Divisions of General Practice - Self Reported Health Risk Factors

FINDINGS IN BRIEF

- The prevalence of overweight was statistically significantly higher in the Yorke Peninsula and Mid North Rural SA Divisions of General Practice.
- The prevalence of obesity was statistically significantly higher in the Adelaide Northern, Flinders and Far North, Limestone Coast, Riverland and Yorke Peninsula Divisions of General Practice.
- The proportion of respondents classified as physically inactive was statistically significantly higher in the Flinders and Far North, Mid North Rural SA, Murray Mallee and Yorke Peninsula Divisions of General Practice.

INTRODUCTION

This brief report provides a summary of key epidemiological information on the prevalence of health risk factors for respondents 16 years and over by Divisions of General Practice.

METHODS

The data in this report were obtained from the South Australian Monitoring and Surveillance System (SAMSS) dataset for July 2002 to December 2004 for respondents aged 16 years and over (n=13127). This system aims to provide representative, timely and relevant population data on the South Australian community. The questions in SAMSS are related to the priority health areas and main indicators pertinent to Department of Health policies.

SAMSS collects data at the population level, and each month approximately 600 people are interviewed. The interviews are conducted using the CATI (Computer-Assisted Telephone Interviewing) system. All households in South Australia with a telephone number listed in the Electronic White Pages are eligible for selection in the sample. Within each household, the person who last had their birthday is selected for interview. There are no replacements for non-contactable persons. For further information on SAMSS methodology consult the SAMSS methodology brief report or SAMSS methodology technical paper series.

RESULTS

**High blood pressure:**
The overall prevalence of current blood pressure in SA is 18.0% (95% CI 17.1-18.8). The prevalence of current high blood pressure was statistically significantly higher in the Yorke Peninsula (28.7%; 95% CI 21.4-36.9) Division of General Practice, and statistically significantly lower in the Barossa (13.2%; 95% CI 9.2-18.3) Division of General Practice.

**High cholesterol:**
The overall prevalence of current high cholesterol in SA is 14.0% (95% CI 13.3-14.8). There were no statistically significant differences in the prevalence of high cholesterol by Divisions of General Practice.

**Smoking Status:**
The overall prevalence of current smoking in SA is 19.7% (95% CI 19.0 - 20.4). The prevalence of current smokers was statistically significantly greater than overall in South Australia in the Adelaide Northern (24.6%; 95% CI 22.5-26.8), Adelaide Western (21.5%; 95% CI 19.6-23.6), Flinders and Far North (29.1%; 95% CI 22.7-37.0), and Murray Mallee (31.0%; 95% CI 26.0-36.7) Divisions of General Practice. The prevalence of current smokers was statistically significantly lower in the Adelaide Central and Eastern (15.5%; 95% CI 14.0-17.2), and Adelaide Southern (17.5%; 95% CI 16.2-18.8) Divisions of General Practice.

**Fruit and Vegetable Consumption:**
The NHMRC Dietary Guidelines for Australian adults recommend that adult males and females consume at least 5 serves of vegetables and 2 serves of fruit every day.

The overall prevalence of people consuming less than 5 serves of vegetables per day in SA is 92.3% (95% CI 91.8-92.7). The prevalence of respondents 16 years and over consuming less than the recommended daily intake of 5 serves of vegetables per day was statistically significantly higher than SA overall in the Adelaide Northern Division of General Practice (93.7%; 95% CI 92.4-94.9) and statistically significantly lower in the Mid North Rural Division of General Practice (87.5%; 95% CI 83.4-90.5).

The overall prevalence of people consuming less than 2 serves of fruit per day in SA is 59.6% (95% CI 58.7-60.4). The prevalence of respondents 16 years and over consuming less than the recommended daily intake of 2 serves of fruit per day was statistically significantly higher in the Adelaide Northern (65.6%; 95% CI 63.2-68.0), Eyre Peninsula (70.3%; 95% CI 65.7-74.6), Murray Mallee (70.5%; 95% CI 65.0-75.5) and Riverland (68.2; 95% CI 65.5-73.3) Divisions of General Practice. Respondents were statistically significantly less likely to consume less than 2 serves of fruit per day in the Adelaide Central and Eastern (54.7%; 95% CI 52.5-56.9), and Adelaide Western (56.4%; 95% CI 54.0-58.9) Divisions of General Practice.
Insufficient Physical Activity:
For this report insufficient physical activity is defined as “the completion of none or some but less than 150 minutes in total of walking, moderate or vigorous activity (when vigorous activity is weighted by a factor of two) and/or less than five separate sessions in the past week.” The overall prevalence of insufficient physical activity in SA is 61.0% (95% CI 60.0-62.1). A statistically significantly higher proportion of respondents undertook an insufficient amount of physical activity in the Flinders and Far North (77.0%; 95% CI 67.0-84.4), Mid North Rural SA (69.8%; 95% CI 62.9-75.5), Murray Mallee (72.9%; 95% CI 66.1-79.1), and Yorke Peninsula (69.1%; 95% CI 60.6-76.4) Divisions of General Practice. A statistically significantly lower proportion of respondents undertook an insufficient amount of physical activity in the Adelaide Central and Eastern (57.6%; 95% CI 54.9-60.4), and Adelaide undertook an insufficient amount of physical activity in the Adelaide Peninsula (69.1%; 95% CI 60.6-76.4) Divisions of General Practice.

Body Mass Index (BMI):
Table 1 shows the body mass index (BMI) of respondents aged 16 years and over by Divisions of General Practice.

