

Research Article**Attitude and Practices of General Practitioners of Sub-Urban Area of Karachi in Lifestyle Counseling and Health Promotion**Mariam Fatima Ali¹, Atif Mahmood^{2*}¹Private General Practitioner²Assistant Professor, Department of Physiology, Bhitai Dental and Medical College, Mirpur Khas, Sindh***Corresponding author**

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Abstract: The objective of the study was to determine the attitude and practices of General Practitioners of sub-urban area of Karachi related to lifestyle counseling and health promotion. It was a cross-sectional study conducted using a survey questionnaire filled by General Practitioners working in Primary Healthcare clinics in Lyari-Korangi area of Karachi. Two hundred and ten GPs were eligible for the survey non-probability purposive sampling. The mean, standard deviation and ranges of all measurements were compared with the norms established by Steiner. All statistical evaluation was performed by SPSS 16 .0 version software, the student t-test were performed to compare the sample with Steiner means. Those GPs assigning a high priority level to preventive medicine also practiced lifestyle counseling and disease promotion more often. Most GPs said they were prepared to counsel patients regarding different lifestyle behaviors. A large percentage of GPs opined that their effectiveness to help patients modify their lifestyle behaviors would increase following professional training for lifestyle counseling and disease promotion. In conclusion, despite grave health statistics of the country, the GPs have a positive attitude about lifestyle counseling and health promotion. The decadent status of preventive practices and decreased morale related to their effectiveness in helping the population change risky lifestyle behaviors have to be supported by training and awareness campaigns of general public at massive scale to make healthcare environment conducive for such non-medication yet economic interventions.

Keywords: Health Promotion, Lifestyle Counseling, Primary Healthcare, General Practitioners, Sub-Urban Area

INTRODUCTION

Primary health care system is weakly developed and poorly functioning [1] most patients in Pakistan bypass primary care services and access services at secondary and tertiary care centers directly, the primary reason being the questionable quality of services offered at these centers [2]. Then, in the absence of any kind of health insurance, most patients pay out of their own pocket (Statistical annex. In: WHO report 2004) [3]. 70% of health care services are provided by the private health care sector; therefore it is important to explore the opinion of these GPs [4].

There is a high prevalence of the opinion that most GPs do not give enough priority or time for discussing lifestyle factors and their changes required in maintaining healthy living. There is wide-spread unmet need for health promotion counseling and promotional material provided by GPs [5].

General Practitioners (GPs) are ideally placed for health promotion and credible preventive advice to the general population in the form of early inquiry of

lifestyle of patients and provision of counseling and information about related risk factors [6]. Past research reports that, though GPs endorse lifestyle counseling as part of their role [7-9], they are also cautious about its effectiveness in achieving change in patient behavior [9] and have encountered difficulties in developing this approach in practice [7]. Their attitude and perception play a major role in their contribution towards provision of this vital service and is seen as a key factor through which the disease dynamics in Pakistan can be controlled.

The basic purpose of this study is to assess the level of priority given to health promotion and lifestyle counseling of patients by General Practitioners practicing in sub-urban areas of Karachi.

METHODOLOGY

A cross-sectional study was conducted among GP's of Landhi-Korangi areas of Karachi; Pakistan. The study was conducted from June 2014 to September 2014. The studied population comprised of the 2000 registered doctors in Landhi-Korangi areas of Karachi. One

hundred and eighty three sample sizes were calculated using Exact Test and sampling was done using the Non-Probability Purposive Sampling. General Practitioners of the area registered with PMDC were included in the study whereas Consultants or Specialists working in Landhi-Korangi area and Non-qualified health practitioners were excluded from the study.

Data collection tool

A survey was conducted using a questionnaire to understand the attitude and practices of general practitioners of sub-urban area of Karachi in health promotion and lifestyle counseling [10]. The questionnaire has been formulated by transforming result discussion of reference article into question statements. The disease priority tables have been tailored to include most prevalent diseases and health related lifestyle behaviors commonly found in Pakistani society. The studied variables included Demographics, health promotion, lifestyle behaviors and information inquiry.

