

# Correlates of the use of urgent care (UC) and quality of life in patients with 4 long-term physical conditions (CHD, asthma, diabetes and/or COPD).

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## BACKGROUND

In our systematic review (submitted for publication) we found that depression increased the use of urgent or unscheduled care (UC) by 50%, and anxiety increased it by 30% in patients with long-term conditions (LTCs).

### AIM

To assess the relationship between psychosocial factors and i) the use of Urgent Care and ii) quality of life in patients with long-term physical illnesses.

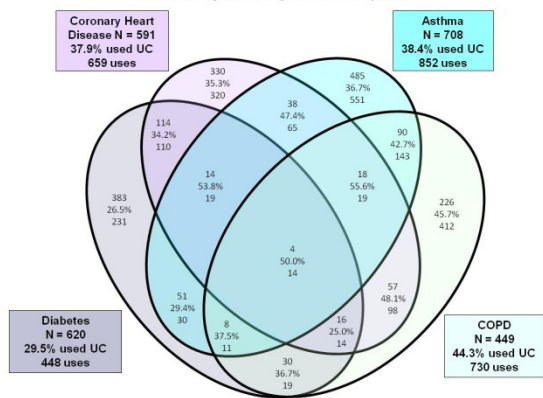
## SAMPLE & ASSESSMENTS

Primary care patients with a GP diagnosis of any of the following: CHD, asthma, diabetes and/or COPD. Assessment by questionnaire included age, gender, marital status, education, employment status, distance from home to nearest hospital, recent adverse life events, Hospital Anxiety and Depression Scale (HADS), UC and quality of life (SF-12 and Euroqol thermometer for health today). Logistic regression analyses were carried out to determine correlates of UC and multiple regression for correlates of quality of life.

## RESULTS

Completed questionnaires from 1864 patients (28% response), with considerable overlap of LTCs: 380 respondents (20%) had 2 diagnoses, 56 had 3 and 4 had all 4. 664 respondents (36%) said they had used UC in the last year, 22% more than once, and 14% more than twice. These 14% of patients accounted for 72% of the total uses. Quality of life was poor on both physical (mean=36.2, sd=12.2) and mental scales (mean=43.1, sd=13.0) of SF-12.

Venn diagram for diagnoses for 1864 patients



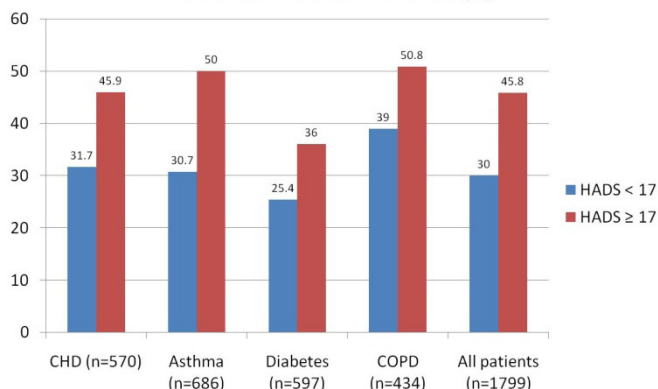
The sections of the ellipses contain i) number of patients ii) % who used UC last year and iii) total uses of UC last year.

## UNIVARIATE ANALYSES

Patients with high levels of anxiety/depression were significantly more likely to have used UC in the last year (odds ratio=2.0, 95% CI 1.6 to 2.4). Diabetes patients were significantly less likely and COPD patients significantly more likely to use UC than the other 2 diagnoses.

Other factors significantly associated with UC were being female, widowed, separated or divorced, not working due to ill health, living closer to the nearest hospital, and having other physical illnesses such as cancer, stomach or bowel problems or arthritis/joint problems, and recent adverse life events. Age was not significantly associated with UC.

Use of UC in the last 12 months (%)



## LOGISTIC REGRESSION ANALYSES for UC

Independent variable	Odds Ratio	95% CI	Sig
HADS total ≥ 17	1.41	1.12,1.77	0.003
Number of adverse life events in the past 6 months	1.14	1.06,1.23	<0.001
COPD	1.48	1.14,1.92	0.003
Cancer	2.14	1.34,3.43	0.002
Stomach/bowel problems	1.36	1.03,1.79	0.031
Arthritis	1.30	1.04,1.62	0.020
Distance from hospital	0.92	0.85,1.00	0.037

The remaining variables were not significant in multivariate analysis.

## MULTIPLE LINEAR REGRESSION ANALYSES FOR SF-12 PHYSICAL SCORE AND EUROQOL.

All the variables mentioned above were significant independent correlates of SF-12 physical score. Age, not working, COPD, stomach/bowel problems, arthritis, high HADS and life events were significant independent correlates of Euroqol thermometer. HADS total score ≥ 17 reduces SF-12 physical score by 5.7 points and Euroqol thermometer score by 18.6 (both p<0.001), after accounting for other variables.

## CONCLUSION

High levels of anxiety/depression (HADS≥17), more physical illnesses and recent life events, particularly financial crises, are all significant independent correlates of the recent use of unscheduled care. High anxiety/depression increases the use of UC by 41% , and decreases quality of life by 5.7 points on SF-12 and 18.6 points on Euroqol after accounting for other factors.

## FUTURE PLANS

1 year follow up questionnaires are currently being processed. 80% of the respondents agreed to researchers examining their medical notes. Data on severity of physical illness and health care use including UC is currently being collected for these patients.

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