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News

Hanne Hollnagel: Institute of General Practice, Juliane Maries Vej 18, DK-2100 Copenhagen Ø.

Hanne Hollnagel presented 20 June 1985 her Doctoral Thesis: *An epidemiological survey of 40-year-old men and women in the county of Copenhagen*

This survey is a population study of the health status of a 40-year-old population. Its objectives are to describe health status, utilization of health services, and drug consumption in relation to socio-demographic conditions (marital status, socio-economic status and occupation), social habits (tobacco and alcohol consumption and physical activity), and to social problems (occupational, economical and dwelling problems, problems within the family and personal problems). The results have been compared with recent population studies undertaken in Scandinavia. The relationship between the population and general practice regarding health problems and prevention of disease has been emphasized. The study has been published as a thesis comprising a synopsis and eight papers.

The survey was carried out at the Department of Internal Medicine C (the Unit of Population Studies) at the Glostrup County Hospital and was inspired by Dr Per From Hansen (†). The work on the synopsis has been undertaken during my employment at the Institute of General Practice, University of Copenhagen. The survey of the 40-year-old population was designed as a longitudinal birth-cohort study of the 1936-generation, who has been surveyed cross-sectionally in 1976/77 and in 1981/82. The study presented here applies to the first cross-sectional survey.

Eighty-eight per cent of all 40-year-old women and men resident in four municipalities in the County of Copenhagen, i.e. 1 052 persons, were examined in the course of one year. The health examination of each participant lasted seven hours and comprised a questionnaire to be completed by the participant, a medical examination, clinical tests, and an interview about psycho-social conditions.

The female participants were further interviewed in a sub-survey on sexological matters.

The attendance rate was high (88%), and analyses regarding representativity show that the results may be generalized to 40-year-olds in the County of Copenhagen. In relation to all 40-year-olds in Denmark, however, reservations must be made due to the underrepresentation of agriculture and fishery.

In the separate papers I have gone into depth on the most frequent symptoms, the clinical findings, and the utilization of health services. The synopsis deals with the following questions:

1. *What are the most frequent health problems in the population?* Health was measured in three ways: Self-reported health, clinical tests, and health judged by a physician. Symptoms were very frequent in self-reported health; 48% reported abdominal symptoms, 44% complained of headache, 33% of fatigue, 22% of bronchitis, and 15% reported poor health in general. The most frequent clinical findings were overweight (21%) and elevated blood pressure (9%). According to the physician's judgement of health, 12% suffered from chronic somatic disease, and 13% suffered from psychiatric disorders, 42% were referred for medical check-up subsequent to the examination (36% for newly discovered conditions and 6% for known conditions). This high figure should be seen in conjunction with the extensive examination programme.

No one can say whether one or the other of these health measurements is the truth. Physicians tend to hold the opinion, that the medical, objective measurement of health is the truth. In my view, however, the various measurements of health should be considered as equally valid, since they are important to the functions at different levels of the health care system. Thus, self-reported health influences the demand for primary medical care and thereby decides the functions of the general practitioner. The physician's judgement of health influences the extent of derivative functions, such as diagnostic procedures in general practice or referrals to medical specialists or hospital. Therefore, one measurement can not be considered as more valid than the other.

2. *How do people act, when they have a health*

problem? Of the 40-year olds 55% had contacted the general practitioner because of illness at least once during the past one year. However, general practice is only utilized in 1/10–1/3 of the population's illness episodes, and self-care is practiced widely. Compared with men a higher proportion of the 40-year-old women had utilized health care services at all levels, with the exception of casualty department services.

3. *Who has poor health and why?* A significantly higher proportion of women reported symptoms and utilized health services in case of illness as well as prescribed drugs. On the other hand, a significantly higher proportion of men suffered from elevated blood pressure and overweight. No sex difference was found with regard to sick leave, nor in the health measurement based on the physician's judgement.

Recent Scandinavian population studies have found that poor health is related to the following social groups: Women compared with men; unskilled labourers compared with salaried employees; unmarried compared with married; persons with low schooling standard compared with persons of higher schooling, and low socio-economic status compared with higher socio-economic status.

Poor health was demonstrated more frequently in groups characterized by high tobacco and alcohol consumption and by a low degree of physical activity. In relation to social problems among the 40-year olds, poor health was more frequent in cases with social problems than in those without social problems.

4. *Which actions should be considered?* My conclusions are that a relationship has been demonstrated betweeen poor health and social conditions, social habits and social problems, but that the society only rarely seems to take any action as a consequence of these facts. I have, therefore, suggested several steps of action which may promote prevention within the social and health services. Experiments should be implemented and evaluated with regard to preventive measures: Collaboration within health services should be increased by changing the political/administrative structure; health education should include teaching in prevention and health pedagogics, and the sharp distinctions between different health professions should be mellowed; the medical education should be altered, so that the physician is made familiar with the three types of disease models and medical practices, which are characteristic of hospital medicine, general practice, and community medicine. Only then, the physician in any clinical setting will be able to choose deliberately the necessary course of action.

The journal congratulates the author of this thesis.

Ed.