

Epidemiological profile of patients visiting private family medicine clinic in Kathmandu, Nepal

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ABSTRACT

Introduction: There are a lot of evidences supporting the important role of Family Physician/General Practitioner in the prevention of illness and death. In Nepal, Family Physicians are mostly limited to the Emergency Departments in the urban settings. The concept of Family Physician led primary care in urban setting is not known to most of the patient population. This study was conducted to know about the epidemiological profile of those patients visiting a family medicine clinic.

Method: An observational, cross-sectional, quantitative study was conducted in a Family Physician lead primary care clinic in urban Nepal. All the patients attending the clinic for consultation from July 2023 to October 2023 were included in the study. Semi-structured questionnaire was used for the data collection. Data was then entered in MS EXCEL and analysis was done using Statistical Packages for Social Sciences (SPSS) version 16.

Result: Total of 195 patients attended the clinic. The mean age of the patients was 46.01 ± 15.285 years. 52% of them were males whereas 48% were females. 12 out of 195 came for medical certificate and 183 of them came for consultation. Diabetes mellitus, Hypothyroidism and general health checkup were the top three reasons for consultation. Only six patients were from outside Kathmandu Valley. Majority of the patient population were from 31 – 40 age group.

Conclusion: Average of two to three patients attended the clinic per day. There was equal male female distribution. Majority of the patients were from bread earners age group. Family physicians can have significant effect on the preventive and promotive aspect of health care and continued care for chronic diseases.

Keywords: family physician, general practitioner, Nepal, urban

DOI: <https://doi.org/10.59284/jgpeman240>

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INTRODUCTION

There are a lot of evidences supporting the important role of Family Physician/General Practitioner in the prevention of illness and death. General Practitioners are also associated with equitable distribution of health within and across population.¹ Family Physicians/General Practitioners are adding potential value in rural Nepal through provision of a wide range of clinical services like lifesaving emergency operations, comprehensive care of patients of all age groups, etc. And non-clinical services like being involved in NGOs and INGOs, working in the public health sectors, etc.²

However, Family Medicine/General Practice graduates are mostly limited to the Emergency Departments in the urban settings in Nepal.³ Family medicine clinic or General Practice Clinic in urban settings in Nepal is in the early stage of its growth, one of the possible reason can be most of them work being rural practitioners leading district hospitals in rural setting and as emergency physicians in urban Nepal. Other possible reason can be in the policy and preference of the patients to visit sub-specialty for consultation.³

The concept of General Practitioner/Family Physician lead primary care in urban setting is not known to most of the patient population. This study was conducted to know about the epidemiological profile of those patients visiting a family medicine clinic. This study will help and motivate young and upcoming family physicians to work in the urban settings in the family medicine clinic and the policy makers to determine care delivery system in Nepal.

METHOD

An observational study was conducted in a Family Physician lead primary care clinic "Tesla Diagnostic Clinic" located in Baluwatar, Kathmandu, Nepal. Availability of Family Physician for consultation was at evening time only. Non-probability purposive sampling technique was used to include all the patients attending the clinic for consultation with the Family Physician from July 2023 to October 2023. Patients who did not give consent were excluded. Regarding minors, consent was taken from the parents. Semi-structured questionnaire was used for the data collection.

Socio-demographic variables such as age, sex, address and purpose of visit were collected. Data was then entered in MS EXCEL version 14.0.0 and analysis was done using Statistical Packages for Social Sciences (SPSS) version 16.

RESULT

Total of 195 patients attended the family medicine clinic during study duration. Minimum age of the patient presenting to the clinic was 11years while maximum was 84 years. The mean age of the patients was 46.01±15.285 years.

As shown in the figure 1, there was almost equal male female distribution among the patients.

Majority of the patients were from 30 – 50 years age group. Figure 2 shows the age-group distribution.

Most of the patients attending the clinic were from Kathmandu Valley except for 6 patients who were from outside Kathmandu Valley. Almost equal male and female patient's presence was found in age group distribution.

Twelve out of the 195 patients came for medical certificate for different purpose, remaining 183 patients came for consultation. Most of them presented for consultation and medication optimization of diabetes mellitus followed by hypothyroidism. Figure 4 shows the reason for consultation.

