations in Australia', *Australian Family Physician*, vol. 31, no. 9, pp. 876–880.

Britt, H., Valenti, L., Miller, G. C., & Farmer, J. 2004, 'Determinants of GP billing in Australia: content and time', *Medical Journal of Australia*, vol. 181, no. 2, pp. 100–104.

Britt, H. C., Valenti, L., & Miller, G. C. 2005, 'Determinants of consultation length in Australian general practice', *Medical Journal of Australia*, vol. 183, no. 2, pp. 68–71.

The following pages contain:

- *the recording form and instructions with which the data in this chapter were collected*
- *the standard drinks chart provided to the GPs*
- *the metric conversion tables provided to the GPs.*

PLEASE READ CAREFULLY

The shaded section of the following forms asks questions about **TIME OF CONSULTATION, & PATIENT RISK FACTORS (BMI, smoking & alcohol)**.

You may tear out this page as a guide to completing the following 40 forms.

START Time

:

AM / PM
(please circle)

START TIME

Record the time the consultation STARTED in hours and mins and circle whether the time was AM or PM.

eg. 9:10

AM PM

ASK THE PATIENT:

What is their height (without shoes) ?
What is their weight (unclothed) ?

(You are NOT REQUIRED to weigh or measure the patient, but if the patient is unsure, you may either do so or take information from the medical records.)

ASK THE PATIENT if over 18 years:

Which category best describes their smoking status?

Tick one box.

Alcohol use

ASK THE PATIENT (if over 18 years old):

- How often they have a drink containing alcohol?
- How many standard drinks they have on a typical drinking day? (Use the standard drinks chart supplied if necessary).
- How often they have more than 6 standard drinks on one occasion?

PLEASE ANSWER ALL 3 ALCOHOL QUESTIONS.
or we cannot determine safety of drinking levels.

FINISH TIME

Record the time the consultation FINISHED in hours and mins and circle whether the time was AM or PM.

eg. 9:28

AM PM

24

<p>Patient's Height: [] cm</p> <p>Weight: [] kg</p>	<p>To the patient if 18+: Which best describes your smoking status?</p> <p>Smoke daily <input type="checkbox"/></p> <p>Smoke occasionally <input type="checkbox"/></p> <p>Previous smoker <input type="checkbox"/></p> <p>Never smoked <input type="checkbox"/></p>	<p>To the patient if 18+: How often do you have a drink containing alcohol?</p> <p>Never <input type="checkbox"/></p> <p>Monthly or less <input type="checkbox"/></p> <p>Once a week/fortnight <input type="checkbox"/></p> <p>2-3 times a week <input type="checkbox"/></p> <p>4+ times a week <input type="checkbox"/></p>	<p>How many 'standard' drinks do you have on a typical day when you are drinking?</p> <p>[]</p>	<p>How often do you have 6 or more standard drinks on one occasion?</p> <p>Never <input type="checkbox"/></p> <p>Less than monthly <input type="checkbox"/></p> <p>Monthly <input type="checkbox"/></p> <p>Weekly <input type="checkbox"/></p> <p>Daily or almost daily <input type="checkbox"/></p>	<p>FINISH Time</p> <p> : </p> <p>AM / PM (please circle)</p> <p>BAS</p>
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BEACH

Weight Conversion Chart - Stone/pounds (st lbs) - Kilograms (kg)

