



Wissenschaftliche Highlights der GSF 2007 Abfrage April 2007

Institut / Selbst. Abteilung / KKG / Nachwuchsgruppe:

GSF – Institut für Gesundheitsökonomie und Management im Gesundheitswesen

FE-Nr.:

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Titel des Highlights:

Obese adults' utilization of general practitioners: Currently, more opportunities for curative than preventive care

Keywords:

obesity; morbidity; general practice; health care utilization; KORA

Kernaussage des Highlights in einem Satz:

Strongly overweight, i.e. obese adults consult general practitioners primarily in case of concomitant morbidity, which implies that for this group of patients general practice currently has more opportunities for curative than preventive care.

Darstellung des Highlights:

Tackling the obesity epidemic is a tantalizing task, and requires efforts from both public health and health care. According to relevant evidence-based guidelines in Germany, general practitioners (GP) are supposed to play a key role in the long-term management of obesity. Clearly, consultations by those obese form a precondition for GP to live up to these expectations. Based on data from the KORA Survey S4 1999/2001, we estimated the use of GP by moderately and severely obese adults ($30 \leq \text{BMI} < 35$ and $\text{BMI} \geq 35$, respectively) and compared it to those in normalweight range ($\text{BMI} < 25$). Among respondents with no concomitant physical (co-)morbidities (i.e., being obese "at most"), neither those moderately nor severely obese reported any excess GP use. In contrast, among those with (co-)morbidities, the odds of those moderately obese were twofold, and severely obese GP users on average reported 1.5 excess consultations than normalweight peers. In conclusion, in the "real world" GP currently seem to have best chances for curative measures, but not for primary prevention in obese patients. This raises questions of, among other things, GPs' appropriate qualification and monetary incentives for this type of work, and of the effectiveness and efficiency of health care in preventing obesity-attributable morbidity. More basic and applied research is needed on suitable policy measures (e.g. the reduction or elimination of barriers hindering dietary and physical activity-related change) in combination with medical counselling.

Reference

von Lengerke T, John J; KORA Study Group. General practitioners' opportunities for preventing ill-health in healthy vs. morbid obese adults: a general population study on consultations. J Public Health 2007;15(2):71-80

Bezug zur GSF-Strategie:

Adipositas ist ein epidemisch zunehmender Risikofaktor zahlreicher, hohen Behandlungsaufwand erfordernden Folgeerkrankungen. Der Beitrag zeigt, dass eine wirksamere Prävention unter den gegenwärtigen Randbedingungen ambulant-ärztlicher Tätigkeit ergänzende Ansatzpunkte außerhalb dieses Settings benötigt.

GSF-interne und -externe Kooperationspartner, mit denen das Highlight ggf. erarbeitet wurde:

GSF – Institut für Epidemiologie

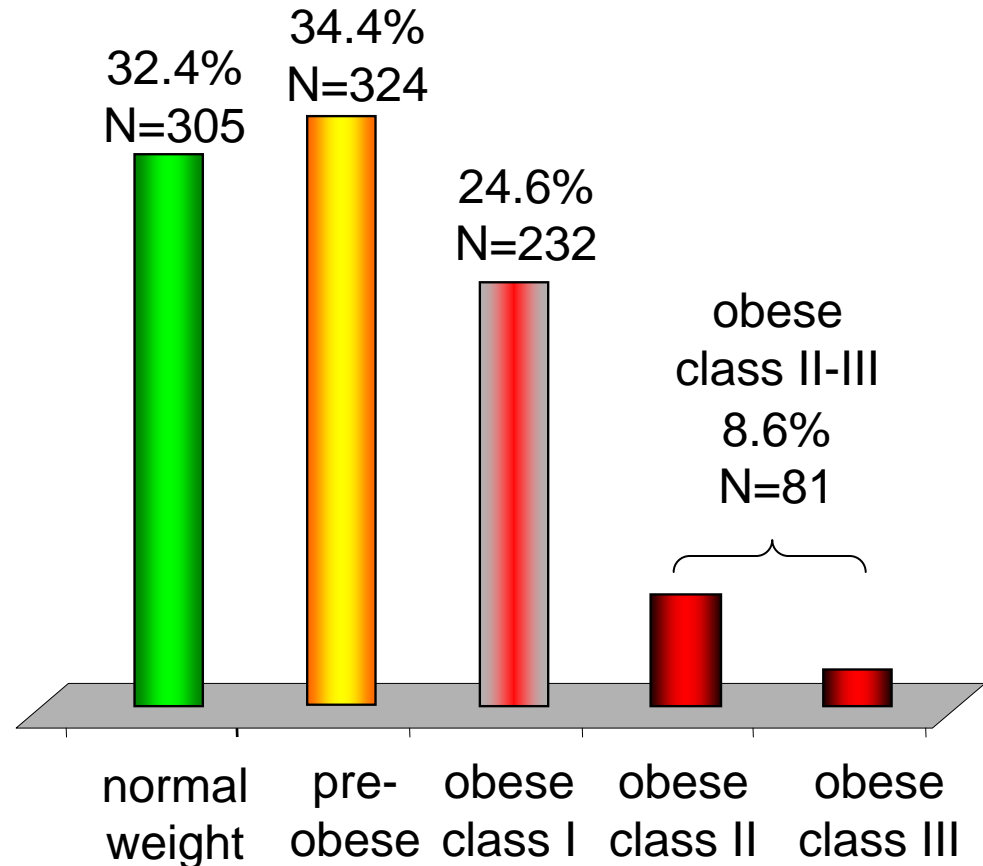
Dr. phil. Thomas von Lengerke, Medizinische Hochschule Hannover, Forschungs- und Lehrereinheit Medizinische Psychologie (OE 5430), Carl-Neuberg-Str. 1, 30625 Hannover, Tel.: (0511) 532-4445, Fax: (0511) 532-4214, Email: lengerke.thomas@mh-hannover.de (zugleich Gastwissenschaftler am IGM)

