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İstanbul'da Bir Aile Hekimliği Polikliniğine Bir Yıl İçinde Başvuran Hasta Sayısı, Konulan Tanılar ve Hasta Profillerinin Değerlendirilmesi

Assessment of Related Diagnosis, Patient Profile and Number of Patient Who Applied to a Family Practice in a Year in Istanbul

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ÖZ

Amaç: Bu çalışmada aile hekimliği polikliniğine 1 yıl içinde başvuran hasta sayısı, konulan tanıların dağılımı ve hasta profillerini değerlendirme amaçlandı.

Materyal ve Metot: 01.01.2017-01.01.2018 tarihleri arasında İstanbul Fatih 34.20.021 No'lu Aile Hekimliği polikliniğine başvuran 6180 hastanın Aile Hekimliği Bilgi Sistemi poliklinik defterindeki muayene kayıtlarından verileri alınarak retrospektif olarak değerlendirildiği kesitsel tanımlayıcı bir çalışmadır. Hasta başvuru sayısı, yaş, cinsiyet, konulan tanılar, reçete ve rapor yazılma verileri elde edildi. Verilen tarih aralığı dışındaki muayene kayıtları çalışma dışı bırakıldı. İstatistiksel analizler için Number Cruncher Statistical System 2007 programı kullanıldı. Anlamlılık en az $p<0,05$ düzeyinde değerlendirildi.

Bulgular: Polikliniğine başvuran %60,8'i (n=3756) kadın, %39,2'si (n=2424) erkek olmak üzere toplam 6180 hasta ile gerçekleştirilmiştir. En çok gözlenen 5 tanı incelendiğinde; %22,1 (n=1146) akut üst solunum yolu enfeksiyonu, %13,4 (n=695) esansiyel hipertansiyon, %6,8 (n=352) diyabetes mellitüs , %6,3 (n=328) miyalji ve %4,7 (n=245) gastro-özofajial reflü hastalığı saptanmıştır.

Sonuç: Hastalar birinci basamaktaki aile hekimliği polikliniklerine daha çok muayene olma ve ilaç yazdırma işlemleri için başvurmaktadırlar.

Anahtar Kelimeler: Aile hekimliği, birinci basamak, hasta profili, tanı

ABSTRACT

Objective: In this study, we aimed to evaluate the number of patients, the distribution of the diagnoses and the patient profiles who applied to the family medicine outpatient clinic within 1 year.

Materials and Methods: This study is a cross-sectional descriptive study of 6180 patients who applied to the Family Medicine Outpatient Clinic 34.20.021 between 01.01.2017-01.01.2018 by taking the data from the examination records in Family Medicine Information System polyclinic book. The number of patient applications, age, gender, diagnoses, prescription and report writing were obtained. Examination records other than the given date range were excluded from the study. For statistical analysis, Number Cruncher Statistical System 2007 program was used. Significance was evaluated at least $p<0.05$.

Results: 60.8% (n = 3756) of the women and 39.2% (n = 2424) were male with a total of 6180 who were admitted to the outpatient clinic were performed. When the five most common diagnoses were examined; 22.1% (n = 1146) acute upper respiratory tract infection, 13.4% (n = 695) essential hypertension, 6.8% (n = 352) diabetes mellitus, 6.3% (n = 328) myalgia and in 4.7% (n = 245) Gastro-esophageal reflux disease was detected.

Conclusion: The patients are applying for more examination and drug printing in family medicine polyclinics in primary care.

Keywords: Diagnosis, family practice, patient profile, primary care

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INTRODUCTION

Health services are organized as first, second and third places. The primary health care system integrated with preventive health services is central to this organization.[1,2] The planning of primary health care services by the beginning citizen-centric Health Transformation Program in 2003 in Turkey and the supply of people in the presentation, and demand began to be taken into account expectations and its own educational content, research, evidence base and clinical practice with family practice medical disciplines of primary health care in our country has

become an important component in the execution of its services.[3,4]

Health system constitutes the first level of family medicine in Turkey are executed by a combination of preventive medicine and treatment for people with their health care.[5,6] Family health centers serving with more than one family medicine unit perform the diagnosis and treatment of 95% of the patients, who are the first point of contact for all individuals without separating young, old and child. Where necessary, they are referred to secondary and tertiary health care institutions, as well as providing personal protective health services.[7,8]

Problems such as fighting against chronic diseases, multimorbidity, multiple drug use and aging society are the most challenging problems facing health systems today. In this sense, family medicine is the most effective system to offer a holistic, comprehensive and continuous health service by considering personal requirements.[9,10] For all these reasons, it is important to know the diagnostic distributions and patient profiles of the patients who applied to the first step. In this study, we aimed to evaluate the number of patients who applied to the family medicine outpatient clinic within 1 year, the distribution of the diagnoses and the patient profiles.

