Abstract

To compare Irish asylum seekers to other General Medical Scheme (GMS) patients possessing Irish citizenship in terms of their utilisation of GP services, morbidity patterns and consultation outcomes. A retrospective 1 year study on patient records in two Galway City practices was performed. All asylum seekers who were patients of the two practices were compared with two controls each from a population of GMS patients with Irish citizenship matched for age, sex, and GMS status. Demographic information was recorded. For each consultation over the 12 months the diagnosis using the ICPC coding system and consultation outcomes were recorded. Data was collected on 171 asylum seekers and 342 Irish citizens. The majority of asylum seekers registered in the two practices were from Nigeria (43.9%). The age of cases ranged from 1 month to 60 years of age with a median of 26. 45.8% were female and 54.2% male. The mean number of visits per asylum seeker per year was 5.16 (SD 3.12) whereas the mean for Irish Citizens was 2.31 (SD 2.33) (p = 0.0001). Asylum seekers had a significantly higher likelihood of being assigned diagnoses in the disease systems of psychiatry, dermatology, neurology, musculoskeletal disease, urology, respiratory, ENT, Obstetrics and Gynaecology and gastroenterology. Asylum seekers were five times more likely to be diagnosed with psychiatric illness than Irish citizens4, 5, 6 despite being a strong predictor of long term mental health. However, other studies11 described the danger of pigeonholing refugees as having PTSD.

Introduction

International studies show that health problems of asylum seekers are mostly related to infectious disease and stress related problems13, 14. A study by Steel et al 6 indicated that after a mean period of time of 7.5 years post traumatic event, 7% of the refugees had mental health problems as classified by ICD-10. They found that the frequency and severity of mental health problems was associated with a high predisposing condition and in Ireland by the general population12 none have looked at this patient group, despite the suggestions that refugees and asylum seekers have higher consultation rates.

Despite the wealth of studies on health needs of asylum seekers in Ireland12, 13, there is no data on morbidity patterns in this population. There is no empirical data comparing the physical or mental health of asylum seekers with that of the indigenous population in Ireland. Little is known about the consultation outcomes of asylum seekers either, as studies on prescribing patterns in general practice4 have not looked at this population as yet.

Therefore, the aims and objectives of this study are to compare Irish asylum seekers to other General Medical Scheme (GMS) patients possessing Irish citizenship in terms of the following:

a. the utilisation of GP services by asylum seekers in terms of attendance and consultation frequency.

b. the range of presenting complaints and associated morbidity in the two groups.

c. the consultation outcomes of asylum seekers and other GMS patients with Irish citizenship.

This is the first such quantitative study describing utilisation rates, morbidity patterns, and consultation outcomes of general practitioner services in this patient group in Ireland.

Method

Setting and Subjects

A retrospective 1 year study on patient records in two Galway City practices was performed. The data was collected on consultations occurring over 12 months, from 1/10/03 to 30/9/04. All asylum seekers who were patients of the two practices were included in the study. The sample list of asylum seekers was obtained from the Health Service Executive, Western Area. This population sample was compared with a population of GMS patients with Irish citizenship and was matched for age, sex, and GMS status on a 1:2 ratio. This matched population was obtained from the practice age-sex register in both of the computerized practices.

Data Collection

Data was collected by the primary researcher. It was anonymised at source and recorded using the SPSS statistical package. Demographic information such as age, gender, country of origin, marital status, number of children, accommodation and refugee status was recorded. For each visit over the 12 months, specific details of the consultation were recorded. A consultation was defined as an entry in the notes reporting face to face contact between a patient and a GP in the surgery but excluded home visits, telephone consultations and out of hours service. The reason for this was that there were inconsistencies in the recording of these visits in the records.

The diagnosis was recorded using the ICPC coding system1 for each specific diagnosis. The outcomes of the consultation were recorded. Ethical approval was granted by the ethics committee of the Irish College of General Practitioners.

