# CONTINUOUS MORBIDITY REGISTRATION

# SENTINEL STATIONS

## THE NETHERLANDS

## 1986

Nederlands instituut voor onderzoek van de eerstelijnsgezondheidszorg NIVEL - Postbus 1568 - 3500 BN UTRECHT - telefoon: 030-319946

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In memoriam

Even though we are familiar with death, the passing of Ad Vrij on 3 October 1987 was a blow to us all. His energetic contribution to the sentinel stations project and his overview of the developments in primary health care will be sorely missed. For over 12 years Ad Vrij was a member of the Counselling Committee, a period to look back on with gratitude.

The Counselling Committee

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# FOREWORD

In 1986 subjects of a varying nature were again recorded in the Continuous Morbidity Registration Sentinel Stations the Netherlands.

The topic influenza (-like illness) has been on the weekly return for many years. It is reported on as part of a worldwide-organized surveillance of influenza under the auspices of the World Health Organization.

However, the WHO also has a very clear interest in topics appearing on the weekly return that do not come under the classic epidemiology directed towards infectious diseases. An instance of this is the registration of (attempted) suicide.
Between 1970 and 1972 and from 1979 onwards (attempted) suicide has been the subject of registration.
There has always been interest from abroad in the topic relating to birth control and contraception - sterilization of the man and the woman and prescription of the morning-after pill.
In 1986 these topics again appeared on the weekly return. For sterilization of the man data are now available from 1972 onwards; registration of the same operation on woman started in 1974. The data in recent years suggest that changes are occurring with regard to the choice of this form of birth control. At first the patterns for women and men are parallel: since 1984 the number of men having themselves sterilized has been stabilizing, whereas the number of women undergoing the same operation seems to be falling further. It will be interesting to investigate how these trends will continue in the years to come.
A possibility of further participation of the Sentinel Stations the Netherlands in international cooperation occurred in 1986 via the International Otitis Media Study, which was performed under the auspices of the International Primary Care Nerwork. The sentinel stations joined this international organization. This fits into the national character of this Continuous Morbidity Registation Sentinel Stations the Netherlands.
We are moreover convinced that the date obtained every year from the spotter physicians will gain in value from this international cooperation.

We are sure that the other aspects of this report contain sufficient interesting information for further reading.

Mrs J.M. Bensing, director NIVEL
Chairman of the Sentinel Stations Counselling Committee.

# INTRODUCTION

Continuous Morbidity Registration is a method of registration based on general practice. A national network of general practices, the sentinel stations, covers 1% of the Dutch population. In the composition of this network allowance has been made for a geographical spread over regions with a varying degree of urbanization (see p. 7-9). The participating general practitioners, the spotter physicians, submit a form every week on which certain illnesses, occurrences and actions are reported, the weekly return. This weekly return comprises a distribution by age and where necessary a distribution by sex (see p. 96).

Every two years a census takes place of the practice populations concerned. In this way the population to which the collected data must be related is known.

On the whole frequencies are calculated according to age group per 10 000 men or women (see p. 18).

Every year the topics which are to be placed on the weekly return are selected by the Counselling Committee. Requests or suggestions from others are also taken into consideration. In order that an illness or occurrence may be placed on the weekly return, three conditions must be met:

1. a description of the importance of the subject is obligatory;
2. it must be possible to formulate strict and clear criteria with respect to the disease or occurrence;
3. application of these criteria may not be too time-consuming and it has to suit the practice of the general practitioner.

When a topic is included for the first time in the weekly return, some background information is given; for the 'old subjects' it is necessary to consult one of the previous reports.

When considering the subjects which have been included during the years on the weekly return (see p. 16-17 and 97-98) the conclusion is reached that the name of the project, Continuous Morbidity Registration does not in fact cover the whole work. After all, in part it is not diseases which are registered but actions or occurrences. The name sentinel stations is better: a watch is kept, sometimes for one year, sometimes longer or even continuously. That is why the name "Continuous Morbidity Registration, Sentinel Stations the Netherlands" is used.

In addition to the submission of weekly returns, a start was made in 1976 with incidental investigations. This entails the physicians being asked non-recurrent questions about diseases or occurrences which do not happen frequently.
The report gives neither an exhaustive (statistical) analysis of the collected material nor an extensive study; the aim of the project is to collect basic details on certain subjects and to pass them on.

The 1985 report spoke of contacts being maintained with comparable systems of "sentinel stations" in other countries. These contacts have led to the participation of the Netherlands Sentinel Stations in a new international organization, the International Primary Care Network (I.P.C.N.)
In 1986 the first investigation in this international network took place, the subject being otitis media. The results of this international research are to be published separately. In the Sentinel report the figures on otitis media are presented in the usual way.

## COUNSELLING COMMITTEE

The subsidy arrangement with the Ministry of Welfare, Public Health and Culture lays down that the Counselling Committee for the implementation of the registration system consists in principle of:

1. two representatives of the Ministry of Welfare, Public Health and Culture;
2. the Director of the Netherlands Institute of Primary Health Care (Chairman);
3. one representative of the Netherlands Institute of Primary Health Care;
4. two representatives of the Chief Medical Office of Health;
5. two representatives of the spotter physicians;
6. one representative of the joint Institutes for General Practice of Dutch Universities;
7. two members on the basis of specific expertise.

In 1986 the committee functioned in the following composition:

| | |
|---|---|
| | Mrs. J.M. Bensing,[2] |
| | Dr H. Bijkerk, M.D.[4] |
| | W.M.J. van Duyne, M.D.[7] (to 31-12-'86) |
| | F.K.A. Fokkema, M.D.[5] |
| | H.J. van der Leen, M.D.[5] (to 1-9-'86) |
| | H.O. Sigling, M.D.[6] |
| | W.A. van Veen, M.D.[1] |
| | A. Vrij, M.D.[4] |
| | J.J. Zandvliet[1] |
| | Dr J. van der Zee Ph.D.[3] |
| Project leader: | A.I.M. Bartelds M.D. |
| Secretary: | Mrs. F.G. Hoeben-Schaafsma |
| | Mrs. M. van Valen |

This committee met twice in 1986. It had one vacancy in that year.

## MEETING OF SPOTTER CO-WORKERS

On 11 Janaury 1986 the this time celebratory meeting of the co-workers of the project and a number of guests was held. The celebration concerned the award of medals to co-workers who had been involved in the project for 15 years, whether as registering general practitioner or as member of the Counselling Committee.
There were 56 present at the meeting, 39 of whom were spotter physicians. The members of the Counselling Committee were also present, together with five experts on topics and the project management.
The purpose of this meeting at the beginning of the calendar year is to present the possibility of discussing any problems concerning the new items on the weekly return in good time. In addition it is endeavoured to invite as speakers experts on the subjects to be registered. As a result of the celebration of the 15th anniversary the 1986 meeting was something less of a "working meeting" than in other years.

The chairperson of the Counselling Committee, Mrs J.M. Bensing, addressed a brief word of welcome to those present, in which she referred to the festive nature of the meeting. Mr J. van Londen, director-general of public health of the Ministry of Welfare, Public Health and Culture, continued. Although for him too the meeting was of a festive nature, which he did not wish to pass over, he wanted to take the opportunity to express concern about general practice in the Netherlands.
Mr van Londen outlined the considerable work that had been done in past years in the administrative sector of health care and social service. The results of that work had been laid down in new legislative bills. He wondered, however, whether all the administrative problems and their solution did not prevail over the daily task of the medical and the social workers.
He considered new developments of which it was not yet clear how these would continue. In particular there was the question whether, through initiatives taken by young jobless physicians, in many cases specialists, primary health care on a more commercial basis will come into being: a different, easily accessible primary health care which in advance will not cost more. However, it would not be family medicine or lifelong medicine as was being pursued so far in primary

health care. This development and the continuing need for further economies in health care and social service were food for thought. Thought above all on the concept of primary health care and its theoretical basis.

Mr van Londen thus wished to address himself over the heads of the spotter co-workers present to the scientific associations and social organizations of the disciplines represented in primary medicine. The theoretical basis of primary health care was necessary in the on-going discussions on the arrangements for financing future welfare and health care. Such a basis for the "primary care" concept was perhaps the only barrier that could stem the growing flood of the collateral development mentioned earlier. He called upon the general practitioners to make their contribution to this important discussion. After this appeal, Mr van Londen proceeded to award the medals to those co-workers who had devoted themselves to the sentinel stations for 15 years. He praised the dedication of all the collaborating general practitioners, their partners and their assistants and in particular those celebrating the 15-year anniversary. He also praised the efforts of others, the "founding fathers" of the project and those who performed those other necessary activities year in year out, and awarded the medal specially designed for this occasion by Mr A. Ruinaard.

The recipients were the following:

H.W. Reinking (Assen)
Dr. J. van Noort (Zelhem)
H.J. van der Leen (Hilversum)
J.B. Hugenholtz (Oegstgeest)
Dr. A.P. Oliemans (The Hague)
G. Dorrenboom (Rotterdam)
Dr. H.A.M. Hoevenaars (Uden)
A.M.H.J.G. Sluijters (Ravenstein)
Dr. J.P.C. Moors (Rosmalen)
Dr. H. Bijkerk
A. Schaap
W.M.J. van Duyne
J.H. de Boer (Zelhem)
J.P. van Dam (Nijmegen)
Dr. B.J.M. Aulbers (Delft)
G. van Gangelen (Sliedrecht)
Th.J. van Stockum jr. (The Hague)
M. Reyerse (Middelburg)
R.J.F.M. Leijgraaf (Etten)
S.H.H.M. van der Meer (Rosmalen)
F.K.A. Fokkema (Amersfoort)
A. Ruinaard
H.O. Sigling

The impending National Study of Diseases and Treatment in General Practice was the subject of the second speaker, the project leader for that study, J. van de Velden, M.D., epidemiologist[1]. Since the sentinel stations may be asked to participate in this project, the opportunity was taken to inform the spotter physicians present of the study and to request their comments. After the address ideas

were exchanged with those present on the conditions under which participation in this study could take place. However, this participation proved not to be necessary for 1987.

The meeting was concluded with a discussion of the weekly topics for 1986.