MATERIALS AND METHODS

This study is a cross-sectional descriptive study of 6180 patients who applied to the Family Medicine Outpatient Clinic 34.20.021 between 01.01.2017-01.01.2018 by taking the data from the examination records in Family Medicine Information System (FMIS) polyclinic book. This study started after the approval of the Istanbul Provincial Directorate of Health (Date:09.10.2018 and Decision no: 16867222 -604.01.01).

***Data Collection Tools**:* The number of patient applications, age, gender, diagnoses, prescription and report writing were obtained. Examination records other than the given date range were excluded from the study.

***Statistical analysis**:* NCSS (Number Cruncher Statistical System) 2007 (Kaysville, Utah, USA) program was used. Descriptive statistical methods (Mean, Standard Deviation, Median, Frequency, Ratio, Minimum, and Maximum) were used to evaluate the study data. Pearson's Chi-Square test and Fisher's exact test were used to compare categorical data. Significance was evaluated at least p <0.05.

RESULTS

The study was conducted with a total of 6180 patients (3756 women and 2424 men) who applied to the Family Medicine Policlinic between the dates of 01.01.2017-01.01.2018 with the approval of Istanbul Provincial Health Directorate.

The distribution of demographic characteristics is given in table 1. The age of the female patients ranged from 0.04 to 99 years, with a mean of 44.91 ± 24.53 years; the age of the male patients ranged from 0.01 to 91.8 years, with an average of 42.71 ± 27.25 years. The age level of female patients was found to be significantly higher than that of males (p = 0.001).

When the transactions are examined; 6.8% (n = 420) of the disease report, 2.6% (n = 162) of the administrative report (marriage, driver's license, military service and other reasons), 0.5% (n = 28) of the drug the report is given; It was observed that 7.1% (n = 439) had general health examination and 6.4% (n = 397) had laboratory examination. 83.3% (n = 5149) of the patients were given medication, and 8.3% (n = 512) of the patients were asked to be examined. The rate of referral was 0.2% (n = 15). It is summarized in table 2.

162 people have prepared administrative reports.The distribution for this is shown in figure 1.

When the five most common diagnoses were examined; 22.1% (n = 1146) acute upper respiratory tract infection, 13.4% (n = 695) essential hypertension, 6.8% (n = 352) diabetes mellitus, 6.3% (n = 328) myalgia and Gastro-esophageal reflux disease was found in 4.7% (n = 245).

There was a statistically significant difference between the patient types according to their age (p = 0.001) The proportion of patients who were 65 years of age or older in the definitive patient group were lower than those who were 18 years old and older, 19-45 years old, and 46-64 years old. The proportion of patients who were 65 years of age and older were significantly higher than those aged 18 years and under, who were 19-45 years old and 46-64 years old. The evaluation of the diagnosis is given in table 3.

When the 10 most common diagnoses based on age levels are evaluated: A statistically significant difference was found between acute upper respiratory tract infection rates according to age (p <0.01). The rate of acute upper respiratory tract infection in pa-

tients aged 18 and below; 19-45 years old, 46-64 years old, higher than 65 years old and over. The rate of acute upper respiratory tract infection in patients aged 19-45 years; 46-64 years old, higher than 65 years old and over. The rate of acute upper respiratory tract infection was found to be higher in patients older than 65 years and older in patients aged 46-64 years.

A statistically significant difference was found between essential hypertension rates according to age ($p < 0.01$). Essential hypertension rate in patients older than 65 years of age; it was higher in patients 18 years and under, 19-45 years old and 46-64 years old. Essential hypertension rate in patients with age 46-64; It was higher in patients 18 years and under than in 19-45 years old.

A statistically significant difference was found between diabetic and other diagnostic rates according to age ($p < 0.01$). The rate in patients with age 46-64; it was higher in patients 18 years and under, 19-45 years old, 65 years and older. The rate in patients aged 65 years or older; It was higher in patients 18 years and under than in 19-45 years old. Diabetic patients who were 19-45 years old were found to have higher rates of diagnosis than those aged 18 years or older.