DISCUSSION

Our study showed the mean age of 46.01±15.285 years. A study done in western Nepal to know the socio-demographic status of patients showed maximum number of patients fall in the younger age group.⁴ 47.6% of the patients were in the age group of 30 to 50 years. This group of patients is the bread earners of the family. Similar types of findings were noted in the study done at Lumbini, Nepal.⁵ Another study conducted in Western Nepal concluded the age group of 15 – 25 years for the highest number of patients.⁶

In our study there was almost equal male female distribution among the total number of patients. 101 (52%) patients were male whereas 94 (48%) were females. However, study conducted in various parts of Nepal concluded female predominance in the outpatient departments of the hospitals with almost 53 – 60% of them was female.^(4,5)

The total number of patients visiting the family medicine clinic during the study period was 195. This will account for 2 – 3 patients per day. In one study conducted in a General Practitioner run hospital in rural Nepal, during the study period of one year, there were total of 20136 outpatient visits. This will account for 55-60 patients per.

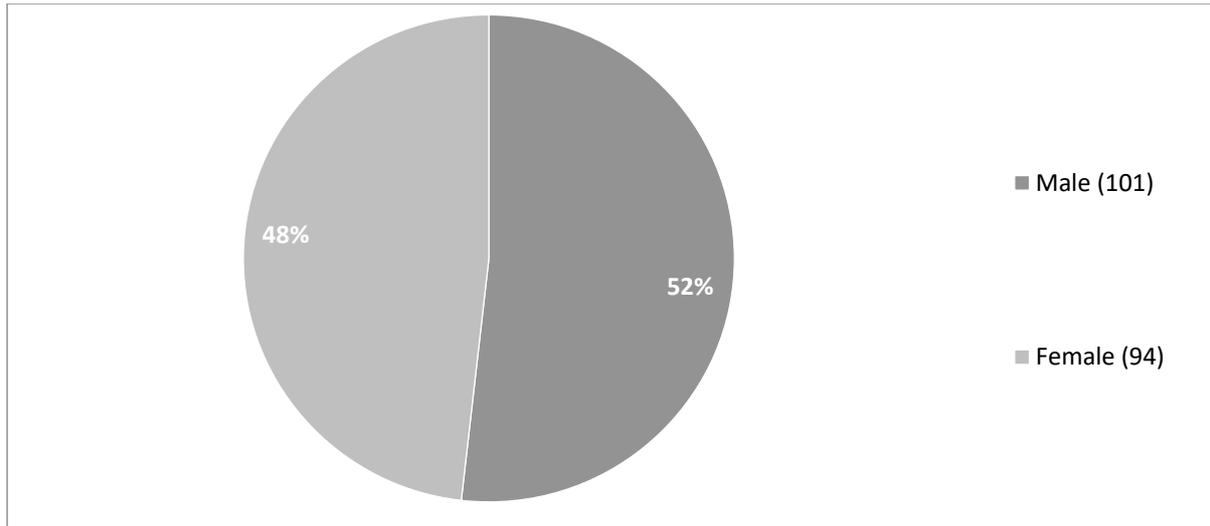


Figure 1. Pie chart showing male-female distribution, N=195

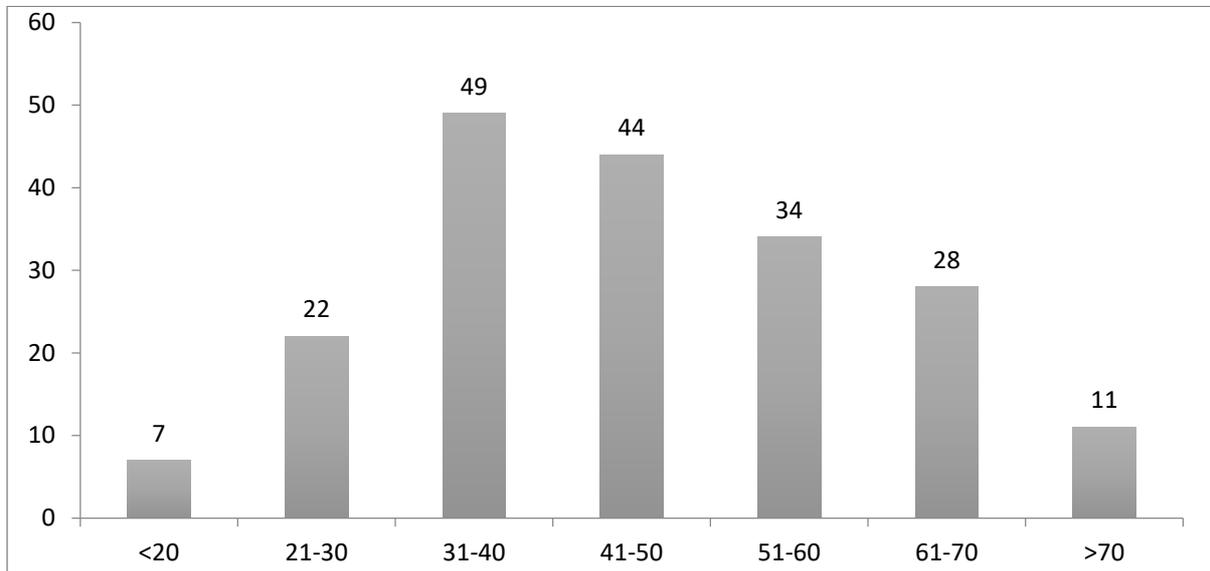


Figure 2. Diagram showing age-group distribution of the patients

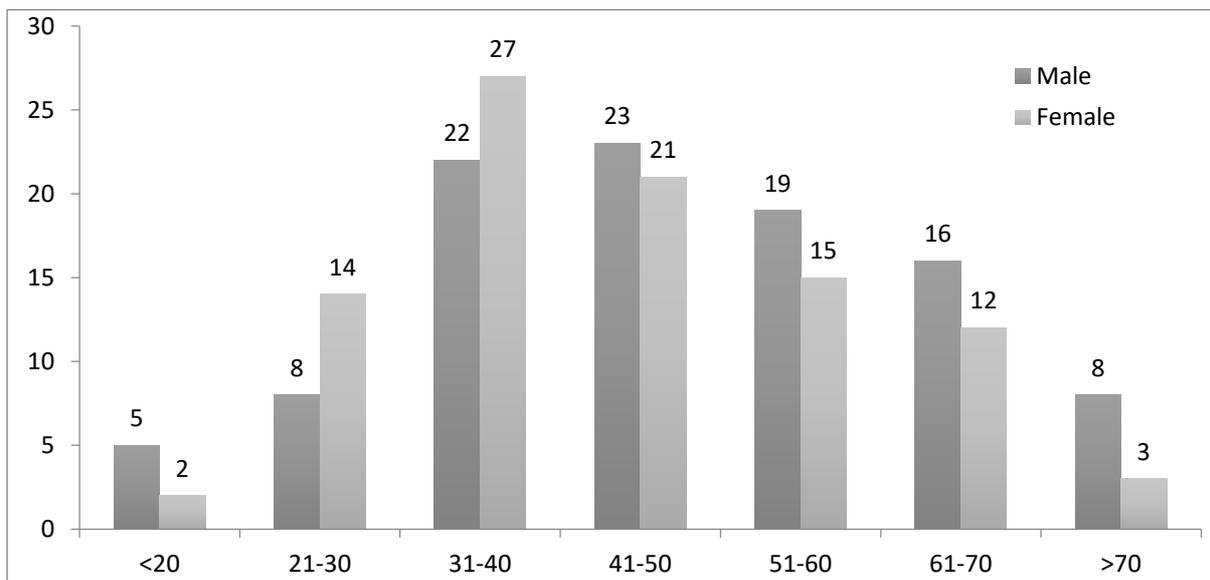


Figure 3. Diagram showing sex and age group distribution