## DISTRIBUTION OF THE SPOTTER PHYSICIANS OVER THE NETHERLANDS
(Fig. 1, page 111)

The number of sentinel stations remained the same in 1986 (45).
The number of general practitioners taking part is now 60.

In the processing and discussion the following abbreviations or codes are used:

- A for the Groningen, Friesland and Drenthe (northern provinces) province group;
- B for the Overijssel, Gelderland and Southern IJsselmeer Polders (eastern provinces) province group;
- C for Utrecht, North Holland and South Holland (western and central provinces) province group;
- D for the Zeeland, North Brabant and Limburg (southern provinces) province group;
- 1 for the $A_1$-$A_4$ urbanization group (rural municipalities)[2];
- 2 for the $B_1$-$B_3$, $C_1$-$C_4$ urbanization group (urbanized rural municipalities together with municipalities with urban characteristics)
- 3 for the $C_5$ urbanization group (municipalities with a population of 100 000 or more).

Appendix 1 (p. 94-95) gives a survey of the general practitioners who took part in the sentinel station project during 1986. In 13 sentinel stations there is cooperation between two or more general practitioners, viz 11 times 2, once between 3 practitioners and once between 4 practitioners. In January 1986 the percentage of general practitioners cooperating throughout the Netherlands was 44, and among the spotter physicians 51 (31 out of the 60). There are 11 dispensing spotter physicians, 6 in urbanization group 1 and 5 in urbanization group 2, that is 14[3] of the total number of spotter physicians.

Tables 1 and 2 give a distribution of the number of spotter physicians and sentinel stations per province and urbanization group in the years 1970-1986. Adjustment to the standards applicable to the classification by degree of urbanization takes place where and when necessary.

Comparison with the number of general practitioners in the Netherlands in the various subgroups shows that the spotter physicians form a proportional representation (see 1981 report, p. 13).

Table 1: distribution of the spotter physicians (general practitioners) and sentinel stations per province group in the years 1970-1986[4]

| province group | A | | B | | C | | D | |
|---|---|---|---|---|---|---|---|---|
| | Groningen, Friesland and Drenthe | | Overijssel, Gelderland and the Southern IJsselmeer polders | | Utrecht, North and South Holland | | Zeeland, North Brabant and Limburg | |
| | number of GPs | sentinel stations | number of GPs | sentinel stations | number of GPs | sentinel stations | number of GPs | sentinel stations |
| 1970 | 7 | 6 | 10 | 9 | 22 | 22 | 14 | 14 |
| 1971 | 7 | 6 | 10 | 9 | 23 | 22 | 13 | 13 |
| 1972 | 7 | 6 | 9 | 8 | 23 | 22 | 12 | 12 |
| 1973 | 8 | 6 | 10 | 9 | 25 | 22 | 13 | 12 |
| 1974 | 8 | 6 | 10 | 9 | 27 | 21 | 13 | 12 |
| 1975 | 8 | 6 | 9 | 8 | 28 | 21 | 14 | 12 |
| 1976 | 8 | 6 | 9 | 7 | 29 | 21 | 14 | 11 |
| 1977 | 8 | 6 | 10 | 7 | 28 | 20 | 13 | 11 |
| 1978 | 9 | 6 | 12 | 9 | 27 | 21 | 13 | 11 |
| 1979 | 10 | 6 | 12 | 9 | 27 | 21 | 12 | 10 |
| 1980 | 10 | 6 | 13 | 9 | 27 | 21 | 12 | 10 |
| 1981 | 10 | 6 | 11 | 9 | 27 | 21 | 13 | 10 |
| 1982 | 10 | 6 | 11 | 9 | 27 | 21 | 13 | 10 |
| 1983 | 10 | 6 | 11 | 9 | 27 | 21 | 14 | 10 |
| 1984 | 10 | 6 | 11 | 9 | 27 | 21 | 14 | 10 |
| 1985 | 10 | 6 | 10 | 8 | 25 | 21 | 14 | 10 |
| 1986 | 10 | 6 | 10 | 8 | 26 | 21 | 14 | 10 |

Table 2: distribution of the spotter physicians (general practitioners) and sentinel stations per urbanization group in the years 1970-1986

| urbanization | 1 | | 2 | | 3 | | | |
|---|---|---|---|---|---|---|---|---|
| | rural municipalities | | urbanized rural municipalities together with municipalities with urban characteristics | | municipalities with a population of 100 000 or more | | Netherlands | |
| | number of GPs | sentinel stations | number of GPs | sentinel stations | number of GPs | sentinel stations | number of GPs | sentinel stations |
| 1970 | 10 | 9 | 28 | 27 | 15 | 15 | 53 | 51 |
| 1971 | 12 | 11 | 26 | 24 | 15 | 15 | 53 | 50 |
| 1972 | 11 | 10 | 25 | 23 | 15 | 15 | 51 | 48 |
| 1973 | 12 | 11 | 28 | 23 | 16 | 15 | 56 | 49 |
| 1974 | 12 | 11 | 30 | 23 | 16 | 14 | 58 | 48 |
| 1975 | 13 | 11 | 30 | 22 | 16 | 14 | 59 | 47 |
| 1976 | 14 | 11 | 30 | 20 | 16 | 14 | 60 | 45 |
| 1977 | 13 | 11 | 29 | 19 | 17 | 14 | 59 | 44 |
| 1978 | 10 | 8 | 35 | 25 | 16 | 14 | 61 | 47 |
| 1979 | 11 | 8 | 35 | 25 | 15 | 13 | 61 | 46 |
| 1980 | 11 | 8 | 36 | 25 | 15 | 13 | 62 | 46 |
| 1981 | 11 | 8 | 36 | 25 | 14 | 13 | 61 | 46 |
| 1982 | 11 | 8 | 36 | 25 | 14 | 13 | 61 | 46 |
| 1983 | 11 | 8 | 37 | 25 | 14 | 13 | 62 | 46 |
| 1984 | 11 | 8 | 37 | 25 | 14 | 13 | 62 | 46 |
| 1985 | 10 | 7 | 35 | 25 | 14 | 13 | 59 | 45 |
| 1986 | 10 | 7 | 36 | 25 | 14 | 13 | 60 | 45 |

## THE PRACTICE POPULATIONS

A complete census of the practice populations took place in 1985; these details are used for processing with effect from 1-1-1985. In 1987 a new census is to be held. When the project was set up the aim was to take a sample of about 1% of the Dutch population. A geographical distribution (the above-mentioned province groups) was taken into account, as also a distribution of regions with various degrees of urbanization (urbanization groups). An enquiry was as to whether this aim is still being met. This proved broadly to be so, as the following surveys demonstrate.
The Dutch population increased by over 74 000 inhabitants.

Table 3: comparison of the population of the practices of the spotter physicians with the total population of the Netherlands

| | | number of inhabitants of the Netherlands[5] | number of patients of sentinel stations[6] (with percentages) | |
|---|---|---|---|---|
| province group | A | 1 590 094 | 22 143 | (1.4%) |
| | B | 2 937 577 | 25 077 | (0.9%) |
| | C | 6 431 732 | 68 268 | (1.1%) |
| | D | 3 568 768 | 35 069 | (1.0%) |
| urbanization group | 1 | 1 680 303 | 24 348 | (1.4%) |
| | 2 | 9 334 166 | 90 450 | (1.0%) |
| | 3 | 3 513 702 | 35 759 | (1.0%) |
| sex | Men | 7 184 538 | 73 578 | (1.0%) |
| | Women | 7 344 892 | 76 970 | (1.0%) |
| total | | 14 529 430 | 150 557 | (1.0%) |

Province group A (the northern provinces) and urbanization group 1 (rural municipalities) are relatively somewhat overrepresented. However, this is favourable, since these are precisely the smallest groups for the Netherlands as a whole. (This explains the small difference between the percentage distribution of the physicians (1981 report, p. 13.)

The percentages of the men and women of the population of the Netherlands coming under the sentinel stations, per age group, province group and urbanization, are as follows.

| age in years | province group A | | B | | C | | D | | urbanization group 1 | | 2 | | 3 | | Netherlands | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | M | F | M | F | M | F | M | F | M | F | M | F | M | F | M | F |
| 0- 4 | 1.3 | 1.4 | 0.7 | 0.7 | 0.9 | 0.9 | 0.8 | 0.9 | 1.2 | 1.3 | 0.8 | 0.8 | 1.0 | 1.0 | 0.9 | 0.9 |
| 5- 9 | 1.4 | 1.5 | 0.7 | 0.8 | 1.0 | 1.0 | 0.9 | 1.0 | 1.4 | 1.5 | 0.9 | 0.9 | 1.0 | 1.0 | 1.0 | 1.0 |
| 10-14 | 1.4 | 1.4 | 0.8 | 0.8 | 1.0 | 1.0 | 1.0 | 1.1 | 1.4 | 1.4 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 |
| 15-19 | 1.4 | 1.4 | 0.9 | 0.9 | 1.0 | 1.1 | 1.0 | 1.0 | 1.4 | 1.5 | 1.0 | 1.0 | 1.0 | 0.9 | 1.0 | 1.0 |
| 20-24 | 1.4 | 1.5 | 0.9 | 0.9 | 1.1 | 1.1 | 1.0 | 1.0 | 1.5 | 1.7 | 1.0 | 1.1 | 1.0 | 1.0 | 1.0 | 1.1 |
| 25-34 | 1.5 | 1.6 | 0.9 | 0.8 | 1.1 | 1.1 | 1.0 | 1.0 | 1.4 | 1.5 | 1.0 | 1.0 | 1.1 | 1.2 | 1.0 | 1.1 |
| 35-44 | 1.4 | 1.4 | 0.8 | 0.8 | 1.0 | 1.1 | 1.0 | 1.0 | 1.4 | 1.5 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 |
| 45-54 | 1.4 | 1.3 | 0.9 | 0.9 | 1.0 | 1.2 | 1.0 | 1.0 | 1.5 | 1.5 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.1 |
| 55-64 | 1.2 | 1.3 | 0.0 | 0.9 | 1.2 | 1.2 | 0.9 | 0.9 | 1.5 | 1.5 | 1.1 | 1.1 | 1.0 | 1.0 | 1.1 | 1.1 |
| ≥ 65 | 1.3 | 1.3 | 1.0 | 0.9 | 1.1 | 1.0 | 0.9 | 1.0 | 1.5 | 1.4 | 1.0 | 1.0 | 1.0 | 0.9 | 1.1 | 1.0 |
| total | 1.4 | 1.4 | 0.9 | 0.9 | 1.0 | 1.1 | 1.0 | 1.0 | 1.4 | 1.5 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 |

With regard to the age groups a minor shift has occurred: in the youngest age groups, in comparison with the previous census, there are more subgroups with a percentage less than one; in the oldest age groups, on the other hand, such subgroups are fewer. This points to a low degree of aging of the sentinel station population; the population as it were grows along with the spotter physicians who are faithful to the project. However, care should be taken that this does not lead to distortion.