All respondents will be fully informed through signing of consent from before being included in this study. Complete anonymity will be ensured of the respondents.

All statistical analysis was performed using SPSS 16.0. Descriptive statistics was obtained by calculating the mean and standard deviation of patients. p-value <0.05 was taken as significant.

RESULTS

Demographic Profile

Table 1: Demographic Profile

Gender	Male	152
	Female	58
Age (years)	25-35	86
	36-45	56
	46-55	54
	56 and above	14

The above table shows that

- Out of 210 GPs included in the survey, 152 are males and 58 females.
- 86 GPs were between 25-35 years age bracket, 56 were between 36-45 years, 54 were between 46-55 years of age and 14 were 56 years and above.

Current Practices in Preventive Medicine

Table 2: Preventive Medicine Practices

Consultation time (minutes)	Minimum	1
	Maximum	7
	Mean	1.95
	Standard Deviation	1.295
Time spent on Disease Prevention (minutes)	Minimum	5
	Maximum	15
	Mean	7.83
	Standard Deviation	1.295

This table depicts that out of a mean of 7.88 minutes of consultation time. The responding GPs admitted to practice preventive medicine for only 1.95 minutes.

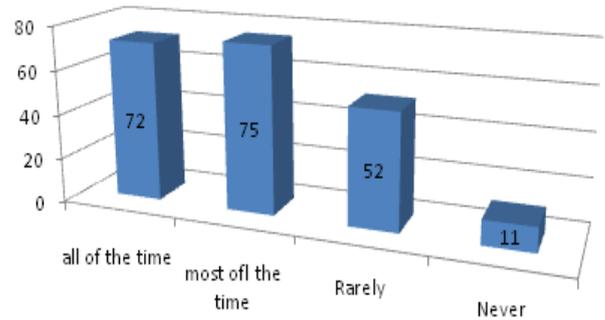


Fig. 1: Lifestyle advice during preventive check-ups

The above figure shows that when GPs were asked whether they offer lifestyle advice during preventive check-ups 72 said they did so “all of the time”, 75 said they did it “most of the time”, 52 reported doing it “rarely” while 11 answered they “never” do.

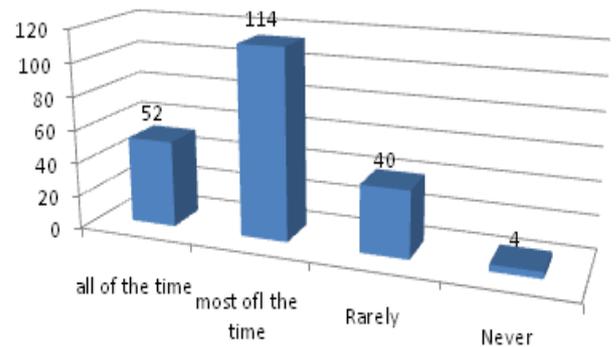


Fig. 2: Lifestyle advice during illness visits

This above figure shows that when GPs were asked if they advice about lifestyle during illness visits 52 answered “all the time”, 114 said “most of the time”, 40 reported to do so “rarely” while 4 said they “never” do so.

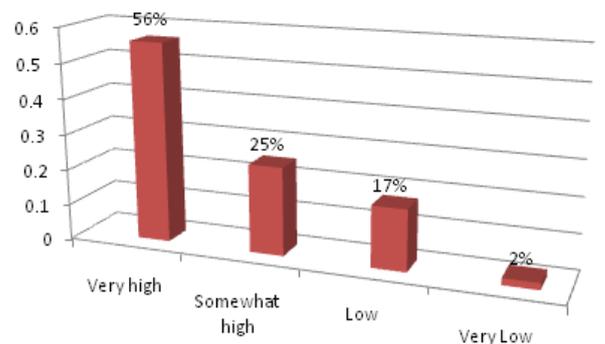


Fig. 3: Priority assigned to disease prevention

This figure reflects the priority GPs included in this survey place on disease prevention; 118 place it “very high”, 52 consider it “somewhat high”, 36 said they place it at “low” priority and 4 responded with a “very low” level. Cumulative percentage of “very high” and

“somewhat high” is 81%, so we fail to reject the null hypothesis for attitude of GPs for lifestyle counseling and health promotion.