Weight st lbs	kg	Weight st lbs	kg	Weight st lbs	kg	Weight st lbs	kg	Weight st lbs	kg	Weight st lbs	kg
1'	6	4'	25	7'	44	10'	64	13'	83	16'	102
1'1"	7	4'1"	26	7'1"	45	10'1"	64	13'1"	83	16'1"	102
1'2"	7	4'2"	26	7'2"	45	10'2"	64	13'2"	83	16'2"	103
1'3"	8	4'3"	27	7'3"	46	10'3"	65	13'3"	84	16'3"	103
1'4"	8	4'4"	27	7'4"	46	10'4"	65	13'4"	84	16'4"	103
1'5"	9	4'5"	28	7'5"	47	10'5"	66	13'5"	85	16'5"	104
1'6"	9	4'6"	28	7'6"	47	10'6"	66	13'6"	85	16'6"	104
1'7"	10	4'7"	29	7'7"	48	10'7"	67	13'7"	86	16'7"	105
1'8"	10	4'8"	29	7'8"	48	10'8"	67	13'8"	86	16'8"	105
1'9"	10	4'9"	29	7'9"	49	10'9"	68	13'9"	87	16'9"	106
1'10"	11	4'10"	30	7'10"	49	10'10"	68	13'10"	87	16'10"	106
1'11"	11	4'11"	30	7'11"	49	10'11"	68	13'11"	88	16'11"	107
1'12"	12	4'12"	31	7'12"	50	10'12"	69	13'12"	88	16'12"	107
1'13"	12	4'13"	31	7'13"	50	10'13"	69	13'13"	88	16'13"	108
2'	13	5'	32	8'	51	11'	70	14'	89	17'	108
2'1"	13	5'1"	32	8'1"	51	11'1"	70	14'1"	89	17'1"	108
2'2"	14	5'2"	33	8'2"	52	11'2"	71	14'2"	90	17'2"	109
2'3"	14	5'3"	33	8'3"	52	11'3"	71	14'3"	90	17'3"	109
2'4"	15	5'4"	34	8'4"	53	11'4"	72	14'4"	91	17'4"	110
2'5"	15	5'5"	34	8'5"	53	11'5"	72	14'5"	91	17'5"	110
2'6"	15	5'6"	34	8'6"	54	11'6"	73	14'6"	92	17'6"	111
2'7"	16	5'7"	35	8'7"	54	11'7"	73	14'7"	92	17'7"	111
2'8"	16	5'8"	35	8'8"	54	11'8"	73	14'8"	93	17'8"	112
2'9"	17	5'9"	36	8'9"	55	11'9"	74	14'9"	93	17'9"	112
2'10"	17	5'10"	36	8'10"	55	11'10"	74	14'10"	93	17'10"	112
2'11"	18	5'11"	37	8'11"	56	11'11"	75	14'11"	94	17'11"	113
2'12"	18	5'12"	37	8'12"	56	11'12"	75	14'12"	94	17'12"	113
2'13"	19	5'13"	38	8'13"	57	11'13"	76	14'13"	95	17'13"	114
3'	19	6'	38	9'	57	12'	76	15'	95	18'	114
3'1"	20	6'1"	39	9'1"	58	12'1"	77	15'1"	96	18'1"	115
3'2"	20	6'2"	39	9'2"	58	12'2"	77	15'2"	96	18'2"	115
3'3"	20	6'3"	39	9'3"	59	12'3"	78	15'3"	97	18'3"	116
3'4"	21	6'4"	40	9'4"	59	12'4"	78	15'4"	97	18'4"	116
3'5"	21	6'5"	40	9'5"	59	12'5"	78	15'5"	98	18'5"	117
3'6"	22	6'6"	41	9'6"	60	12'6"	79	15'6"	98	18'6"	117
3'7"	22	6'7"	41	9'7"	60	12'7"	79	15'7"	98	18'7"	117
3'8"	23	6'8"	42	9'8"	61	12'8"	80	15'8"	99	18'8"	118
3'9"	23	6'9"	42	9'9"	61	12'9"	80	15'9"	99	18'9"	118
3'10"	24	6'10"	43	9'10"	62	12'10"	81	15'10"	100	18'10"	119
3'11"	24	6'11"	43	9'11"	62	12'11"	81	15'11"	100	18'11"	119
3'12"	24	6'12"	44	9'12"	63	12'12"	82	15'12"	101	18'12"	120
3'13"	25	6'13"	44	9'13"	63	12'13"	82	15'13"	101	18'13"	120

BEACH

Height Conversion Table - Feet/inches (ft in) - Centimetres (cm)

Height		Height		Height	
ft in	cm	ft in	cm	ft in	cm
1'	30	3'	91	5'	152
1"	33	1"	94	1"	155
2"	36	2"	97	2"	157
3"	38	3"	99	3"	160
4"	41	4"	102	4"	163
5"	43	5"	104	5"	165
6"	46	6"	107	6"	168
7"	48	7"	109	7"	170
8"	51	8"	112	8"	173
9"	53	9"	114	9"	175
10"	56	10"	117	10"	178
11"	58	11"	119	11"	180
2'	61	4'	122	6'	183
1"	64	1"	124	1"	185
2"	66	2"	127	2"	188
3"	69	3"	130	3"	191
4"	71	4"	132	4"	193
5"	74	5"	135	5"	196
6"	76	6"	137	6"	198
7"	79	7"	140	7"	201
8"	81	8"	142	8"	203
9"	84	9"	145	9"	206
10"	86	10"	147	10"	208
11"	89	11"	150	11"	211

STANDARD DRINKS

Because drinks vary a lot in strength, it is useful to know how much alcohol is in each common drink. A STANDARD DRINK is one which contains about 10 grams of alcohol. In the table below, you can see that common servings of different kinds of alcoholic drinks in fact contain about the same amount of alcohol.