## SCOPE AND CONTINUITY OF THE REPORTING

Since 1975 the number of days reported annually per sentinel station and the number of all days per week of all sentinel stations together have been examined and processed. In this an effort was made to follow the scope and continuity of the reporting. In general the spotter physicians state - or have someone state - whenever they cannot report (vacation, illness, personal circumstances). In the case of a weekly return not being submitted in time, telephone contact is made.

The maximum number of days which can be reported depends on the number of weeks in the year in question and the number of sentinel stations. In 1986 it was 11 700 (52 weeks x 5 days x 45 sentinel stations). Table 4 shows the absolute numbers and percentages.

Table 4: maximum and actual number of reporting days per year

| year | maximum number of days which can be reported | actual number of absolute | reported days percentage |
|---|---|---|---|
| 1976 | 11 925 | 10 095 | 84.7% |
| 1977 | 11 440 | 10 163 | 88.8% |
| 1978 | 12 090 | 10 592 | 87.6% |
| 1979 | 11 960 | 10 518 | 87.9% |
| 1980 | 12 190 | 10 618 | 87.1% |
| 1981 | 11 960 | 10 520 | 88.0% |
| 1982 | 11 960 | 10 627 | 88.8% |
| 1983 | 11 960 | 10 515 | 87.9% |
| 1984 | 11 960 | 10 546 | 88.2% |
| 1985 | 11 700 | 10 340 | 88.4% |
| 1986 | 11 700 | 10 284 | 87.9% |

The percentage of reporting days is practically the same as in previous years. A breakdown by province and urbanization group may be seen in the following table. No great differences prove to exist. The western provinces are the lowest, 85.9%, and the eastern provinces the highest, 91%.

| Per province group | | Per urbanization group | |
|---|---|---|---|
| A | 89.7% | 1 | 90.8% |
| B | 91.0% | 2 | 87.8% |
| C | 85.9% | 3 | 86.5% |
| D | 88.4% | | |

In Fig. 2 the weekly reporting in all sentinel stations can be found. This figure clearly shows the influence of public holidays. The average number of non-reporting days per week is a little more than 27 (maximum 45 x 5= 225).

Table 5 presents the frequency distribution of the number of days not reported per sentinel station. The average number of non-reporting days per sentinel station is 31, are more or less the same as in the previous year (30).
A breakdown into single and group practices shows a clear difference here, viz 38 and 16 days respectively. This is in line with the frequent assertion that forms of cooperation of general practitioners increase the continuity of reporting.

Table 5: frequency distribution of the number of days not reported on per sentinel station

| number of days not reported on | number of sentinel stations | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | 1976 | 1977 | 1978 | 1979 | 1980 | 1981 | 1982 | 1983 | 1984 | 1985 | 1986 |
| ≤ 0 | 0 | 0 | 1 | 1 | 2 | 2 | 1 | 2 | 2 | 1 | - |
| 1- 9 | 5 | 11 | 8 | 11 | 7 | 9 | 9 | 7 | 6 | 8 | 7 |
| 10-19 | 6 | 7 | 5 | 2 | 2 | 2 | 2 | 5 | 3 | 1 | 4 |
| 20-29 | 3 | 3 | 3 | 5 | 4 | 3 | 6 | 1 | 7 | 8 | 7 |
| 30-39 | 16 | 9 | 10 | 10 | 11 | 18 | 15 | 12 | 9 | 10 | 10 |
| 40-49 | 6 | 10 | 11 | 10 | 10 | 8 | 10 | 14 | 17 | 15 | 13 |
| 50-59 | 2 | 2 | 6* | 4 | 8 | 2 | 3 | 4 | 1 | 2 | 2 |
| 60-69 | 3 | 0 | 1 | 2 | 1 | 1 | 0 | 1 | 1 | 0 | 1 |
| 70-79 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 |
| 80-89 | 1 | 0 | 1 | 0 | 1 | 1 | 0 | 0 | 0 | 0 | 0 |
| 90-99 | 1 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| ≥ 99 | 2 | 1 | 1** | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 |
| | 45 | 44 | 47 | 46 | 46 | 46 | 46 | 46 | 46 | 45 | 45 |
| average | 41 | 29 | 32 | 31 | 34 | 31 | 29 | 31 | 31 | 30 | 31 |
| median | 36 | 32.5 | 34 | 34.5 | 38 | 38 | 34.5 | 37 | 35 | 34 | 34.5 |

* One sentinel station started in February 1978.
** One sentinel station ended in August 1978.

Further study of this table shows a clear improvement in reporting over the years. A major failure to report, i.e. more than 50 days per sentinel station per year, hardly occurs any longer.

When the failure to report per week is considered, in 1986 there were 6 weeks with more than 50 days failure to report. This tallies with the failure to report in 1983 and in 1984 (7 and 6 weeks respectively). It is better than the failure to report on this aspect in 1985: 9 weeks with more than 50 days failure to report.

## THE WEEKLY RETURN (Appendix 2, p. 96)

The questions on the weekly return for 1986 were composed as follows; it is stated in brackets in which year the topics were added to the return.

1. New cases of influenza (-like illness) (1970);
2. Cervical smear (1976);
3. Discharged psychiatric patients (1986);
4. Sterilization of the man performed (1972);
5. Sterilization of the woman performed (1974);
6. Prescription of morning-after pill (1972);
7. Bites by pets (1986);
8. (Attempted) suicide (1979);
9. Ulcus pepticum (1985);
10. Cerebrovascular accident (1986);
11. Otitis media acuta (1986);
12. Referrals for psycho-social problems (1986).

The basis in principle is weekly reporting, which means that patients 'seen' by the locum tenens in a "free weekend" are reported as well (influenza excluded). Diagnoses made or advice given by telephone are not entered in the weekly return in principle; here too influenza is an exception.

A survey of the questions included on the weekly return in the years 1970-1986 is given below; the questions of the current year, 1987, are also given. The subjects in alphabetical order can be found in Appendix 3 (p. 97-98) together with the years of registration.

Subjects on the weekly returns 1970-1987

| subject | '70 | '71 | '72 | '73 | '74 | '75 | '76 | '77 | '78 | '79 | '80 | '81 | '82 | '83 | '84 | '85 | '86 | '87 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| influenza (-like illness) | x | x | x | x | x | x | x | x | x | x | x | x | x | x | x | x | x | x |
| exanthema e causa ignota | x | | | | | | | | | | | | | | | | | |
| acute diarrhoea e causa ignota | x | | | | | | | | | | | | | | | | | |
| consultations for family planning | x | x | x | x | x | x | x | | | | | | | | | | | |
| request for abortion | x | x | x | x | x | x | | | | | | | | | | | | |
| (attempted) suicide | x | x | x | | | | | | | x | x | x | x | x | x | x | x | x |
| rubella (-like illness) | | x | | | | | | | | | | | | | | | | |
| otitis media acuta | | x | | | | | | | | | | | | | | | x | |
| abortus provocatus | | x | x | x | x | x | x | x | x | x | | | | | | | | |
| accidents | | x | | | | | | | | | | | | | | | | |
| tonsillectomy or adenotomy | | x | | | | | | | | | | | | | | | | |
| prescription of morning-after pill | | | x | x | x | x | x | x | x | x | x | x | x | x | x | x | x | x |
| sterilization of the man performed | | | x | x | x | x | x | x | x | x | x | x | x | x | x | x | x | x |
| prescription of tranquillizers | | | x | x | x | | | | | | | | | | | | | |
| consulation for drug-use | | | x | x | x | | | | | x | x | x | | | | | | |
| (suspicion of) battered child syndrome | | | | x | x | | | | | | | | | | | | | |
| sterilization of the woman performed | | | | | x | x | x | x | x | x | x | x | x | x | x | x | x | x |
| consultation with regard to addiction to smoking | | | | | x | | | | | | | | | | | | | |
| measles | | | | | | x | x | x | x | x | | | | | | | | |
| alcoholism | | | | | | x | | | | | | | | | | | | |
| ulcus ventriculi/ duodeni | | | | | | x | | | | | | | | | | | | |
| skull traumas in traffic | | | | | | x | x | x | | | | | | | | | | |
| certificate for another dwelling issued | | | | | | x | | | | | | | | | | | | |

