HIGHLIGHTS

Barriers to primary care for patients with chronic conditions

Access to primary care is a critical first step in managing chronic conditions, such as diabetes, hypertension and heart disease, and is associated with better outcomes. The authors of this study used a survey to look at which barriers may impede access to primary care for adults with chronic conditions who live in the western Canadian provinces.

Of the 2316 people who were approached to participate, 1849 (79.8%) completed the survey. The authors found that although most respondents (95.1%) had a regular family doctor, those who were obese and younger than 65 years were less likely to have a regular physician. Two-thirds did not have access to appointments outside regular office hours (Table 1). About one-third of those who had used an emergency department for at least one chronic condition in the prior year thought their last visit could have been avoided if their regular provider had been available. Most respondents (87.3%) were interested in seeing a nurse practitioner if their primary care physician was unavailable, although only 6% indicated that allied health professionals were involved in their care.

The authors concluded that there were opportunities for greater involvement by allied health professionals in the care of patients with chronic conditions — in the office of the primary care physician or through greater use of nurse practitioners — that could help to address identified service gaps such as lack of after-hours access. ***CMAJ Open* 2014;2:E27-34**

Table 1: Access to and use of primary care resources

Primary care resource	Total, % (95% CI)*
Have a regular medical doctor	
Yes	95.1 (93.2–97.1)
Frequency of care by the same physician or nurse	
Always	78.0 (74.5–81.5)
Availability of after-hours access to primary care physician	
Yes	31.9 (27.9–36.0)
Other health professionals (e.g., nurse practitioners, nutritionists) in the primary care physician's office	
Yes	24.2 (20.9–27.4)
Other professionals involved in care in past 12 mo	
Yes	6.1 (4.6–7.6)
Willing to see a nurse practitioner if primary care physician not available	
Yes	87.3 (84.7–90.0)

Note: CI = confidence interval.
*All proportions and 95% confidence intervals are weighted and bootstrapped as per Statistics Canada guidelines. All items were based on self-reported data.

Predicting the future: obesity in Canada

In Canada, the prevalence of obesity began to increase steadily in the 1980s, with a disproportionate increase in excessive weight categories from 1985 to 2011. The authors looked at national and provincial trends in obesity over the past three decades and predicted the prevalence of adult obesity up to 2019.

The authors found that the prevalence of adult obesity in Canada increased from 6.1% to 18.3% between 1985 and 2011. The prevalence of obesity in classes I (Figure 1), II and III increased from 5.1% to 13.1%, from 0.8% to 3.6%, and from 0.3% to 1.6%, respectively. Lower prevalence rates of obesity were observed in the west and higher rates in the east.

The authors predict that, by 2019, the prevalence of obesity in classes I, II and III will increase to 14.8%, 4.4% and 2.0%, respectively. With the prevalence of normal-weight people in Canada steadily decreasing, half of the provinces will have more overweight or obese adults than normal-weight adults by 2019. The study was limited by the use of self-reported heights and weights for the calculation of body mass index. ***CMAJ Open* 2014;2:E18-26**

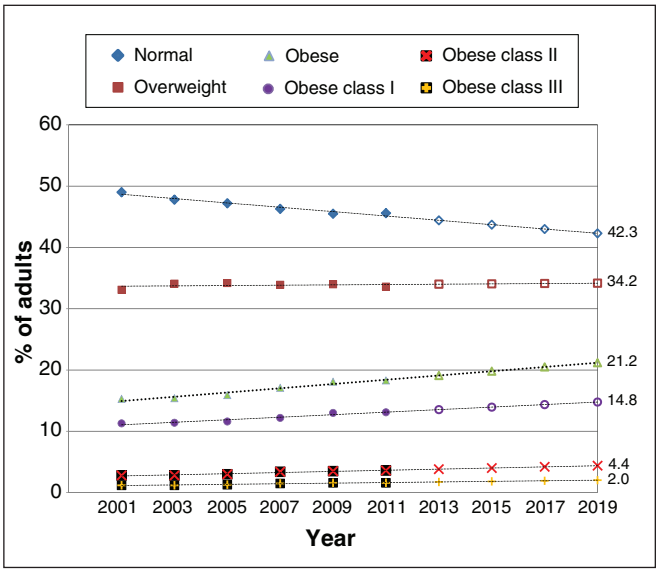

Figure 1: Predictions of prevalence of adult obesity in Canada, from 2013 to 2019, by weight category: normal (BMI 18.5–24.9), overweight (BMI 25.0–29.9), obese (BMI ≥ 30.0), obese class I (BMI 30.0–34.9), obese class II (BMI 35.0–39.9) and obese class III (BMI ≥ 40.0). BMI = body mass index.

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