

Editorial

Tony Townsend has been a general practitioner for 30 years. Although he has dabbled in medical politics, medical ethics, community-based teaching, university-based teaching, quality improvement and assessment, his passion remains clinical general practice. He is currently a full-time general practitioner in Whangamata.



Chronic disease management

We are on the brink of a chronic illness epidemic. There are likely to be several reasons for this; including our ability to better manage chronic illnesses with a consequent decrease in mortality and increase in morbidity, an absolute increase in the incidence of certain chronic illnesses and earlier and more comprehensive recognition of chronic illnesses; but the most important driver of the epidemic is an absolute increase in the proportion of people in the older age group.

Even now, seven out of 10 encounters in general practice are for chronic illness.¹ We can expect this to increase. By 2051, 1.33 million people (one in four New Zealanders) will be aged 65 years and over, compared with 490 000 people (12% of the population) in 2004. The largest growth in the over 65-year-olds will occur between 2011 and 2037 as the baby boomers (born in

the years 1946–1965) move into this age group. From 2039, the 65 years and over age group will make up about one-quarter of all New Zealanders.²

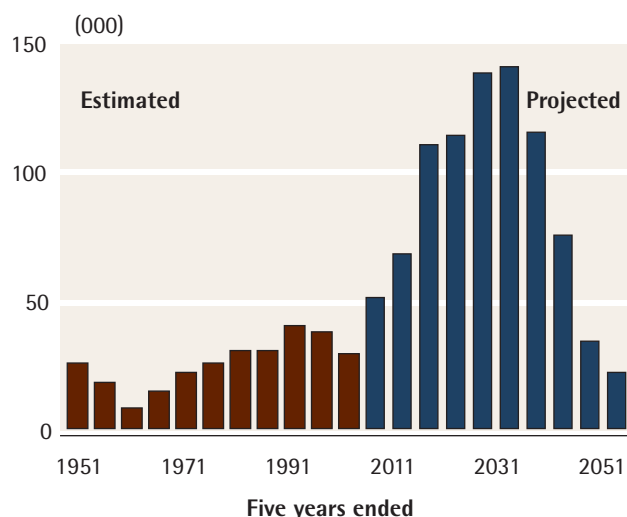
In the United States, 62% of 50–64-year-olds reported they had at least one of six chronic conditions (hypertension, high cholesterol, arthritis, diabetes, heart disease and cancer). Of Americans 65 and older, 80% have at least one chronic disease that requires ongoing care and management. It is reasonable to assume that the figures will not be too different for New Zealand. Moreover, as the baby boomers age, the number with multiple chronic conditions is expected to grow from about 10% today to around 60% by 2030.³

A study by Jennifer Wolff and co-authors on the prevalence of multiple chronic conditions in the elderly, found that ‘after age and sex were controlled for, individuals with four or more chronic conditions were 99 times more likely to have incurred a hospitalization that could have been prevented with appropriate primary care. Hospitalizations for conditions that could be preventable with adequate ambulatory care are widely thought to be a sensitive indicator of adequate primary care.’⁴ This presents us with a major challenge.

John Wellingham, in the first of our theme papers, has written an excellent introduction to the management of chronic illness in general practice and what we need to do to address the challenge that this presents. Our other theme authors describe various initiatives that have been undertaken in general practice in New Zealand to more effectively manage this large and growing group of primary care patients. It will be apparent that collaboration is the key and that all of us in primary care will need to work together to improve the health of the people in our communities.

We have made a start but there is a long way to go.

Figure 1. Change in population aged 65+ years; 1951–2051, series 5⁵



References

1. Veale BM. Meeting the challenge of chronic illness in general practice. *MJA* 2003; 179(5):247–249.
2. Statistics New Zealand. Available from: <http://www.stats.govt.nz/store/2006/07/national-population-projections-04%28base%29-51-hotp.htm?page=para003Master>
3. When I'm 64. How boomers will change health care. American Hospitals Association. <http://www.aha.org/aha/content/2007/pdf/070508-boomerreport.pdf>
4. Wolff JL, Starfield B, Anderson G. Prevalence, expenditures, and complications of multiple chronic conditions in the elderly. *Arch Intern Med*. 2002; 162:2269–2276.