## Subjects on the weekly returns 1970-1987 (continuation)

| subjects | '70 | '71 | '72 | '73 | '74 | '75 | '76 | '77 | '78 | '79 | '80 | '81 | '82 | '83 | '84 | '85 | '86 | '87 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| psoriasis | | | | | | | x | x | | | | | | | | | | |
| prescription of anti-hyperten-sivum or diuretic | | | | | | | x | | | | | | | | | | | |
| cervical smear | | | | | | | x | x | x | x | x | x | x | x | x | x | x | x |
| mononucleosis infectiosa | | | | | | | | x | x | x | | | | | | | | |
| prescription of medicine for infection of the urinary tract | | | | | | | | x | | | | | | | | | | |
| hay fever | | | | | | | | | x | x | x | x | x | | | | | |
| myocardial infarc-tion (suspicion of) | | | | | | | | | x | | | | | x | x | x | | |
| traumas in sport | | | | | | | | | | x | x | x | x | x | | | | |
| diabetes mellitus | | | | | | | | | | | x | x | x | x | | | | |
| Parkinson's disease | | | | | | | | | | | x | x | x | x | x | x | | |
| accidents in the private sector | | | | | | | | | | | | x | x | x | | | | |
| spontaneous abortion or partus immaturus | | | | | | | | | | | | | x | x | | | | |
| partus at gravidity ≥ 28 weeks | | | | | | | | | | | | | x | x | | | | |
| penicillin (prescription and side effects) | | | | | | | | | | | | | x | x | | | | |
| depression (treated for) | | | | | | | | | | | | | | x | x | x | | |
| malignancies | | | | | | | | | | | | | | | x | x | | |
| traumas of the musculo-skeletal system | | | | | | | | | | | | | | | x | | | |
| referrals | | | | | | | | | | | | | | | x | | | |
| ulcus pepticum (first time/ recurrence) | | | | | | | | | | | | | | | | x | x | |
| referrals for physiotherapy | | | | | | | | | | | | | | | | x | | |
| discharge of psy-chiatric patient | | | | | | | | | | | | | | | | | x | x |
| bites by pets | | | | | | | | | | | | | | | | | x | x |
| bites by dogs | | | | | | | | | | | | | | | | | | x |
| cerebrovascular accident | | | | | | | | | | | | | | | | | x | x |
| referrals for psy-chosocial problems | | | | | | | | | | | | | | | | | x | x |
| dementia | | | | | | | | | | | | | | | | | | x |
| prescription of Rohypnol | | | | | | | | | | | | | | | | | | x |
| pregnancy despite contraception | | | | | | | | | | | | | | | | | | x |

## PROCESSING OF THE DATA ON THE WEEKLY RETURN

This report contains the results of the weekly return for 1986. The data were processed by the Computer Centre of the Ministry of Welfare, Public Health and Culture as usual.

Three tables are produced on a routine basis:

1.The number of patients by sex and age group.
2.The number of patients by sex and province group.
3.The number of patients by sex and urbanization group.

Tables 1, 2 and 3 are produced per week on behalf of the surveillance and per quarter and per year on behalf of the reporting. Moreover, Table 1 is also produced every quarter per sentinel station for the convenience of the participating physicians.

With the exception of the information furnished per sentinel station, the data are expressed per 10 000 of the total practice population (relative frequencies). The frequencies are given in round figures. In the case of a frequency of under 0.5 per 10 000 inhabitants, the figure is rounded off to '0'. When no cases at all have been reported, this is indicated by '-'. A frequency that is based on fewer than 5 reports is put between brackets.
When the frequency of new cases of a disease in a given period is concerned, one also speaks of incidence; if, on the other hand, all existing cases of that disease in a given period or at a given moment in time are concerned, that is designated as prevalence. There is also a subdivision into absolute and relative incidence or prevalence.
In this report the relative incidence or prevalence is in all cases calculated per 10 000 inhabitants or men or women. So as to be able, if desired, to calculate absolute numbers for the Netherlands, in Appendix 4 (page 100) the age structure as on 1 January 1985 is given.

When a sentinel station does not report over the whole week (sickness, vacation, etc.), this is mentioned. The data from the physicians who have reported on 0, 1 or 2 days of the week are not processed, while the populations of these practices are not included

in the calculation of the frequencies. The data from the practices that have reported on more than 2 days of the week are processed. Till 1978 a correction factor was applied to this. Consideration of the number of times that this was applied showed that the influence on the total was so small that this correction has been done away with effect from 1 January 1978. Moreover, enquiries among the spotter physicians revealed that in the case of 1 or 2 days' absence the work was simply moved to a later date.
The returns are built up from the weekly figures, the frequencies being calculated on the average population present in the quarter.
This annual report will not attempt to give a complete analysis of the material, as already mentioned in the introduction.

The following annual tables are included here (p. 101-107):
Tables 1A, 1B, 1C, 1D and 1E: the number of patients per 10 000 of the age group[7].
Tables 2A, 2B, 2C, 2D and 2E: the number of patients per 10 000 of the province group.
Tables 3A, 3B, 3C, 3D and 3E: the number of patients per 10 000 of the urbanization group.

In 1982 it was decided to introduce age groups in 5-year classes. Unfortunately the computer program could not be modified in time, so that the reporting for 1986 still uses the old classification (see Tables 1A-1E).

## INFLUENZA(-like illness)

Influenza[8] is the only subject to have appeared on the weekly return since the start of the sentinel station project. The data on this subject are regularly distributed and used at international level. As soon as an increase in the incidence is noted, the numbers are reported weekly to the WHO in Geneva, together with virological and serological results. In this way the Netherlands participates in an influenza surveillance that extends over a large number of countries inside and outside Europe.

### Influenza 1985/1986 and 1986-1987

Table 4A and Fig. 3 (pages 108-110 and 113) give the number of new cases of influenza per 10 000 inhabitants per week, per province group and per urbanization group for 1986-1987[9]. Fig. 4 gives the trend in comparison with the previous year. The progress of influenza in at the first week of 1986 was already described in the 1985 report.

For a number of seasons now, starting with the 1982/1983 season, the picture has been that during a certain period the weekly incidences of influenza-like illnesses are more than ten times as high as outside the influenza season. The highest incidences in the 1985/1986 season were observed from week 5 to week 12 incl. of 1986, with 28, 32, 43, 71, 69, 50 40 and 21 cases respectively. In the 1986/1987 season the rise begins in the first weeks of 1987. The highest incidence is attained in week 5, with 26 per 10 000 inhabitants. The epidemic of the 1986/87 season is thus of a milder nature than in previous years.

The epidemic of the 1985/86 season was more violent in the northern and southern provinces than in the centre and west of the country. The highest incidences per 10 000 inhabitants are 89 and 95 respectively in the 8th week and 69 (8th week) and 72 (9th week). In the rural municipalities the epidemic remained limited, with a peak of 59 per 10 000 inhabitants in the 8th week. In the cities the incidence in week 8 and 9 was 79 and 79 respectively per 10 000 inhabitants. In the 1986/87 season the northern provinces headed the list (51 per 10 000 in week 5). Fewer cases were reported in the other province groups.

The incidence is higher in the cities than in the rural municipalities. However, in 1987 one could hardly speak of an epidemic. In 1986 from the start of the epidemic both the influenza A ($H_3N_2$) virus and, to a smaller extent, the influenza B virus were isolated and identified. The occurrence of influenza caused by subtype influenza A ($H_1N_1$) was diagnosed only once. In the 1986/87 season, apart from an occasional isolation of influenza B, only influenza A ($H_1N_1$) was diagnosed. The isolated strains related to A/Singapore/6/86 virus differ in composition from the influenza A ($H_1N_1$) strains isolated in previous years.

Table 6: number of patients with influenza (-like illness), per 10 000 inhabitants, 1976-1987

| year | 1976 | 1977 | 1978 | 1979 | 1980 | 1981 | 1982 | 1983 | 1984 | 1985 | 1986 | 1987 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| total per calendar yaer | 717 | 575 | 829 | 438 | 425 | 491 | 497 | 396 | 502 | 464 | 630 | |
| total per 'season'* | 557 | 711 | 502 | 449 | 448 | 392 | 507 | 607 | 465 | 578 | | |
| highest weekly incidence per 'season' | 44 | 107 | 43 | 15 | 36 | 20 | 42 | 53 | 57 | 71 | | |

* For these totals the limit of 30 June - 1 July is adhered to, which gives a more realistic picture of the size of the epidemic than per calendar year.

If the annual figures for 1976 to 1986 inclusive (i.e. not just the figures during an epidemic) are compared, the year 1983, with 396 cases per 10 000 inhabitants, proves to give the lowest number. However, in view of the nature of this topic, working with annual figures is of less importance. If the seasonal figures are compared, the incidence of the reported influenza (-like illnesses) proves to be the lowest in the 1981/82 season.

Age and sex distribution

During the period of registration, no difference has ever been found in the frequency of influenza between men and women, so that a division is not included in the weekly return for this category.

The age distribution (Table 1A-1E) shows as in previous years that the general practitioner is consulted most frequently on influenza-like illnesses for the age group under 5 years. In the other groups the numbers are nearly identical.

This topic is to be maintained on the weekly return.

Taking of a cervical smear was placed on the weekly return for the first time in 1976. The aim was to obtain insight into the extent of this work outside the mass screening for cervical cancer. However, it must be well realized that the spotter physicians are not a random group of general practitioners, which may be of influence here. However, a study in which the presence or otherwise of trends is examined is most definitely meaningful.

The question is subdivided into the indication for taking a cervical smear, i.e. following complaints and/or symptoms, on 'preventive' grounds at the initiative of the spotter physician or the woman, and a separate column in the case of a repeat smear, irrespective of the indication for taking the previous smear. To make comparability with the mass screening subsidized by the Ministry as great as possible, three years has been adhered to as the period within which a second or following smear has to be reported as a repeat smear. For 1986 that therefore means that a smear is reported as a repeat smear when the spotter physician himself already has taken a smear from the woman in question after 1 January 1983. This period is identical with the interval between two mass screenings.

The results of this topic will acquire greater importance in the near future, since in March 1982 the then Minister of Public Health and Environment announced the intention to amend the policy regarding mass screening for cervical cancer[10]. It is being endeavoured to have screening for cervical cancer performed by the general practitioner. However, agreement has not yet been reached between the authorities and the professional group.

Table 7 gives the total number of smears taken, with a subdivision for the indication for taking the smear, including the repeat smears.

Table 7: number of smears taken by spotter physicians, by indication for taking a smear, per 10 000 women, 1976-1986

| | 1976 | 1977 | 1978 | 1979 | 1980 | 1981 | 1982 | 1983 | 1984 | 1985 | 1986 |
|---|---|---|---|---|---|---|---|---|---|---|---|
| complaints and/ or symptoms | 87 | 86 | 80 | 80 | 62 | 57 | 57 | 65 | 57 | 62 | 65 |
| 'preventive', spotter physician's initiative | 282 | 268 | 218 | 198 | 168 | 184 | 171 | 174 | 204 | 197 | 230 |
| 'preventive', woman's initiative | 103 | 112 | 105 | 124 | 93 | 110 | 126 | 120 | 132 | 127 | 168 |
| repeat smear | 31 | 55 | 120 | 143 | 148 | 159 | 170 | 168 | 182 | 184 | 170 |
| total | 503 | 521 | 523 | 545 | 471 | 510 | 524 | 527 | 575 | 570 | 633 |

The total number of smears (633 per 10 000 women) is obviously higher in 1986 than in 1985 (570 per 10 000 woman). When considering these tables, as has also been remarked in the previous reports, allowance must be made for the fixed period of three years within which a smear counts as a repeat smear; the subdivisions are therfore comparable only for 1978 and following years.
The number of smears on account of complaints and/or symptoms displays a slight increase in 1986 in respect of 1985 and 1984: 65, 62 and 57 per 10 000 woman respectively.
As regards this category, however, the arrangement to register every smear taken from one and the same woman within a certain period as a repeat smear should be borne in mind. The actual number of smears taken on medical indication will there fore be higher.