Results

Data was collected on 171 asylum seekers and 342 Irish citizens. The majority of asylum seekers registered in the two practices were from Nigeria (43.9%). The next largest group came from Romania (7%) followed by those from Algeria (4.1%). The Georgian, Congolese, Russian, Pakistani and Moroccan groups constituted approximately 2.9% each. Liberian, Sudanese and the South African groups constituted approximately 2.9%. 1.4% were Lithuanian and Zimbabwean. 1.2% were from Ghana, Somalia, Algeria, Uganda, Albania, and Iraq. Bangladesh comprised 0.6% of the asylum seeker population.

The age of cases ranged from 1 month to 60 years of age. The median age was 26. The population sample of asylum seekers and Irish patients was 45.8% female and 54.2% male. 27% of the Asylum Seekers lived in hostel accommodation as compared to only 0.3% of the Irish Citizens. 57% asylum seeker group were single in comparison to 65.2% of Irish patients. 40% of asylum seekers were recorded as married in comparison to 5.3% of Irish patients. However the marital status of Irish was unrecorded in 29% of cases in comparison with 8.2% asylum seekers.

The mean number of visits per asylum seeker was 5.16 (SD 3.12) whereas the mean for Irish Citizens was 2.31 (SD 2.33) (p = 0.0001). Table 1 shows that asylum seekers had higher annual attendance rates in all age categories apart from ma. In the 13-17 age group where sufficient data was not available.

A survey of asylum seekers general practice service utilisation and morbidity patterns
A survey of asylum seekers' general practice service utilisation and morbidity patterns

Table 1 Mean number of visits per patient to GP over 12 months according to age and sex

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Mean visits per asylum seeker patient</th>
<th>Mean visits per Irish GMS patient</th>
<th>Difference in number of visits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td>5.67</td>
<td>3.92</td>
<td>1.75**</td>
</tr>
<tr>
<td>Male</td>
<td>5.32</td>
<td>3.77</td>
<td>1.55**</td>
</tr>
<tr>
<td>0-12 years</td>
<td>6.62</td>
<td>4.75</td>
<td>1.87**</td>
</tr>
<tr>
<td>Male</td>
<td>6.62</td>
<td>4.75</td>
<td>1.87**</td>
</tr>
<tr>
<td>13-17 years</td>
<td>6.00</td>
<td>5.00</td>
<td>1.00**</td>
</tr>
<tr>
<td>Male</td>
<td>6.39</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>18-30 years</td>
<td>5.95</td>
<td>5.37</td>
<td>0.58**</td>
</tr>
<tr>
<td>31+ years</td>
<td>4.56</td>
<td>4.12</td>
<td>0.44**</td>
</tr>
</tbody>
</table>

The likelihood (Odds ratio and 95% CI ) of an asylum seeker being assigned a specific diagnosis in comparison to an Irish citizen is as follows: Psychiatry 3.9 (3.13, 9.7); Dermatology 3.59 (2.19, 9.89); Neurology 3.05 (1.97, 4.76); Respiratory 2.82 (1.93, 4.78); and ENT 2.03 (3.95, 3.96).

Specifically, they had a significantly higher chance of being diagnosed with anxiety (odds ratio =3.17 95% CI [1.1, 8.68]).

Table 2 Presentation patterns classified according to disease system and patient category

<table>
<thead>
<tr>
<th>Disease System</th>
<th>Asylum Seekers</th>
<th>Irish GMS</th>
<th>Ratio</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gastrointestinal</td>
<td>2.06</td>
<td>1.45</td>
<td>1.43</td>
</tr>
<tr>
<td>Vaccinations</td>
<td>3.68</td>
<td>2.45</td>
<td>1.49</td>
</tr>
<tr>
<td>Blood tests/Investigations</td>
<td>1.28</td>
<td>0.92</td>
<td>1.41</td>
</tr>
</tbody>
</table>