Obese adults' utilization of general practitioners

Sample of analysis^{*)}

Classification

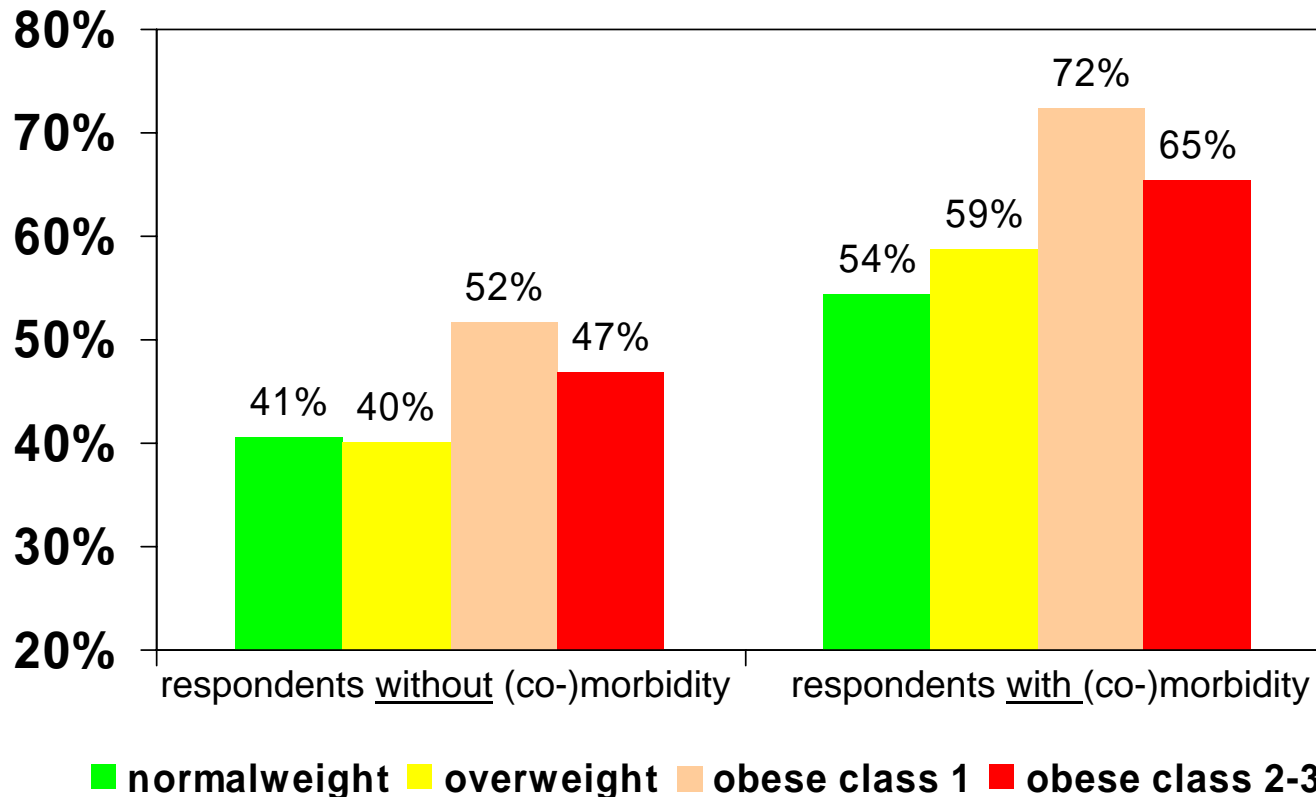
normal weight	$18.5 \leq \text{BMI} < 25$
preobese	$25 \leq \text{BMI} < 30$
obese	$\text{BMI} \geq 30$
class I	$30 \leq \text{BMI} < 35$
class II	$35 \leq \text{BMI} < 40$
class III	$\text{BMI} \geq 40$