There was a statistically significant difference between myalgia rates according to age ($p < 0.01$). Myalgia rate in patients aged 65 years or older; It was higher in patients 18 years and under than in 19-45 years old. Myalgia rate in patients with age 46-64; It was higher in patients 18 years and under than in 19-45 years old. The rate of myalgia was found to be higher in patients who were 19-45 years old compared to those aged 18 years or older.

Statistically significant difference was found between gastro-esophageal reflux disease rates according to age ($p < 0.01$). The rate in patients with age 46 -64; It was higher in patients 18 years and under than in 19-45 years old. The rate in patients aged 65 and over was found to be higher than the patients aged 18 and under. The rate of gastro-esophageal reflux disease was higher in patients aged 19-45 years.

There was a statistically significant difference between acute lower respiratory tract infection rates according to age ($p < 0.01$). The rate of acute lower respiratory tract infection in patients under 18 years of age; 19-45 years old, 46-64 years old, higher than 65 years old and over. The rate of acute lower respiratory tract infection in patients aged 19-45 years; 46 -64 years old, higher than 65 years old and over. The rate of acute lower respiratory tract infection was found to be higher in patients aged 46-64 than in patients aged 65 years and older.

There was a statistically significant difference between anxiety levels and other diagnostic rates according to age ($p < 0.01$). The rate in patients under 18 years of age; 19-45 years old, 46-64 years old, lower than 65 years old and over.

There was no statistically significant difference between age and dermatitis and other diagnosis rates ($p > 0.05$).

There was a statistically significant difference between age and vitamin D deficiency rates ($p < 0.01$). Vitamin D deficiency rate in patients with age 19-45; It was higher in patients 18 years and under than 65 years and older. The rate of vitamin D deficiency was found to be higher in patients older than 46-64 years old and older than 18 years of age and older.

There was a statistically significant difference in iron deficiency anemia rates according to age ($p < 0.01$). The rate in patients aged 19-45 years; It was found to be higher in patients 18 years of age and older, 46-64 years old, 65 years and older. The rate of patients aged 46-64 years was found to be higher than those at age 18 years and below, 65 years and older.

No statistically significant difference was found between the patient types according to gender distribution ($p > 0.05$). Table 4 shows the diagnostic evaluation by gender.

When the 10 most common diagnoses according to gender are evaluated: Acute upper respiratory tract infection rate was found to be significantly higher in males than females ($p = 0.005$).

No statistically significant difference was found between essential hypertension rates according to gender ($p > 0.05$).

The rate of diabetes mellitus in males and females were significantly higher than the females ($p = 0.001$).

The rate of myalgia was significantly higher in women than men ($p = 0.001$).

There was no statistically significant difference between the rates of gastro-esophageal reflux disease according to gender ($p > 0.05$).

The rate of acute lower respiratory tract infection was found to be significantly higher in males than in females ($p = 0.048$).

There was no statistically significant difference between dermatitis and other diagnostic rates according to gender (p> 0.05).

The rate of vitamin D deficiency was significantly higher in women than men (p = 0.012).

The rate of iron deficiency anemia was significantly higher in females than males (p = 0.001).

There was no statistically significant difference between the rates of receiving drug usage report according to gender (p> 0.05)

62.4% (n = 10) of the women who received the drug use report received the other diagnosis of essential HT, 18.8% (n = 3) HT and 18.8% (n = 3) hyperlipidemia. 45.5% (n = 5) of the male patients who received the drug usage report received the diagnosis of essential HT, 45.5% (n = 5) DM and 9.0% (n = 1) hyperlipidemia, mixed. No statistically significant difference was found between the diagnostic distributions according to gender (p> 0.05).

DISCUSSION AND CONCLUSION

Family Medicine with a specialty in Turkey in 1983 entered the Medical Specialization Regulation the duration of education was determined as 3 years. [11] In addition to maternal and child health, vaccination and other preventive medicine services, the Family Medicine Specialist has a wide range of tasks including child, adult and elderly outpatient examinations, chronic disease monitoring and drug use reports. [12-15]

When the national and international studies are examined, it is seen that women apply to primary health care institutions more than men, and this study (60.8%) is consistent with the literature.[16-18]

When the average age of the patients was examined according to the gender in the studies, the mean age of the women was found to be higher than that of the men and a similar result was obtained in this study (p <0.01). [16,17,19-21] The reason for this is that I think that the older women have more chronic diseases than men and that they apply to the primary health care facilities for chronic disease follow-up and reported medication printing and laboratory tests.