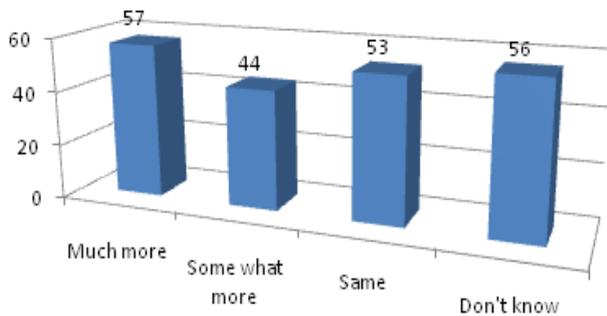


Fig. 4: Emphasis o disease prevention compared to other GPs

Above figure shows that 57 GPs said they emphasize on disease prevention “much more” than other GPs, 44 said “somewhat more” than others, 53 responded with “same” level of emphasis compared to others and 56 said they “don’t know”.

Relative Importance of Different Lifestyle Behaviours in Health Promotion

Table 3: Ratings of Life style behavior

Ratings of Lifestyle Behaviours	Percentage
Maintaining hands and food hygiene	95%
Not drinking un-boiled water	93%
Responsible use of prescription drugs	91%
Reducing stress in life	90%

Exercising regularly	90%
Avoiding excess calories	88%
Not smoking	86%
Avoiding excess salt intake	84%
Not using illicit drugs	81%
Avoiding excess sugar intake	76%

The above table shows the rating in order of importance of mentioned lifestyle behaviors by the GPs included in this survey.

Involvement in Lifestyle Counselling

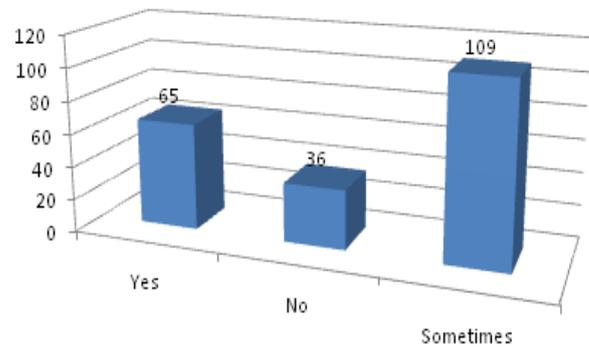


Fig. 5: Practice related to inquiring about lifestyle behaviors

The above figure depicts that 65 GPs admitted to inquiring about lifestyle behavior of patients, 36 do not inquire at all while 109 ask sometimes.

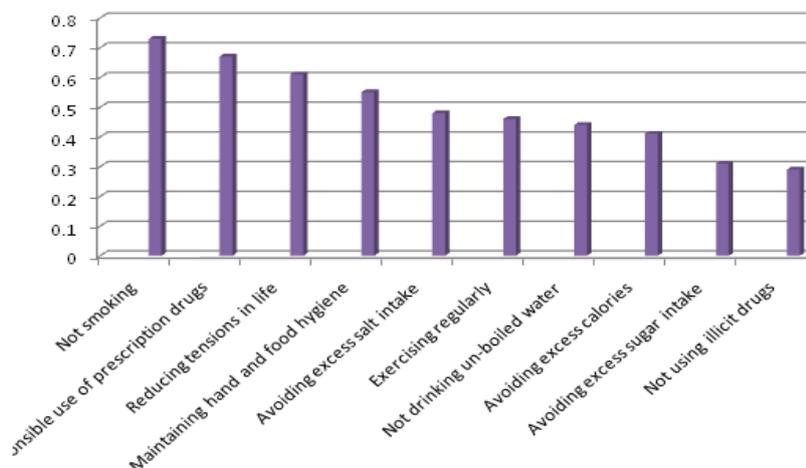


Figure 6: Discussion rating of Lifestyle Behaviors

The above figure shows the GPs’ order of preference of the mentioned lifestyle issues, for discussions with patients.