The overall prevalence of overweight in SA is 36.0% (95% CI 35.1-36.8) and obesity 18.5% % (95% CI 17.9-19.2).

Table 1: Body Mass Index by the Divisions of General Practice, age 16 years and over

<table>
<thead>
<tr>
<th>Division of General Practice</th>
<th>Overweight</th>
<th>% (95% CI)</th>
<th>Obese</th>
<th>% (95% CI)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adelaide Central and Eastern</td>
<td>32.6</td>
<td>(30.5-34.8)</td>
<td>14.2</td>
<td>(12.7-15.8)</td>
</tr>
<tr>
<td>Adelaide Northern</td>
<td>33.3</td>
<td>(30.9-35.9)</td>
<td>23.9</td>
<td>(21.7-26.3)</td>
</tr>
<tr>
<td>Adelaide North East</td>
<td>37.6</td>
<td>(34.9-40.2)</td>
<td>15.6</td>
<td>(13.7-17.7)</td>
</tr>
<tr>
<td>Adelaide Southern</td>
<td>37.1</td>
<td>(35.3-38.8)</td>
<td>17.3</td>
<td>(15.9-18.7)</td>
</tr>
<tr>
<td>Adelaide Western</td>
<td>34.9</td>
<td>(32.5-37.3)</td>
<td>17.8</td>
<td>(15.9-19.8)</td>
</tr>
<tr>
<td>Adelaide Hills</td>
<td>34.5</td>
<td>(30.4-38.9)</td>
<td>17.4</td>
<td>(14.3-21.1)</td>
</tr>
<tr>
<td>Barossa</td>
<td>39.6</td>
<td>(34.3-45.0)</td>
<td>12.9</td>
<td>(9.6-17.1)</td>
</tr>
<tr>
<td>Yorke Peninsula</td>
<td>39.6</td>
<td>(34.7-44.5)</td>
<td>22.1</td>
<td>(18.1-26.5)</td>
</tr>
<tr>
<td>Flinders and Far North</td>
<td>32.6</td>
<td>(25.2-40.2)</td>
<td>31.8</td>
<td>(24.6-39.6)</td>
</tr>
<tr>
<td>Limestone Coast</td>
<td>38.4</td>
<td>(34.1-42.7)</td>
<td>23.9</td>
<td>(20.3-27.9)</td>
</tr>
<tr>
<td>Mid North Rural SA</td>
<td>41.9</td>
<td>(36.7-47.5)</td>
<td>18.8</td>
<td>(14.8-23.4)</td>
</tr>
<tr>
<td>Murray Mallee</td>
<td>37.3</td>
<td>(31.7-43.6)</td>
<td>23.0</td>
<td>(18.0-28.4)</td>
</tr>
<tr>
<td>Riverland</td>
<td>38.7</td>
<td>(32.7-44.5)</td>
<td>28.0</td>
<td>(22.7-33.6)</td>
</tr>
<tr>
<td>Yorke Peninsula</td>
<td>44.1</td>
<td>(36.8-51.3)</td>
<td>24.7</td>
<td>(19.0-31.8)</td>
</tr>
<tr>
<td>Overall SA</td>
<td>36.0</td>
<td>(35.1-36.8)</td>
<td>18.5</td>
<td>(17.8-19.2)</td>
</tr>
</tbody>
</table>

Statistically significantly higher or lower (p<0.05) than other categories combined

Short-term alcohol risk:
The calculations for risk of harm from alcohol in the short term were made based on an Australian Standard Drink and according to the NH&MRC guidelines. The overall prevalence in SA of those at risk of harm in the short term from alcohol is 29.4% (95% CI 28.6-30.2). Respondents were statistically significantly at a higher risk of harm from alcohol in the short term in the Adelaide Central and Eastern (34.4%; 95% CI 32.3-36.5), Adelaide Southern (31.2%; 95% CI 29.6-32.8), Eyre Peninsula (35.5%; 95% CI 31.0-40.3), Flinders and Far North (37.5%; 95% CI 30.4-45.6), and Riverland (39.0%; 95% CI 33.4-44.7) Divisions of General Practice. Respondents were at a statistically significantly lower risk of harm from alcohol in the short term in the Adelaide Northern (24.0%; 95% CI 21.9-26.2), Adelaide North East (24.9%; 95% CI 22.7-27.2), Adelaide Western (25.8%; 95% CI 23.7-28.0), and Adelaide Hills (25.5%; 95% CI 22.0-29.4) Divisions of General Practice.

Long-term alcohol risk:
The calculations for risk of harm from alcohol in the long term were made based on an Australian Standard Drink and according to the NH&MRC guidelines. The overall prevalence in SA of those at risk of harm in the long term from alcohol is 4.0% (95% CI 3.7-4.4). Respondents were statistically significantly at greater risk of harm from alcohol in the long term in the Adelaide Southern (4.9%; 95% CI 4.2-5.8), and Eyre Peninsula (7.2%; 95% CI 5.1-10.4) Divisions of General Practice. Respondents were statistically significantly at lower risk of harm from alcohol in the long term in the Adelaide Northern (3.1%; 95% CI 2.3-4.1), and Adelaide North Eastern (2.8%; 95% CI 2.0-3.8) Divisions of General Practice.

REFERENCES

INFORMATION
For further results from the survey, please visit the Population Research and Outcome Studies Unit web site at: http://www.dh.sa.gov.au/pehs/PROS.html