When the procedures performed in this study were examined, it was observed that 0.5% (n = 28) of the patients were given drug reports. Compared with the study conducted by Küçükerdem et al.[19] in a family medicine outpatient clinic in a tertiary health care facility, the percentage of drug reporting (3.2%) was found to be higher and the percentage of prescribing was lower. The reason for this is that the patients do the procedures such as the drug report in the outpatient clinics of the 2nd and 3rd level health institutions and apply to the primary care family medicine for more examinations and printing of drugs.

United States (US) and family medicine data are analyzed in Turkey, hypertension was the most frequent diagnosis, and acute upper respiratory tract infections was observed to take place most often placed in the top five diagnoses. [22] In the study of Ünalan and his friend [22]; upper respiratory tract infections (19%), hypertension (14.3%) and dyslipidemia (9.8%), while Yılmaz and his friend [23] reported that they had upper respiratory tract infections (30.8%), hypertension (14.3%) and dorsalgia (5.7%). In this study, findings consistent with the literature were obtained and the most common diagnosis was upper respiratory tract infection. In this study, when the common diagnoses according to gender were examined; Acute upper and lower respiratory infections and diabetes mellitus were higher in males than females. In women; myalgia, anxiety disorder, vitamin d deficiency and iron deficiency anemia were statistically higher than men. Taşkıran et al. [24] also found that women were significantly higher in vitamin D deficiencies than men in the southeastern region. In this study, I think that vitamin D deficiency is more common in women than men, because the number of conservative and head-covered patients in Fatih district is higher and therefore, insufficient contact with sunlight is provided. The environment where this study was conducted was a place where the female population of the housewives was high and iron deficiency anemia was found to be higher in females than males due to the higher consumption of meat in the working environment of the males. The deterioration of respiratory epithelial integrity by an environmental factor such as cigarette smoke causes many respiratory system diseases. [25] As this region is a region where the smoking percentage is higher in men, I think that the base and the army are more common in men.

In the study of Yılmaz et al.[23], iron deficiency anemia was found to be more common in females than in males. In contrast to this study, hypertension, b12 deficiency anemia and osteoporosis were more common in females than males. In this study, acute upper and lower respiratory tract infections, vitamin D deficiency and iron deficiency anemia between the ages of 19-45, diabetes mellitus between 46-64 years, gastroesophageal reflux essential hypertension and myalgia were significantly higher than other age groups. These results were not taken into consideration for repeated applications and only the number of examinations were taken into consideration. Children under 8 years

of age were not included in this group, as they were not included in the examination record during follow-up and vaccination. In our study, it was observed that chronic diseases above 45 years of age increased and muscle and joint pain frequency increased over 65 years of age. In a study conducted by Küçükerdem et al. [19] in 799 patients in İzmir, myalgia was found to be more frequent in patients over 65 years of age. In contrast, gastric complaints such as gastro-esophageal reflux disease were present in patients aged 19-45 years. higher than the others. In another study performed by Özer et al.[26] with 1188 patients aged 18-80 years in the city center of Konya, a positive correlation was found between age and gastro-esophageal reflux, and it was observed that the frequency of reflux increased with age. I think this is due to the differences in the number of patients in the study area and age groups.

As a result; The number and the patient profiles of the family medicine outpatient clinics in the Family Health Center and the patient profiles, frequency of diagnosis and procedures applied to the family medicine outpatient clinics in the 2nd and 3rd level health institutions vary. Patients apply to the primary health care outpatient clinics for examination and drug printing. Ensuring that the procedures such as chronic disease follow-up and drug report writing are carried out in family health centers, decreases the number of applications to 2nd level health institutions and provides more effective primary health care services.

Ethics : This study started after the approval of the Istanbul Provincial Directorate of Health (Date:09.10.2018 and Decision no:16867222-604.01.01)

Conflict of Interest: No conflict of interest was declared by the authors.