Table 3 Outcomes of the consultations

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Asylum Seekers</th>
<th>Irish GMS</th>
<th>Odds Ratio</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prescription</td>
<td>66</td>
<td>84</td>
<td>0.79</td>
</tr>
<tr>
<td>Other medication</td>
<td>52</td>
<td>40</td>
<td>1.30</td>
</tr>
<tr>
<td>Antibiotic</td>
<td>38</td>
<td>15</td>
<td>2.53</td>
</tr>
<tr>
<td>Psychiatric medication</td>
<td>12</td>
<td>12</td>
<td>1.00</td>
</tr>
<tr>
<td>Referral</td>
<td>9</td>
<td>10</td>
<td>0.90</td>
</tr>
<tr>
<td>OPD referral</td>
<td>5</td>
<td>10</td>
<td>0.50</td>
</tr>
<tr>
<td>A&amp;E referral</td>
<td>1</td>
<td>3</td>
<td>0.33</td>
</tr>
<tr>
<td>Other referrals</td>
<td>1.6</td>
<td>0.8</td>
<td>2.00</td>
</tr>
</tbody>
</table>

Layte et al showed that the average number of visits per GMS patient per year in Ireland in 2004 was six. In this study, asylum seekers visited their GPs 5.16 times per year in comparison to 2.31 visits by their matched Irish GMS patients. The reason for the lower GMS consultation rates in our study as compared to Layte’s was the younger age of our asylum seekers (median age 26 years). From our study it is clear that asylum seekers on average have a higher frequency of attendance than the Irish GMS group. Lyons’ reports the greater health need among patients from lower socioeconomic groups and describes how this explains their higher GP utilisation rates. This is likely to be the case among the asylum seeking population as well.

Asylum seekers were five times as likely to attend with a psychiatric condition as their matched Irish GMS patient. In particular, asylum seekers were three times more likely to be assigned a diagnosis of anxiety. They were also more likely to present with dermatology, neurology, musculoskeletal and gastroenterology problems. Stress could be an exacerbating factor in many of these illnesses such as gastritis, non-specific abdominal pain and generalised bodily aches. International studies on the mental health of asylum seekers have also shown higher than average incidences of anxiety, depression and Post Traumatic Stress Disorder. However, some reviews, have suggested that their mental health would benefit more from efforts to integrate them into the new society such as being allowed to work and live independently rather than being kept in direct provision and treated in the traditional model with psychiatric medication and counselling. Studies have shown a strong link between psychological illness and being a frequent attender in general practice. This could explain the higher than average frequency of attendance in this group.

Asylum seekers were twice as likely to be prescribed antibiotics and psychiatric medications in this study. Studies in Ireland have shown higher prescribing rates for antibiotics in lower socio-economic groups. Consideration must be given to the idea that they are being given prescriptions for reasons other than medical. In fact some studies suggest that prescriptions are given in some cases due to poor patient-doctor communication. It may be also that increased consultation rates of patients expressing “minor” health problems lead to increased referrals and consultations with asylum seekers, difficulties in communication due to the language barrier, cultural difference, ethnicity, religious difference and varying health beliefs should be considered to be an influence on prescribing.

The fact that the Irish patients in the study were more likely to be vaccinated is consistent with findings in England in 2002. It is important that practices have a vaccination protocol in place for asylum seekers and that poor compliers are followed up.
This study shows that asylum seekers were almost twice as likely as Irish patients to be referred to outpatients in each consultation. This may be due to uncertainty in dealing with some of their more unusual and specialised problems. However, it may also occur for the same reasons as increased prescribing does in this group.

Implications

Due to the implications of higher consultation rates of asylum seekers, it is appropriate that increased resources are made available to practices that provide this care. Also, there is a need to address the fact that despite the higher prevalence of psychological distress in this patient group, Irish general practitioners cannot refer directly to public psychological services, but instead must refer to the psychiatric services which is not always appropriate for the patient. Without such additional support, as has happened internationally, practices may cherry pick patients to the exclusion of asylum seekers. This study provides the first quantitative data to inform debate regarding the appropriate supply of resources to Irish practices with significant numbers of asylum seekers.

References

9. Lynch M A, Cunningham, Understanding the needs of young asylum seekers Archives of Disease in childhood 2000; 85: 384-387

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