

IATROGENIC DISEASE IN GENERAL PRACTICE

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Introduction

The definition of iatrogenic disease applied during this survey was that of Cluff et al. "Any adverse reaction to medication undesired or unintended by the physician." Iatrogenic disease may affect the doctor/patient relationship, often leading the doctor to feel guilty or the patient to become aggressive. This survey attempts to estimate the prevalence of iatrogenic disease in general practice and draws attention to the effects on the doctor/patient relationship.

Methodology

The survey was conducted over a period of 3 months amongst several general practitioners. A criterion was established in that any consultation that resulted as a direct result of iatrogenic disease was considered as an iatrogenic consultation. The total number of consultations amounted to 6.543. Using the aforementioned criterion, 129 consultations were deemed eligible for this survey. Investigations regarding sex, age and the precipitating causes of iatrogenic disease were carried out for each consultation.

Results

The total number of consultations during the survey was 129. Some of these were accounted for by repeated consultations by the same person for iatrogenic disease.

Sex

In general consultations are divided equally between the two sexes. However in iatrogenic consultations females outnumbered males in the ratio of 2 to 1 (Fig. 1). The contraceptive pill accounted for 14% of these iatrogenic consultations by females.

Age

When the patients were divided into age groups, high figures were obtained for the first year of age and for the middle years. Approximately 80% of the iatrogenic consultations of the first year were due to antibiotics. From 1 year of age till 10 years, there is a low sensitivity of the patients (Fig. 2).

Sex Ratio of Iatrogenic Consultations

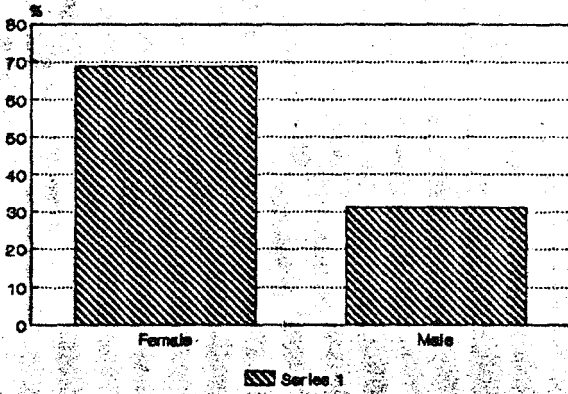


Fig 1

Incidence of Iatrogenic Disease in Developmental Age Groups

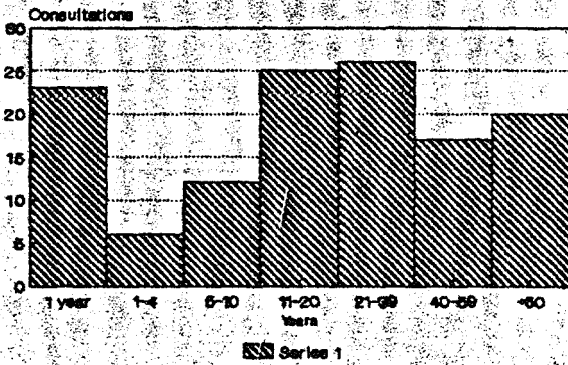
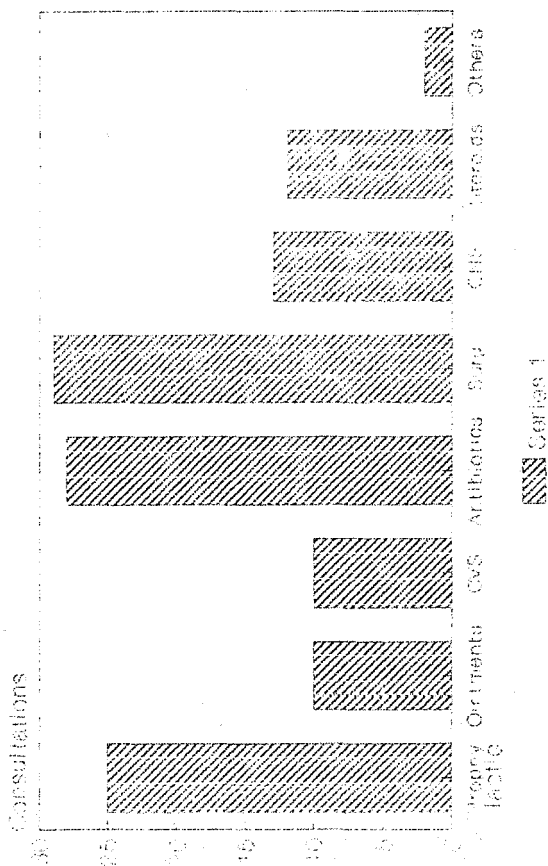