^{*)}25 percent sub sample of KORA S4, stratified by age, sex, and BMI

Utilization of general practitioners by body mass status

Proportion of study participants consulting general practitioners
(all study participants)

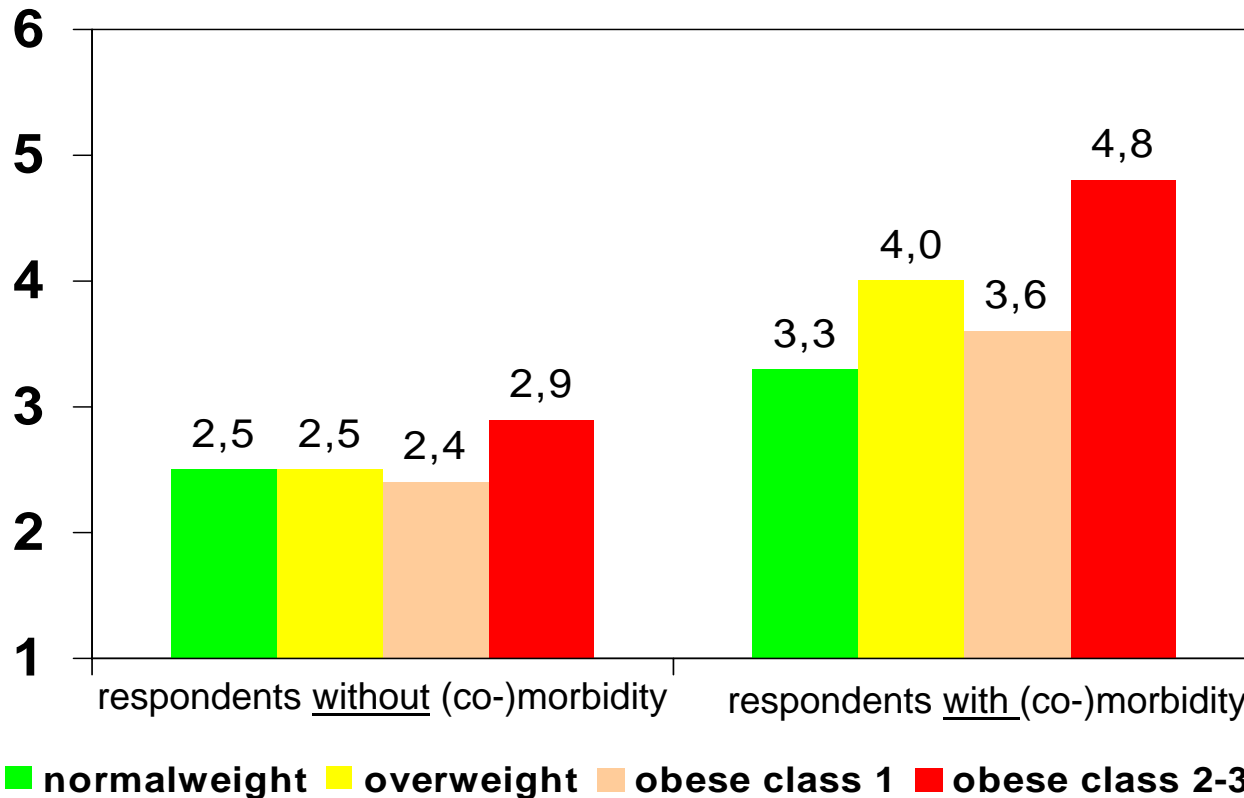


Notes: KORA Survey 1999/2001; N = 942; „(co-)morbidity“ refers to the adaptation of the Functional Comorbidity Index (Groll D et al. J Clin Epidemiol 2005;58:595-602) by von Lengerke T, John J et al. (J Psychosom Res 2006;61:553-60), which is confined to physical morbidity

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Utilization of general practitioners by body mass status

Mean number of consultations with general practitioners (GPs' patients only)



Notes: KORA Survey 1999/2001; N = 942; „(co-)morbidity“ refers to the adaptation of the Functional Comorbidity Index (Groll D et al. J Clin Epidemiol 2005;58:595-602) by von Lengerke T, John J et al. (J Psychosom Res 2006;61:553-60), which is confined to physical morbidity

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