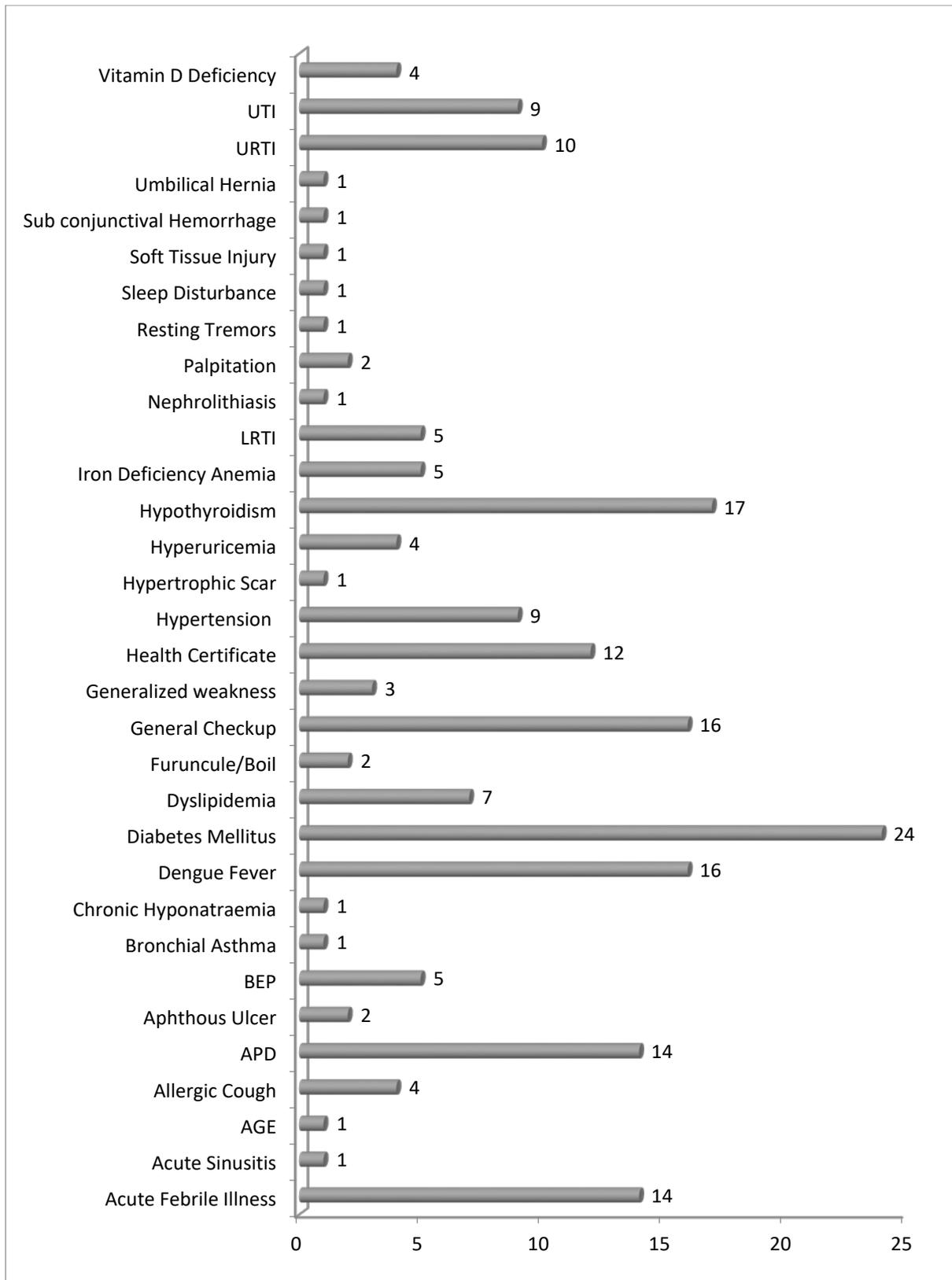


Figure 4. Bar diagram-showing reason for consultation, N=195

day.⁷ In some of the rural hospitals of Nepal, the GPs/Family Physicians are the only available consultant doctor who can provide expert opinion in many of the health related issues and problems. However, the number of consultant doctors in the

urban areas is not limited, though not adequate. Moreover, the number of patients in our study could have been affected by the major festivals of Nepal, Dashain and Tihar, which were celebrated within the study duration

More than 90% of the patients came for consultation due to various medical issues whereas 6.15% of the patients came for medical certificate. Family physicians can be the point of contact for these types of medical certificates. Only 3% of the patients were from outside Kathmandu Valley. There was almost equal distribution among the acute and chronic cases. The top three reasons for visit was diabetes mellitus, hypothyroidism and general health check up. However, in one of the systematic review the top three reasons were Hypertension, Upper Respiratory Tract Infection and Depression/Anxiety.⁸ Preventive and promotive aspects of health can be emphasized by the family physicians since significant number of patients visit for general health check up. Moreover, chronic diseases require continued care and also shared decision-making has a significant impact in patient care. Family physicians can be one of the focal point for the continued care.^{9,10}

Few limitations were identified in the current study. Availability of the consultant was one of the major limitation, consultations were done only at the evening time, which could be one of the major confounding factors and could affect the total number of the patients. Only the number of demographic data was analyzed in the study. Future researches including the comorbidities and outcome of the patients are needed. Scientific literature regarding urban family medicine practices in Nepal is very limited. Multicenter cohort studies of the patients presenting to the family medicine clinics with full time availability of consultants for consultation would provide further insights in this topic.

CONCLUSION

Average of two to three patients attended the family medicine clinic in urban Nepal. Male female distribution is almost similar and majority of the patients are bread earners, 30 – 50 years. The top three reasons for visit were diabetes mellitus, hypothyroidism and general health checkup. Apart from consultation for day-to-day clinical and medical issues, family physicians can also be one of the points of contact for issuing medical certificate. Family physicians can have significant effect on the preventive and promotive aspect of health care and continued care for chronic diseases.

Acknowledgement

We would like to thank all the staffs of the Tesla Diagnostic Clinic, Baluwatar, Nepal who helped during data collection period.

Conflict of Interests

None

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