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REFERENCES

1. WHO. Declaration of Alma-Ata. International Conference on Primary Health Care: Alma-Ata, 6-12 September 1978. https://www.who.int/publications/almaata_declaration_en.pdf. Erişim tarihi:28/02/2016.
2. Saltman RB, Rico A, Boerma WGW. Primary Care in the Driver's Seat? Organisational Reform in European Primary Care. European Observatory on Health Systems and Policies. England: Open University Press;2006.
3. Türkiye Sağlıkta Dönüşüm Programı Değerlendirme Raporu (2003-2010). Available from: http://ekutuphane.tusak.gov.tr/kitaplar/turkiye_saglikta_donusum_programi_degerlendirme_raporu_(2003_2011).pdf. Erişim tarihi: 28/02/2016.
4. WONCA Avrupa 2005 Aile Hekimliği Avrupa Tanımı Türkçe çevirisi. Başak O. Saatçi E. (Eds). Türkiye Aile Hekimliği Uzmanlık Derneği Yayınları no: 4. 2011. Available from: http://www.tahud.org.tr/medya/ kitaplar/aile-hekimligi-avrupa-tanimi-tam-metin/9/ Erişim tarihi:28/02/2016.
5. Güler Ç, Akın L. Halk Sağlığı Temel Bilgiler. Cilt III. Ankara: Hacettepe Yayınları; 2012.
6. Fişek N. Halk Sağlığına Giriş. Ankara: Hacettepe Üniversitesi Toplum Hekimliği Enstitüsü Yayını; 1985.
7. Başer AD, Kahveci R, Koc EM, Kasım İ, Şencan İ, Ozkara A. Etkin Sağlık Sistemleri İçin Güçlü Birinci Basamak. Ankara Med J. 2015;15:26-31.
8. Şensoy N, Başak O, Gemalmaz A. Umurlu Aile Hekimliği Merkezi'nde Aile Hekimliği Uygulaması ve Hasta Profili. Aile Hekimliği Alan Eğitimi Gereksinimini Ne Ölçüde Karşılıyor? Kocatepe Tıp Dergisi. 2009;10:45-56.
9. 9. Akman M. Türkiye'de birinci basamağın gücü. Türkiye Aile Hekimliği Dergisi. 2014;18(2):70-78.
10. Yalman F, Bayat M, Çatı K. Aile Hekimliği Uygulamasının Hekimlerin Sunmuş Olduğu Hizmetlerin Kalitesine Etkisi: Düzce Örneği. AİBÜ Sosyal Bilimler Enstitüsü Dergisi. 2015;15(1):23-50.
11. Ungan M, Ceyhun AG. Bir Tıp Disiplini Olarak Aile Hekimliği. RNA Aile Hek Derg. 2006;1 (1):6-15.
12. Dikici M F, Kartal M, Alptekin S, Çubukçu M, Ayanoğlu A S, Yarış F. Aile Hekimliğinde Kav-