The total number of smears taken on preventive indication, i.e. on the initiative of both the general practitioner and the woman, is a quarter higher in 1986 than in 1985: 398 and 324 per 10 000 women respectively. The subcategory repeat smears has decreased somewhat: in 1986 170 per 10 000 woman, as against 184 per 10 000 women in 1985. This subcategory makes it possible to calculate from the total numbers the number of women who are reached via this method by the

general practitioner. The number of women who are reached in this way at least at once every three years may be seen in the total of Table 8. This table contains only the numbers of first smears per 10 000 women, with a subdivision for the indication for taking the smear and per province group and urbanization group (see also Figs. 5 and 6). The total number of first smears clearly increased in 1986, notably in the categories "preventive", spotter physician's initiative and "preventive", woman's initiative. The increase in the number of first smears taken in the category "preventive" woman's initiative is the strongest.

Only in the eastern provinces does a slight decline occur in the number of smears taken on the initiative of the general practitioners: from 232 per 10 000 woman in 1985 to 210 in 1986.
In the western and southern provinces the number of smears taken following complaints and/or symptoms fell somewhat, from 45 to 43 and from 52 to 44 per 10 000 women respectively.

Table 8: number of 'first' cervical smear taken per province group and urbanization group, by indication for taking a smear and for the total, per 10 000 women, 1977-1986

| | | province group | | | | urbanization group | | | Nether-lands |
|---|---|---|---|---|---|---|---|---|---|
| | | A | B | C | D | 1 | 2 | 3 | |
| complaints | 1977 | 65 | 95 | 109 | 48 | 64 | 96 | 88 | 86 |
| and/or | 1978 | 116 | 93 | 72 | 68 | 78 | 66 | 118 | 80 |
| symptoms | 1979 | 130 | 95 | 63 | 79 | 73 | 70 | 114 | 80 |
| | 1980 | 129 | 61 | 52 | 44 | 73 | 51 | 90 | 62 |
| | 1981 | 119 | 59 | 41 | 52 | 73 | 39 | 95 | 57 |
| | 1982 | 95 | 65 | 44 | 58 | 78 | 37 | 98 | 57 |
| | 1983 | 97 | 99 | 49 | 53 | 90 | 44 | 105 | 65 |
| | 1984 | 99 | 97 | 37 | 45 | 78 | 42 | 84 | 57 |
| | 1985 | 90 | 92 | 45 | 52 | 85 | 49 | 78 | 62 |
| | 1986 | 121 | 106 | 42 | 43 | 93 | 54 | 75 | 65 |
| 'preventive', | 1977 | 112 | 234 | 327 | 260 | 214 | 308 | 240 | 268 |
| general | 1978 | 170 | 259 | 230 | 183 | 325 | 169 | 269 | 218 |
| practitioner's | 1979 | 170 | 198 | 214 | 178 | 248 | 154 | 280 | 198 |
| initiative | 1980 | 121 | 170 | 207 | 105 | 186 | 119 | 306 | 168 |
| | 1981 | 159 | 189 | 223 | 112 | 239 | 147 | 247 | 184 |
| | 1982 | 157 | 146 | 183 | 174 | 203 | 148 | 212 | 171 |
| | 1983 | 162 | 202 | 175 | 156 | 237 | 138 | 226 | 174 |
| | 1984 | 180 | 206 | 217 | 190 | 229 | 161 | 308 | 204 |
| | 1985 | 167 | 232 | 196 | 195 | 235 | 151 | 288 | 197 |
| | 1986 | 201 | 210 | 248 | 229 | 243 | 186 | 334 | 230 |
| 'preventive', | 1977 | 88 | 79 | 151 | 68 | 80 | 146 | 77 | 112 |
| woman's | 1978 | 110 | 85 | 130 | 64 | 94 | 115 | 89 | 105 |
| initiative | 1979 | 141 | 112 | 142 | 82 | 119 | 125 | 126 | 124 |
| | 1980 | 110 | 83 | 104 | 66 | 67 | 92 | 120 | 93 |
| | 1981 | 104 | 112 | 125 | 80 | 107 | 113 | 104 | 110 |
| | 1982 | 84 | 129 | 149 | 98 | 115 | 117 | 157 | 126 |
| | 1983 | 100 | 130 | 137 | 88 | 131 | 111 | 136 | 120 |
| | 1984 | 123 | 128 | 145 | 113 | 142 | 124 | 147 | 132 |
| | 1985 | 109 | 105 | 147 | 116 | 121 | 116 | 157 | 127 |
| | 1986 | 141 | 155 | 201 | 134 | 155 | 158 | 205 | 168 |
| total | 1977 | 265 | 408 | 587 | 376 | 358 | 550 | 405 | 466 |
| | 1978 | 396 | 437 | 432 | 315 | 497 | 350 | 476 | 403 |
| | 1979 | 441 | 405 | 419 | 339 | 440 | 349 | 520 | 402 |
| | 1980 | 360 | 314 | 363 | 215 | 326 | 262 | 516 | 323 |
| | 1981 | 382 | 360 | 389 | 244 | 419 | 299 | 446 | 351 |
| | 1982 | 336 | 340 | 376 | 330 | 396 | 302 | 467 | 354 |
| | 1983 | 359 | 431 | 361 | 297 | 458 | 293 | 467 | 359 |
| | 1984 | 402 | 431 | 399 | 348 | 449 | 327 | 539 | 393 |
| | 1985 | 366 | 429 | 388 | 363 | 441 | 316 | 523 | 386 |
| | 1986 | 463 | 471 | 491 | 406 | 491 | 398 | 614 | 463 |

**Age distribution**

Table 9 gives a survey of the number of **'first'** smears by age group per 10 000 women (cf. Fig. 7).

Table 9: number of **'first'** smears taken by spotter physicians by age group, per 10 000 women, 1977-1986

| | age group | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | 10-14 | 15-19 | 20-24 | 25-34 | 35-44 | 45-54 | 55-64 | ≥ 65 |
| total 1977 | - | 50 | 347 | 974 | 1276 | 880 | 248 | 70 |
| 1978 | - | 43 | 334 | 835 | 1028 | 742 | 280 | 43 |
| 1979 | - | 85 | 520 | 883 | 914 | 634 | 233 | 48 |
| 1980 | - | 47 | 536 | 740 | 607 | 464 | 211 | 51 |
| 1981 | (2) | 72 | 548 | 879 | 602 | 473 | 225 | 47 |
| 1982 | - | 64 | 565 | 859 | 651 | 455 | 207 | 43 |
| 1983 | - | 63 | 543 | 797 | 724 | 515 | 233 | 42 |
| 1984 | (2) | 72 | 529 | 957 | 693 | 525 | 244 | 48 |
| 1985 | (2) | 86 | 446 | 908 | 724 | 543 | 212 | 38 |
| 1986 | (2) | 54 | 459 | 1008 | 991 | 729 | 273 | 42 |

There are some discrepancies with the figures from previous years. Clearly fewer smears are being taken from women in the age groups of 15-19 years: 86 smears per 10 000 women in 1985 as against 54 per 10 000 woman in 1986. Increase occurs in the group of women in the 55-64 age group: 212 per 10 000 women in 1985 as against 273 per 10 000 women in 1986. In the 35-44 and 45-54 age groups, the groups for which the mass screening was organized, there is considerable increase in the number of smears taken. There is also an increase in the number of smears among the 25-34 age group. It will have to emerge in 1987 whether this increase in the taking of "first" smears from women in these age groups continues.

Table 10 gives for 1978 and following years a breakdown by indication for taking a smear, including the repeat smear (see also Fig. 8). This table gives more information.
The years 1976 and 1977 are not given here, as a result of the fact that the period that has been adhered to as the period within which a second smear from one and the same woman must be reported as a repeat smear had not yet elapsed then.

Table 10: number of smears taken by spotter physicians by age group and by indication for taking the smear, per 10 000 women, 1978-1986