Effectiveness in Helping Patients Change Lifestyle Behaviour

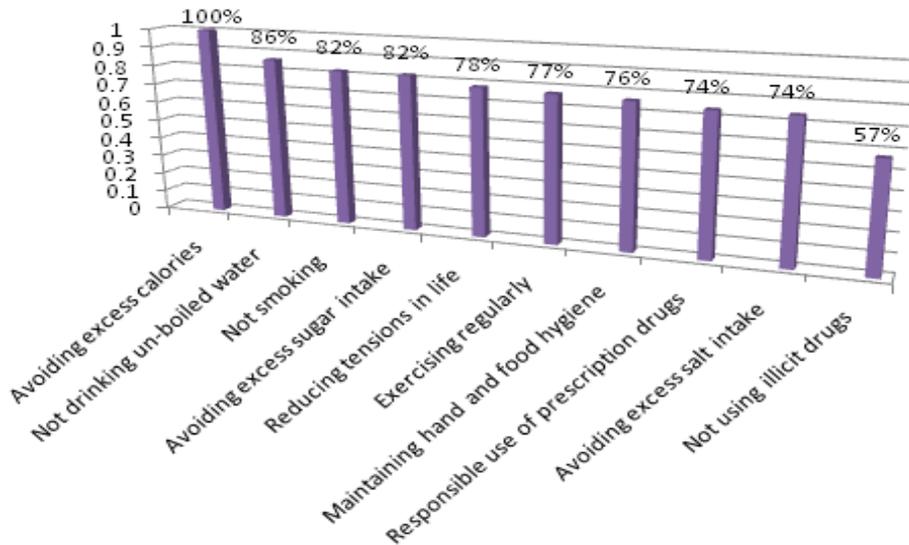


Fig. 7: Self-reported preparedness to impact change in lifestyle

The above figure shows the order of lifestyle issues in which the responding GPs in this survey feel they are “prepared” or “very prepared” to counsel their patients.

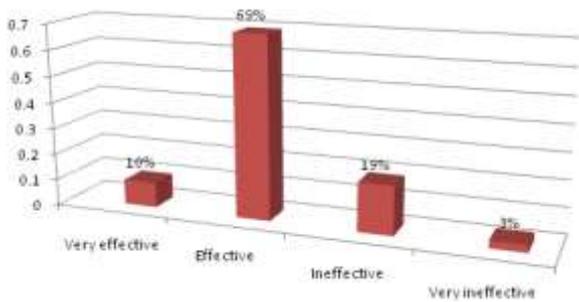


Fig. 8: Self-reported effectiveness of lifestyle counseling skills

The above figure shows that out of 210 GPs surveyed 10% said they were “very prepared”, 69% said they were “prepared”, 19% said they were “ineffective” and 3% reported they were “very ineffective” in helping patients change their lifestyle behaviors.

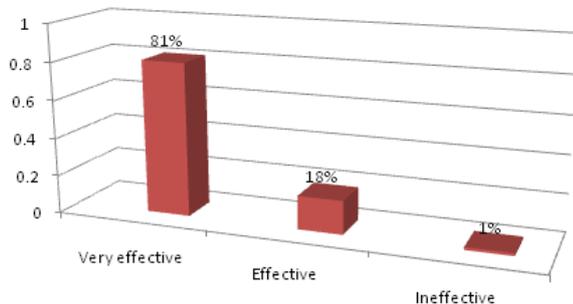


Fig. 9: Perceived increase in Effectiveness of lifestyle counseling

The above figure depicts GPs’ rating of their own effectiveness in helping patients change their lifestyle behaviors after receiving targeted information and

training in counseling techniques regarding the mentioned lifestyle behaviors.