ramlar, Görev Tanımı ve Disiplininin Tarihçesi. Türkiye Klinikleri J Med Sci. 2007;27:412-418.
13. Atadağ Y, Aydın A, Kaya D, Köşker H D, Başak F, Uçak S. Aile hekimliği uygulamasıyla üçüncü basamak sağlık kuruluşuna başvuru sebeplerinde olan değişiklikler. Türkiye Aile Hekimliği Dergisi. 2016;20:4.
14. Kara İ H, Günvar T, Sunay D, Başak O. Aile Hekimliği Uygulama Eğitimi:Nerede, Ne Kadar, Nasıl ve Ne Zaman ? Konuralp Tıp Dergisi. 2016;8(1):65-71.
15. Kosku N, Yıldırım A, Oskay YG. Aile hekimliği modeli olarak kurum hekimliği. IV. Ulusal Aile Hekimliği Kongresi Özet Kitabı. İstanbul, 14-17 Ekim 1999; 30.
16. Doğan Aygül E. Ankara Numune Eğitim ve Araştırma Hastanesi Aile Hekimliği Polikliniğine Başvuran Hastaların Profili: Başvuruların Retrospektif Değerlendirilmesi, (Uzmanlık Tezi). Ankara, Türkiye. 2015.
17. Ertürk NT, Sut N, Sipahioğlu F. Cerrahpaşa Tıp Fakultesi Aile Hekimliği Polikliniğine Başvuran Hastaların 3 Yıllık Profili. Cerrahpaşa J Med. 2004;35:115-21.
18. Heywood PL, Blackie GC, Cameron IH, Dowell AC. An assessment of the attributes of frequent attenders to general practice. Fam Pract. 1998;15:198-204.
19. Küçükerdem H S, Arslan M, Koç E M, Can H. İzmir'de Bir Üçüncü Basamak Hastanesinde Aile Hekimliği Polikliniği Hasta Profilinin Retrospektif Değerlendirilmesi. JAREM. 2017;7:112-6.
20. Buğdaycı R, Şaşmaz T, Kurt A.Ö, Saatçi E, Tezcan H, Yıldırm F. Kent merkezinde bulunan bir sağlık ocağına 2000 yılı içinde yapılan poliklinik başvurularının incelenmesi. Sağlık ve Toplum. 2002;12:51-56.
21. Topallı R, Aladağ N, Filiz TM, Topsever P, Ciğerli O, Gorpelioğlu S. Tıp Fakültesi Aile Hekimliği Polikliniklerinin Sağlık Hizmeti Sunumundaki Yeri: Değirmendere Deneyimi. Turk Aile Hek Derg. 2003;7:165-70.
22. Ünalan PC, Uzuner A, Çifçili S, Akman M, Kaya Apaydın C. Marmara Üniversitesi Tıp Fakültesi Aile Hekimliği Polikliniğinin Sağlık Hizmeti Sunduğu Aileler. Marmara Medical Journal. 2009;22:90-6.
23. Yılmaz M, Mayda AS, Yüksel C, Bolu F, Seval O. Bir Aile Hekimliği Merkezine Başvuran Hastalara Konulan Tanılar. Düzce Üniversitesi Sağlık Bilimleri Enstitüsü Dergisi. 2012;2:7-13.
24. Taşkıran B, Cansu GB. Güneydoğu Bölgesinde Erişkinlerde D Vitamini Eksikliği. Osmangazi Tıp Dergisi. 2017;39(1):13-20, doi:10.20515/otd.52389.
25. Cingi E, Gürbüz MK, Altın F. Üst Solunum Yolu Enfeksiyonları. Turkiye Klinikleri J Pharmacol-Special Topics. 2003;1(3):245-50.
26. Çakır ÖÖ, Çizmecioğlu A, Bıyık M, Çiftçi S, Ataseven H, Polat H, Demir A. Konya il merkezinde gastroözofageal reflü hastalığı prevalansı. Akademik Gastroenteroloji Dergisi. 2018;17 (1):02-11.

Table 1. Demographic Characteristics.

Demographic Characteristics		**n (%)**
Age (year)	**Min-Max (Median)**	0.01-99 (48)
	Mean ± SD	44.05±25.65
	≤18 years	1398 (22.6)
	19-45 years	1560 (25.3)
	46-64 years	1706 (27.6)
	≥65 years	1516 (24.5)
Gender	**Woman**	3756 (60.8)
	Man	2424 (39.2)
Type of patient	**Certain**	3488 (56.4)
	Guest	2192 (35.5)
	Dismissed	500 (8.1)

*****: *The patient has moved to another unit within the same family health center.*

Table 2. Distribution of Transactions in Family Medicine.

Transactions		**n (%)**
Medical report	**No**	5760 (93.2)
	Yes	420 (6.8)
Executive report	**No**	6018 (97.4)
	Yes	162 (2.6)
Drug report	**No**	6152 (99.5)
	Yes	28 (0.5)
Physical examination	**No**	5741 (92.9)
	Yes	439 (7.1)
Inspection of laboratory sheets	**No**	5783 (93.6)
	Yes	397 (6.4)
Prescription status	**No medication**	1031 (16.7)
	Drug was given	5149 (83.3)
Survey	**No request**	5668 (91.7)
	Audited	512 (8.3)
Dispatch	**No**	6165 (99.8)
	Yes	15 (0.2)

Table 3. Patient Type According to Age Levels and Evaluation of the Most Common Diagnoses.