| | | age group | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | | 15-19 | 20-24 | 25-34 | 35-44 | 45-54 | 55-64 | ≥65 |
| complaints and/ or symptoms | 1978 | 17 | 102 | 153 | 193 | 147 | 55 | 7 |
| | 1979 | 28 | 93 | 158 | 207 | 113 | 62 | 13 |
| | 1980 | 21 | 84 | 122 | 121 | 108 | 47 | 20 |
| | 1981 | 16 | 90 | 127 | 106 | 72 | 46 | 17 |
| | 1982 | 16 | 92 | 130 | 97 | 85 | 31 | 17 |
| | 1983 | 19 | 88 | 117 | 153 | 96 | 51 | 18 |
| | 1984 | 14 | 44 | 123 | 110 | 98 | 36 | 19 |
| | 1985 | 20 | 71 | 128 | 129 | 93 | 32 | 14 |
| | 1986 | 14 | 67 | 117 | 131 | 111 | 63 | 16 |
| preventive, general practitioner's initiative | 1978 | 20 | 162 | 467 | 542 | 401 | 151 | 29 |
| | 1979 | 49 | 265 | 442 | 412 | 345 | 94 | 21 |
| | 1980 | 18 | 379 | 389 | 274 | 206 | 95 | 26 |
| | 1981 | 47 | 339 | 460 | 291 | 253 | 94 | 13 |
| | 1982 | 38 | 318 | 422 | 292 | 214 | 79 | 16 |
| | 1983 | 29 | 357 | 410 | 288 | 230 | 85 | 14 |
| | 1984 | 50 | 400 | 533 | 287 | 222 | 97 | 20 |
| | 1985 | 53 | 374 | 506 | 297 | 238 | 87 | 7 |
| | 1986 | 35 | 310 | 580 | 405 | 325 | 100 | 10 |
| preventive, woman's initiative | 1978 | (6) | 70 | 215 | 293 | 194 | 74 | 7 |
| | 1979 | 8 | 162 | 283 | 295 | 176 | 77 | 14 |
| | 1980 | 8 | 73 | 229 | 212 | 150 | 69 | (5) |
| | 1981 | 9 | 119 | 292 | 205 | 148 | 85 | 17 |
| | 1982 | 10 | 155 | 307 | 262 | 156 | 97 | 10 |
| | 1983 | 15 | 98 | 270 | 283 | 189 | 97 | 10 |
| | 1984 | 8 | 85 | 287 | 296 | 205 | 111 | 9 |
| | 1985 | 13 | 76 | 274 | 298 | 212 | 93 | 17 |
| | 1986 | (5) | 82 | 311 | 455 | 293 | 110 | 18 |
| repeat smear | 1978 | (5) | 50 | 199 | 367 | 293 | 70 | 8 |
| | 1979 | (2) | 63 | 225 | 470 | 324 | 99 | 12 |
| | 1980 | 6 | 55 | 224 | 416 | 385 | 149 | 17 |
| | 1981 | (6) | 68 | 279 | 454 | 385 | 119 | 14 |
| | 1982 | (6) | 89 | 304 | 468 | 387 | 135 | 8 |
| | 1983 | (3) | 60 | 255 | 539 | 397 | 132 | 8 |
| | 1984 | 5 | 65 | 318 | 446 | 444 | 136 | 15 |
| | 1985 | 7 | 82 | 296 | 457 | 461 | 146 | 19 |
| | 1986 | - | 64 | 325 | 459 | 369 | 125 | 9 |
| total | 1978 | 48 | 384 | 1034 | 1395 | 1035 | 350 | 51 |
| | 1979 | 87 | 583 | 1108 | 1384 | 958 | 332 | 60 |
| | 1980 | 53 | 591 | 964 | 1023 | 849 | 360 | 68 |
| | 1981 | 78 | 616 | 1158 | 1056 | 858 | 344 | 61 |
| | 1982 | 70 | 654 | 1163 | 1119 | 842 | 342 | 51 |
| | 1983 | 66 | 603 | 1052 | 1263 | 912 | 365 | 50 |
| | 1984 | 77 | 594 | 1275 | 1139 | 969 | 380 | 63 |
| | 1985 | 93 | 603 | 1204 | 1181 | 1004 | 358 | 57 |
| | 1986 | 54 | 523 | 1333 | 1450 | 1098 | 398 | 53 |

The total number of smears taken on medical indication does not bring any new aspects to light; the numbers fluctuate somewhat.

There is a clear increase in the number of smears taken on the general practitioner's initiative in the 25-54 age group. When the smear is requested by the women for preventive reasons the increase is the greatest in the 35-54 age group. In the 55-64 age group too there was an increase in the number of smears taken in 1986.
In the repeat smears we see somewhat fluctuating figures for the various age groups.

For 1976, 1977 and 1978 a breakdown was performed between sentinel stations where mass screening was or was not organized in the practice area.
Obvious differences were then found to exist, which could be explained by this activity (see the 1978 report, p. 30-33). The spotter physicians have again been asked whether mass screening was organized in their area. In 1982 and 1983 there were six physicians who had to answer in the negative; in the years since this number has increased.

In 1986 no mass screening for cervical cancer took place in 24 out of the 45 sentinel station practices. The change in policy is now also the practice.

Table 11 presents the comparison between the sentinel stations where mass screening has been organized and those in regions where this was no longer the case. For 1986 it does not prove possible to make this breakdown at present.

Table 11: number of smears of the cervix uteri by age group per 10 000 women in 1984 and 1985

| | Age group | | | | | |
|---|---|---|---|---|---|---|
| | 20-24 | 25-34 | 35-44 | 45-54 | 55-64 | total |
| No mass screening: | | | | | | |
| 1984 | 584 | 1322 | 1431 | 1200 | 490 | 1005 |
| 1985 | 651 | 1307 | 1377 | 985 | 324 | 927 |
| Mass screening: | | | | | | |
| 1984 | 584 | 1142 | 951 | 711 | 256 | 728 |
| 1985 | 494 | 1098 | 886 | 884 | 352 | 742 |

In 1984 and 1985 the numbers of smears taken are higher in the regions where no mass screening was held than in those areas in which mass screening did in fact take place. Only in the 55-64 age group, which is not covered by the mass screening, is the number of smears taken in the regions where mass screening was held in 1985 higher. The number of smears taken in the age groups that fell outside the mass screening for cervical cancer and still do if such screening is organized may be described as high.

When we assume that age limits for mass screening for cervical cancer are based on those ages at which the chance of occurrence of this disorder is the greatest, it may then be cautiously concluded that a large percentage of the smears taken by general practitioners lies outside the age groups selected for mass screening. This also applies when one considers only the number of 'first' smears (see Table 7).

Table 12: smears taken per age group for the sentinel stations (as percentages), 1984-1986

| age | total numbers of smear | "first" smear |
|---|---|---|
| ≤ 35 years | | |
| 1984 | 45.9 | 52.5 |
| 1985 | 42.2 | 48.7 |
| 1986 | 42.5 | 45.4 |
| 35-54 years | | |
| 1984 | 46.8 | 40.7 |
| 1985 | 48.6 | 42.8 |
| 1986 | 49.9 | 47.1 |
| ≥ 54 years | | |
| 1984 | 7.4 | 6.8 |
| 1985 | 9.2 | 8.5 |
| 1986 | 7.6 | 7.5 |

In 1984 we wrote that general practitioners are inclined to consider screening for cervical cancer as their task. We are now inclined to state that general practitioners, despite the continuing discussion on the remuneration of the general practitioner for this examination and the failure to reach agreement on this, while seeming prepared to assume this task, have not yet achieved a situation in which the performance of that examination is always equally efficient. However, the figures for 1986 suggest that the situation is improving. With respect to 1984 and 1985 clear changes may now be seen. This is particularly the case with the 35-54 age group, whereby both the general practitioner and the woman more than before take the initiative for taking a smear for reasons of early diagnosis of a possible cervical carcinoma.
These figures give the impression of being the result of the changed policy regarding the mass screening for cervical cancer.

The results of this topic, as stated at the beginning of this chapter, will acquire greater value when the plans of the central government make further progress.

This topic has been maintained on the weekly return in 1987 in a somewhat changed form.

## DISCHARGED PSYCHIATRIC PATIENTS

After discharge from a psychiatric facility a difficult period generally dawns for a patient, in which a new equilibrium must be found in functioning in a differently regulated environment. Every year people are faced with this task over 50,000 times.
The question arises whether these people are counselled in this search for a new equilibrium and, if so, by whom. Part of the answer is that in the first three months after discharge half of these people are in touch with an institution for mental health care. Whether the other half of the discharged patients also receive a form of professional care is unknown.

In 1985 an investigation was performed in a municipality in the north of the country by the Social Psychiatry Department of Groningen State University into the contacts of a hundred discharged psychiatric patients with institutions for mental health care and with primary health care. The initiative for this investigation had been taken by the Chief Medical Office of Health.
In the investigation interest was directed above all towards the share of primary health care in after-care for the discharged psychiatric patient.

When this investigation was being set up there was already interest in the question to what extent the findings in the municipality investigated would be representative of the whole country.
Mr W. Frankenberg M.D., a member of the investigating team, requested the Counselling Committee of the Continuous Registration Sentinel Stations to repeat some of the questions put in the investigation in the northern municipality in this nationally representative registration system.
The request is to register the first contact with or about a patient after the latter's discharge from a psychiatric facility, irrespective of the time between discharge and the first contact and also irrespective of whether the first contact is connected with the psychiatric problems of the person concerned. This registration therefore also covers the contacts with others than the patient (partner, family, neighbours, police and so on) insofar as the discharged patient is concerned. A questionnaire is completed with reference to this first contact. The questions, which in part are

identical with questions put in the above-mentioned investigation, relate to aspects of the hospitalization of the patient, the discharge, the reporting on the discharge and the first contact after the discharge itself. Questions are also asked about some aspects of the after-care of the discharged patients. The data collected in this way are processed by the Groningen investigation group. They will be reported on alsewhere.

Table 13 shows the first contacts with or about discharged psychiatric patients by province and urbanization group and for the Netherlands per 10 000 persons.

Table 13: number of consultations with or about discharged psychiatric patients by province and urbanization group and for the Netherlands per 10 000 inhabitants, for 1986

| | province group | | | | urbanization group | | | Netherlands |
|---|---|---|---|---|---|---|---|---|
| | A | B | C | D | 1 | 2 | 3 | |
| 1986 | 11 | 8 | 8 | 7 | 7 | 7 | 11 | 8 |

The number of registered first contacts after discharge, 8 per 10 000 inhabitants for the Netherlands, is considerably lower than the number of approx. 36 per 10 000 inhabitants (some 50 000 discharges out of over 14 million inhabitants) expected by the Groningen investigators. Halfway through the registration year contact was established with the spotter physicians about the shortfall in the number of reports and the registration procedure was again explained. This did not result in a clear increase in the absolute number of reports in the second half of the year: 52 in the first half of 1986, as against 58 in the second half. At the annual meeting in January 1987 this problem was discussed with the spotter physicians in the presence of the man responsible for the topic, Mr W. Frankenberg. In consultation with the spotter physicians the registration procedure has been adjusted. The provisional figures for the first quarter of 1987, howvever, barely differ from the figures from 1986: the number of absolute reports is 27 for the first 13 weeks of 1987.

The considerable difference between the numbers expected by the Groningen investigators and the numbers found so far in the registration by the spotter physicians calls for caution in the interpretation of the data.

Age distribution

Table 14 presents the data on the number of first contacts with or about a discharged psychiatric patient by age group per 10 000 inhabitants.