Lifestyle Counseling and Health Promotion Practices

Table 4: Preventive Medicine Practices

Advice on lifestyle and disease prevention in preventive and clinical visits	Frequency		Percent
	Yes	52	24.76%
No	158	75.2%	

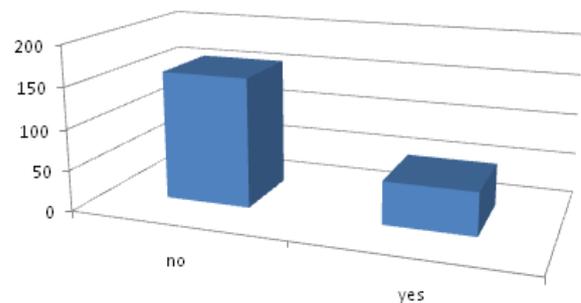


Fig. 100: Preventive Medicine Practices

The above table and figure shows that lifestyle counseling and health promotion practices are not equal to 79% thus we reject the null hypothesis related to practices of preventive medicine.

DISCUSSION

The General Practitioners included in this survey, exhibited a lower than optimal level of involvement in health promotion and lifestyle counseling as was seen in a previous study by M J Patel *et al.* in 2008 [11]. Significance was also found between priority level given to disease prevention and the practice of lifestyle

behavior discussion. GPs in this survey reported to invest only 1.95 minutes (SD=1.295) to preventive medicine out of an average of 7.83 minutes of consultation time.

Attitude towards disease prevention (through health promotion and lifestyle counseling) was reported to be positive as 81% of GPs placed disease prevention “very high” or “somewhat high” on their clinical priority list. But the actual practice was less than 79% (25%) reported engaging patients in lifestyle behavioral discussions [10]. This level is much lower than those reported in similar studies done in UK.

Maintaining hands and food hygiene, not drinking un-boiled water, responsible use of prescription drugs and reducing stress in life were thought to be the most important health-related issues, while not using illicit drugs and avoiding excess sugar were thought to be the least important.

Majority of GPs responded with “sometimes” when asked if they ask about lifestyle behaviors from their patients. This reflected older studies showing an inclination of GPs to discuss lifestyle behavior only when relevant to patient’s present complaints [12].

27% GPs reported that they do not know about preventive practices of other GPs in the area. This reflects disconnect within the healthcare practitioners weakening their impact as a group to bring about population level changes. Also this shows weak marketing strategy to be unaware of competitors’ practices in the very area of own business.

A significant finding was that 52% of GPs in this survey responded with “sometimes”, 31% said “no” and only 17% admitted “yes” when asked if they initiate lifestyle behaviour discussions with their patients. Time considerations, lack of relevance to the present reason for consultation and GPs’ concerns that patients were unlikely to follow advice have been identified as the most impacting barriers to preventive medicine practice. Time has been seen as an important factor for not undertaking more health promotion activity in a number of studies [10].

Social and environmental factors like knowledge and education and disposable income are some of many factors that WHO asserts are impacting health of a people [13]. The issues discussed most though, were not smoking [12], responsible use of prescription drugs, reduction of stress in life, maintaining hands and food hygiene, avoiding excess salt intake and exercising regularly and the least discussed were found to be not using illicit drugs, avoiding excess sugar intake, avoiding excess calories and not drinking un-boiled water.

A large percentage of GPs in our survey reported to be prepared to discuss and help patients change the listed risky lifestyle behaviors but first of all, they did not have a population approach to such a discussion [12-14], and therefore are not likely to affect health on population level [13]. Very few GPs were confident about their effectiveness in being the agent of change of risky lifestyle behaviors for their patients [10, 12, 13]. Though this percentage steeply increased when asked about effect or training in lifestyle counseling skills undertaken.

CONCLUSION

Despite grave health statistics of the country, the GPs have a positive attitude about lifestyle counseling and health promotion. The decadent status of preventive practices and decreased morale related to their effectiveness in helping the population change risky lifestyle behaviors have to be supported by training and awareness campaigns of general public at massive scale to make healthcare environment conducive for such non-medication yet economic interventions

Limitations

A longitudinal study and a larger sample of GP practices all over Pakistan including rural and sub-urban areas will further explore the said topic. Reasons of not applying preventive medicine at primary healthcare level can be explored in depth by qualitative research involving detailed interviews.

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