Fig 2

Prevalence of Inorganic Fluoride in Treatment Groups



Types of Treatment

Prophylaxis - These account for 25 consultations of which 18 were related to the contraceptive pill. Four cases were reported in the under 20 years age group. These resulted in irregular menstrual bleeding. The remaining 14 cases were reported in the over 20 years age group. These resulted in weight gain, irregular menstrual bleeding, headaches and a case of vaginal discharge.

A further 6 patients were diagnosed as having reactions to triple immunization (5) and a case to cholera vaccination reaction.

Local Applications - Ten iatrogenic consultations resulted from the ill effects of local applications. A variety of applications were incriminated including local antibiotics (3), iodoform derivatives (2), Elastoplast (2) and unidentified ointments (3).

CNS Therapy - Thirteen iatrogenic consultations were related to drugs affecting the Central Nervous System. On 6 occasions the cause was due to tricyclic anti-depressants. These resulted in dizziness, dry mouth, difficulty in micturition and photosensitivity. The remaining cases were due to addiction to tranquillizers (diazepam). However, in most cases this was not severe.

Antibiotics

Antibiotics	Gastro-intestinal Disorders	Candida	Sensitivity Eruption
Ampicillin	2	6	3
Co-trimoxazole	0	1	3
Tetracyclines	6	1	2
Penicillin	0	0	2
Erythromycin	1	1	0

Surgery - This resulted in 29 consultations by patients after having had an operation. The patients were anxious over aesthetic reasons, namely keloid scars.

Cardiovascular Therapy - There were 10 consultations related to this therapy. A case was related to over-dosage of Digoxin. Two consultations were the results of severe headache after taking glyceryl trinitrate. The rest of the cases were related to ill effects of thiazide diuretics namely hypokalaemia.

Corticosteroids - There were 12 cases of iatrogenic disease but involving only 3 persons. Two suffered from osteoporosis while the other had unacceptable facial changes together with Hypertension.

Others - There were 2 cases of limb fractures which were not properly aligned and resulted in joint pain.

Discussion

The total number of iatrogenic disease consultations was of 129. The majority of these are classified in 3 groups, namely contraceptive pill users, antibiotics and keloid scars. Prevention is better than cure but in many instances little can be done, such as advising against the oral contraceptive pill. However when sensitivity reactions occur in patients, these could be issued as plastic, coloured cards that list this reaction with others if any. This card would then be produced whenever the patient consults a strange/new doctor or the pharmacist. The role of the pharmacist is important so as to ask for this card when the patient asks for an OTC drug. The pharmacist can also prevent many instances of iatrogenic disease. These may be by advising on antibiotics, sedatives and corticosteroids. The greatest effect of iatrogenic disease is on the doctor/patient relationship. Many times the patient is aggressive and resents the "experimenting on him" procedure. However, the contrary is sometimes true, where the patient is happy on how the doctor cured "his rash". The doctor on the other hand may develop a guilty complex or sometimes label the patient as "neurotic". In both cases this may affect adversely the doctor's judgement. Thus when the doctor is faced by a suspicious patient he may be hesitant in giving the right prescription. Also the patient might hesitate in taking the medicine when he remembers the previous "rash".

References

Cluff, L.E., Thornton, G.F. and Seidi, L.G. Journal of the American Medical Association 1964; 188: 976.