Table 14: number of first contacts with or about a discharged psychiatric patient by age group per 10 000 inhabitants, for 1986

| | Age group | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | 10-14 | 15-19 | 20-24 | 25-34 | 35-44 | 45-54 | 55-64 | ≥65 |
| number of first consultations | (1) | (1) | 10 | 13 | 13 | 11 | 11 | 7 |

According to this registration, under the age of twenty discharges from psychiatric institutions are reported only exceptionally. The number of discharges from psychiatric facilities for children and young people amounts nationally to some 400 per year. In the sentinal station population about 4 discharges would therefore be expected (1% of the number for the total Dutch population). From the 20-24 age group onwards the number of first consultations after discharges is about the same for the various age groups. Above the age of 65 the number of first contacts with and about a discharged psychiatric patient declines. It is true that every year approx. 10 000 admissions to psychogeriatric nursing homes are terminated, but in the majority of cases this is as a result of the death of the patient.

As stated, the data must be handled with caution. The results of this registration differ too much from the expected numbers. An explanation of this is being sought.

The topic has been maintained as such on the weekly return.

## STERILIZATION OF THE MAN

Sterilization of the man has been a topic on the weekly return since 1972. The data obtained on this subject, together with those on the subjects sterilization of the woman and prescription of morning-after pill, are being used inter alia for the compilation of a Dutch contribution to the Council of Europe's report: 'Country Report of the Netherlands'[11] and for computing the trend of the population[12].
The annually published data form a partial but as yet indispensable instrument for assessing developments in the field of birth control behaviour.

The number of sterilizations of men performed per 10 000 of all men and per province group and urbanization group is given in Table 15 (cf. Fig. 9).

Table 15: number of sterilizations of men performed, per province group and urbanization group per 10 000 men, 1972-1986

| | province group | | | | urbanization group | | | Netherlands |
|---|---|---|---|---|---|---|---|---|
| | A | B | C | D | 1 | 2 | 3 | |
| 1972 | 15 | 19 | 22 | 33 | 9 | 25 | 30 | 24 |
| 1973 | 11 | 26 | 41 | 61 | 22 | 38 | 59 | 40 |
| 1974 | 14 | 40 | 38 | 77 | 34 | 41 | 62 | 46 |
| 1975 | 18 | 38 | 44 | 69 | 58 | 44 | 37 | 46 |
| 1976 | 33 | 59 | 53 | 80 | 45 | 66 | 52 | 57 |
| 1977 | 50 | 50 | 48 | 65 | 43 | 59 | 50 | 53 |
| 1978 | 67 | 82 | 59 | 106 | 76 | 72 | 79 | 74 |
| 1979 | 86 | 101 | 85 | 139 | 97 | 106 | 82 | 99 |
| 1980 | 66 | 73 | 79 | 92 | 66 | 78 | 91 | 79 |
| 1981 | 51 | 60 | 58 | 67 | 52 | 58 | 67 | 59 |
| 1982 | 43 | 52 | 43 | 68 | 48 | 50 | 51 | 50 |
| 1983 | 40 | 60 | 37 | 58 | 68 | 41 | 43 | 46 |
| 1984 | 49 | 45 | 41 | 55 | 42 | 45 | 51 | 46 |
| 1985 | 45 | 57 | 35 | 50 | 68 | 39 | 39 | 44 |
| 1986 | 21 | 76 | 42 | 42 | 80 | 35 | 43 | 45 |

For some 4 years the number of sterilizations of the man has been approx. 45 per 10 000 men and thus stable.
For the whole country the number of sterilizations in 1986 differs little from that in 1985 (45 as against 44 per 10 000 men). However, there is some movement in the subgroups: an increase in the eastern and western provinces, in rural municipalities and in the cities. Against this there is a fall in the northern and southern provinces and in the urbanized municipalities (see also the chapter on sterilization of the woman).
Extrapolation gives approx. 32 000 sterilizations for the total population of the Netherlands. A breakdown per quarter offers an opportunity for investigating whether a change in frequency may be a reaction to some event by which the popularity of this method may be influenced. The frequencies in 1986 per quarter match those of 1983-1985.

As has been said in the previous reports, if no other factors play a role, one may in the course of time expect a stabilization as a result of the end of a 'historical catching-up effect' coming into sight. If in 1986 some 18 500 sterilizations of men had been performed (the 'replacement factor'), the percentage of men sterilized at some time would have remained the same as in 1985. Since in reality some 32 000 operations were performed, there is still a considerable additional increase of some 13 500. The percentage of men in the Dutch population sterilized at some time who - statistically speaking[13] - form part of the fertile age group increases as a result from 11.9% in 1985 to 12.2% in 1986[14].

In Fig. 11 the number of sterilizations per 10 000 of all subgroups together is compared with that of women. There proves to be close agreement.

Age distribution
The age-specific distribution of the number of sterilizations performed per 10 000 men is given in Table 16 (cf. Fig. 12).

Table 16: number of sterilizations of men performed, by age group, per 10 000 men, 1972-1986

| | age group | | | | | |
|---|---|---|---|---|---|---|
| | 15-19 | 20-24 | 25-34 | 35-44 | 45-54 | 55-64 |
| 1972 | - | (3) | 42 | 105 | 35 | - |
| 1973 | - | 16 | 79 | 179 | 40 | (4) |
| 1974 | - | 9 | 110 | 186 | 39 | (4) |
| 1975 | - | (3) | 95 | 196 | 53 | (2) |
| 1976 | - | 15 | 149 | 207 | 48 | - |
| 1977 | - | 10 | 117 | 208 | 52 | (7) |
| 1978 | - | 8 | 148 | 309 | 89 | 10 |
| 1979 | - | 13 | 225 | 404 | 91 | 8 |
| 1980 | - | 11 | 222 | 267 | 52 | (6) |
| 1981 | - | 7 | 175 | 197 | 24 | 8 |
| 1982 | - | 9 | 125 | 185 | 27 | (3) |
| 1983 | - | (6) | 119 | 159 | 33 | (2) |
| 1984 | - | 8 | 105 | 157 | 36 | (3) |
| 1985 | - | - | 110 | 151 | 25 | (5) |
| 1986 | - | (2) | 110 | 145 | 34 | (3) |

For all years the highest frequency is to be seen in the 35-44 age group. The decline that started in 1980 seems to be coming to a halt in this group. In respect of 1979 a drop of 63% occurred in 1986 as against 50% in the 25-34 age group. In 1985 the fall in respect of 1979 in the 35-44 age group is 63% and in the 25-34 age group 49%. In the 45-54 age group more sterilizations were performed in 1986 than in 1985 (34 as against 25 per 10 000 men).
A cumulative calculation shows that in the Netherlands since 1971 at least 560 000 sterilizations of men have been performed, that is on 7.75% of the total male population.
For a further study see the next section, in which the topic 'sterilization of the woman' is dealt with.

The question is maintained on the 1987 weekly return.

## STERILIZATION OF THE WOMAN

Sterilization of the woman performed was placed on the weekly return in 1974 (of the man performed in 1972).
The number of sterilizations of women performed per 10 000 of all women and per province group and urbanization group is given in Table 17 (cf. Fig. 10).

Table 17: number of sterilizations of women performed, per province group and urbanization group, and for the Netherlands per 10 000 women, 1974-1986

| | province group | | | | urbanization group | | | Netherlands |
|---|---|---|---|---|---|---|---|---|
| | A | B | C | D | 1 | 2 | 3 | |
| 1974 | 37 | 37 | 30 | 40 | 37 | 28 | 44 | 35 |
| 1975 | 58 | 50 | 41 | 53 | 55 | 47 | 39 | 46 |
| 1976 | 76 | 58 | 61 | 74 | 66 | 71 | 55 | 66 |
| 1977 | 61 | 54 | 67 | 68 | 52 | 68 | 67 | 64 |
| 1978 | 68 | 62 | 76 | 116 | 60 | 85 | 83 | 81 |
| 1979 | 80 | 74 | 88 | 118 | 89 | 97 | 74 | 90 |
| 1980 | 67 | 57 | 74 | 71 | 81 | 64 | 77 | 70 |
| 1981 | 37 | 49 | 44 | 55 | 40 | 47 | 48 | 46 |
| 1982 | 41 | 45 | 37 | 43 | 52 | 36 | 43 | 40 |
| 1983 | 45 | 38 | 37 | 42 | 42 | 35 | 51 | 39 |
| 1984 | 32 | 53 | 38 | 33 | 55 | 33 | 42 | 39 |
| 1985 | 24 | 29 | 24 | 28 | 33 | 23 | 28 | 26 |
| 1986 | 33 | 23 | 32 | 27 | 30 | 27 | 35 | 29 |

The national frequency of the number of sterilizations of the women performed rose again somewhat in 1986 for the first time since 1980, when a decline began: from 26 in 1985 to 29 per 10 000 women in 1986. For the different subgroups the movements of the figures vary. The increase is to be seen in the northern and western provinces, from 24 and 24 per 10 000 women respectively to 33 and 32 per 10 000 women. The southern provinces display the same figure for 1985 and 1986, 28 and 27 per 10 000 women. Only in the eastern provinces has the decline been continuing from 1980 onwards: in 1985 29 steriliza-

tions per 10 000 women and in 1986 23 per 10 000 women. In the rural municipalities the number of sterilizations in 1986 fell in respect of 1985 from 33 to 30 per 10 000 women. The increase occurs in the other two urbanization groups.
In the northern provinces the number of sterilizations of the man fell in 1986, whereas the figure for women increased. This contrasts with the figures from the eastern provinces, where the number of sterilizations of the man is precisely on the increase and that of women on the decrease. In rural municipilaties too the number of sterilizations of the man is increasing and that of women decreasing, whereas in the urbanized rural municipalities and municipalities with urban characteristics exactly the opposite is the case: a decrease among the men, and an increase among women. Increase in the number of sterilizations among both men and women may be seen in the western provinces and in the cities.
These are, of course, no more than specifications of how the figures change. However, a certain degree of local colour seems to be starting to occur. Should this trend be confirmed in the years to come, futher analysis of these figures seems to be interesting, to say the least.