		Age(year)				p[a]
		≤18 years	**19-45 years**	**46-64 years**	**≥65 years**	
Type of patient; *n (%)*	**Certain**	833 (59.6)	913 (58.5)	992 (58.2)	750 (49.5)	0.001*
	Guest	481 (34.4)	536 (34.4)	606 (35.5)	569 (37.5)	
	Dismissed	84 (6.0)	111 (7.1)	108 (6.3)	197 (13.0)	
Diagnosis (n=5184) ; *n (%)*	**Acute upper respiratory tract infection**	653 (56.7)	265 (24.2)	158 (10.3)	70 (5)	0.001*
	Essential Hypertension	0 (0)	22 (2)	304 (19.8)	369 (26.2)	0.001*
	Diabetes mellitus	2 (0.2)	32 (2.9)	204 (13.3)	114 (8.1)	0.001*
	Myalgia	10 (0.9)	47 (4.3)	130 (8.5)	141 (10)	0.001*
	Gastro-esophageal reflux disease	10 (0.9)	49 (4.5)	100 (6.5)	86 (6.1)	0.001*
	Acute lower respiratory tract infection	76 (6.6)	49 (4.5)	44 (2.9)	22 (1.6)	0.001*
	Anxiety disorders	5 (0.4)	48 (4.4)	75 (4.9)	62 (4.4)	0.001*
	Dermatitis	35 (3)	34 (3.1)	32 (2.1)	34 (2.4)	0.288
	Vitamin D deficiency	8 (0.7)	41 (3.8)	38 (2.5)	26 (1.8)	0.001*
	Iron deficiency anemia	4 (0.3)	54 (4.9)	26 (1.7)	9 (0.6)	0.001*

[a]*: Pearson Chi-Square Test. **: p<0.05 is statistically significant.*

Table 4. Evaluation of Patient Type and Most Common Diagnoses by Gender.

		Gender		p[a]
		Women	**Man**	
Type of patient; n (%)	**Certain**	2114 (56.3)	1374 (56.7)	0.062
	Guest	1314 (35.0)	878 (36.2)	
	Dismissed	328 (8.7)	172 (7.1)	
Diagnosis (n=5184); n (%)	**Acute upper respiratory tract infection**	650 (20.8)	496 (24.1)	0.005*
	Essential Hypertension	428 (13.7)	267 (13)	0.445
	Diabetes mellitus	167 (5.3)	185 (9)	0.001*
	Myalgia	228 (7.3)	100 (4.9)	0.001*
	Gastro-esophageal reflux disease	161 (5.2)	84 (4.1)	0.074
	Acute lower respiratory tract infection	102 (3.3)	89 (4.3)	0.048*
	Anxiety disorders	133 (4.3)	57 (2.8)	0.005*
	Dermatitis	90 (2.9)	45 (2.2)	0.123
	Vitamin D deficiency	81 (2.6)	32 (1.6)	0.012*
	Iron deficiency anemia	82 (2.6)	11 (0.5)	0.001*

[a]*: Pearson Chi-Square Test. *:p<0.05 is statistically significant*.

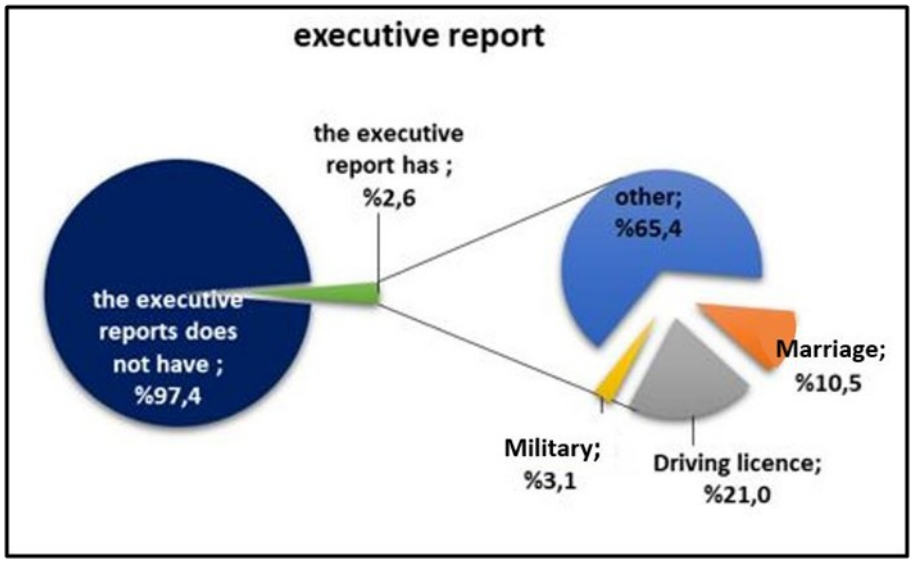

Figure 1. Distributions related to the status of administrative reports.