Fig. 11 gives a comparison between the number of sterilizations of the men and the women per year. The curves display a great degree of similarity up to 1985.
The remarks made on the trend in the previous chapter are also applicable here. In 1985 the curves for men and women seem to diverge; this is also the case in 1986. It remains to be seen whether these differences will continue to occur in the years to come.

Age distribution
The age-specific distribution of the number of sterilizations performed per 10 000 women is given in Table 18 (cf. Fig. 12).

Table 18: number of sterilizations of women performed, by age group per 10 000 women, 1974-1986

| | age group | | | | | |
|---|---|---|---|---|---|---|
| | 10-14 | 15-19 | 20-24 | 25-34 | 35-44 | 45-54 |
| 1974 | - | (3) | 8 | 92 | 147 | 7 |
| 1975 | - | - | 14 | 132 | 177 | 25 |
| 1976 | - | (2) | 13 | 160 | 293 | 37 |
| 1977 | - | - | 25 | 174 | 246 | 40 |
| 1978 | - | (3) | 13 | 204 | 339 | 52 |
| 1979 | - | - | 19 | 239 | 377 | 44 |
| 1980 | - | - | 13 | 191 | 283 | 32 |
| 1981 | (2) | - | 11 | 154 | 155 | 10 |
| 1982 | - | - | 22 | 117 | 140 | 14 |
| 1983 | - | - | 7 | 106 | 156 | 21 |
| 1984 | - | - | 10 | 127 | 115 | 14 |
| 1985 | - | - | (3) | 75 | 92 | 9 |
| 1986 | - | (2) | 6 | 84 | 94 | 15 |

For all age groups there is a slight increase in the number of sterilizations compared with 1985. However, compared with 1984 and the years before there is still a lower level of the number of sterilizations of the woman performed. In the 35-44 age group most sterilizations of the woman are again performed (see also the previous chapter).

A cumulative calculation shows that in the Netherlands since 1973 sterilization has been performed in total on at least 473 000 women, i.e. 6.4% of the total female population. However, it is more realistic to relate the figures solely to women of fertile age (15-49 years) and at the same time to include the sterilization pattern of the man.
In that case it proves that in 1975 the woman or the man was sterilized in some 6% of (married) couples. This percentage has since risen via approx. 18.5 in 1980 and approx. 22.4 in 1984 to 22.7% in 1985. In 1986 this has still risen somewhat further to 23.0%, but only as a result of the relatively high number of sterilizations of the men. The number of sterilizations which has then to be performed

annually on the basis of this calculation to keep the total percentage stable would then be over 45 000 (men and women together) in 1987 but gradually increases somewhat in the following years. Dr E. Ketting, who made these calculations, expects that in the Netherlands a situation will some about in which some 30% of all women who reach the age of 50 in a given year will have been sterilized at some time. In 1986 this is already approx 25.6%.

To keep the percentage of women sterilized at some time stable, some 23 000 sterilizations were required in 1986. The number of sterilizations performed (obtained by extrapolation) is 21 000, i.e. somewhat less than required to keep the percentage of 10.8% sterilized women in the 15-49 age group stable. However, the difference is so small that this percentage (after rounding-off) remained 10.8% in 1986. In 1984 there was still a surplus of some 11 000, whereas in 1985 a stabilization occurred. This continued in 1986.

However, in making calculations on fertility in the Netherlands, the number of hysterectomies should also be taken into account.

This question has been maintained on the weekly return for 1987.

## PRESCRIPTION OF THE MORNING-AFTER PILL

In 1972 the spotter physicians were asked for the first time to report when they prescribed the morning-after pill.

Table 19 gives the frequency with regard to the prescription of the morning-after pill, per province and urbanization group (cf. Fig. 13).

Table 19: number of prescriptions of the morning-after pill, per province group and urbanization group per 10 000 women, 1972-1986

| | province group | | | | urbanization group | | | Netherlands |
|---|---|---|---|---|---|---|---|---|
| | A | B | C | D | 1 | 2 | 3 | |
| 1972 | 34 | 42 | 55 | 68 | 45 | 41 | 81 | 53 |
| 1973 | 29 | 69 | 57 | 67 | 62 | 47 | 79 | 59 |
| 1974 | 59 | 86 | 55 | 85 | 76 | 51 | 94 | 68 |
| 1975 | 54 | 77 | 55 | 61 | 76 | 54 | 57 | 60 |
| 1976 | 88 | 64 | 54 | 52 | 56 | 61 | 61 | 60 |
| 1977 | 59 | 57 | 44 | 50 | 42 | 55 | 44 | 49 |
| 1978 | 76 | 59 | 45 | 39 | 45 | 51 | 49 | 50 |
| 1979 | 60 | 54 | 46 | 50 | 46 | 50 | 53 | 50 |
| 1980 | 78 | 47 | 42 | 52 | 43 | 49 | 57 | 50 |
| 1981 | 42 | 36 | 29 | 46 | 29 | 35 | 40 | 35 |
| 1982 | 31 | 39 | 35 | 37 | 26 | 32 | 51 | 35 |
| 1983 | 25 | 39 | 27 | 36 | 28 | 29 | 36 | 30 |
| 1984 | 45 | 43 | 35 | 37 | 41 | 35 | 47 | 38 |
| 1985 | 37 | 31 | 31 | 30 | 30 | 29 | 39 | 32 |
| 1986 | 48 | 45 | 31 | 38 | 32 | 38 | 41 | 37 |

Since 1981 the number of prescriptions issued for the morning-after pill has fluctuated around 35 per 10 000 women. There was no change in this in 1986. Compared with 1985, there is an increase from 32 to 37 per 10 000 women.

The increase occurs in all province groups with the exception of the

western provinces. A breakdown by degree of urbanization shows that the increase occurs notably in the urbanized rural municipalities and in the municipalities with urban characteristics.

There is little difference between the quarterly figures. In the third quarter prescribing is somewhat higher than the rest of the year.

Age distribution

Table 20 gives the age distribution of the prescription of the morning-after pill (cf. Fig. 14).

Table 20: number of prescriptions of the morning-after pill, by age group, per 10 000 women, 1972-1986

| | age group | | | | | |
|---|---|---|---|---|---|---|
| | 10-14 | 15-19 | 20-24 | 25-34 | 35-44 | 45-54 |
| 1972 | (2) | 148 | 150 | 117 | 67 | 7 |
| 1973 | 7 | 190 | 196 | 94 | 66 | 18 |
| 1974 | (2) | 266 | 171 | 104 | 78 | 34 |
| 1975 | (5) | 194 | 176 | 105 | 62 | 24 |
| 1976 | 10 | 204 | 129 | 102 | 87 | 21 |
| 1977 | (6) | 147 | 140 | 87 | 54 | 22 |
| 1978 | (6) | 180 | 156 | 58 | 60 | 25 |
| 1979 | (2) | 142 | 171 | 85 | 51 | 16 |
| 1980 | - | 148 | 134 | 90 | 67 | 10 |
| 1981 | (2) | 101 | 112 | 58 | 44 | 9 |
| 1982 | (5) | 109 | 107 | 56 | 44 | (5) |
| 1983 | (6) | 99 | 85 | 47 | 36 | 9 |
| 1984 | (5) | 144 | 115 | 62 | 24 | 13 |
| 1985 | 9 | 125 | 82 | 54 | 21 | 9 |
| 1986 | 13 | 150 | 111 | 54 | 26 | 14 |

The increase in 1986 occurs in all age groups with the exception of the 25-34 age group. As in other years, prescriptions for the 15-19 age group are the highest of all age groups.

Because a 5-year age group is too broad a classification for the younger age, it is requested that reports on those under the age of

20 state the exact age, and with effect from 1980 also for patients older than 50 years. Reports above 50 years occurred twice.
The absolute numbers under 20 years are given in Table 21. The seventeen-year-olds stand out as regards the number of prescriptions of the morning-after pill.

Table 21: absolute numbers of prescription of the morning-after pill for women under 20 years, 1977-1986

| | 1977 | 1978 | 1979 | 1980 | 1981 | 1982 | 1983 | 1984 | 1985 | 1986 |
|---|---|---|---|---|---|---|---|---|---|---|
| 11 years | - | - | - | - | - | - | 1 | - | - | - |
| 12 years | - | - | - | - | - | - | - | - | - | - |
| 13 years | 1 | - | - | - | 1 | 1 | 1 | 1 | 1 | - |
| 14 years | 4 | 4 | 2 | - | - | 1 | 2 | 2 | 4 | 5 |
| 15 years | 12 | 11 | 12 | 8 | 13 | 12 | 5 | 7 | 3 | 7 |
| 16 years | 18 | 20 | 18 | 20 | 9 | 14 | 16 | 21 | 18 | 16 |
| 17 years | 23 | 36 | 19 | 32 | 14 | 17 | 23 | 21 | 32 | 30 |
| 18 years | 17 | 21 | 29 | 23 | 17 | 16 | 15 | 28 | 15 | 15 |
| 19 years | 19 | 26 | 14 | 17 | 16 | 16 | 7 | 12 | 6 | 8 |
| total | 94 | 118 | 94 | 100 | 70 | 78 | 70 | 92 | 79 | 81 |

The extrapolation of the frequencies found to the Dutch population appears on p. 80. From 1983 onwards, at the request of M.R. van Santen, gynaecologist in Utrecht, it was also requested that the kind of pill prescribed be noted. This was to investigate whether the "new morning-after pill" (200 mcg ethinylestradiol + 1 mg dl-norgestrel) has displaced the "old" one (5 mg ethynilestradiol for 5 days). This proves to be the case. In 1980 5 mg EE2 was still being used in practically 100% of the cases; now that is only 15% according to this registration.
Some caution in interpretation is called for here. There are indications that self-medication is increasingly occurring because the morning-after pill is easily obtainable. Incorrect use, such as several times per cycle, after more than one unprotected coitus or use of the wrong pill is conceivable. This registration establishes how often the general practitioner is asked to prescribe the morning-after pill.

The question has been maintained on the 1987 weekly return, with reporting of the product prescribed.

The relationship between man and (domestic) animal is not free from problems. One of them is aggressiveness in this relationship, with reciprocal manifestations of violence. Judging by publications in the literature on this subject, it is definitely not infrequent that man and animal injure one another.
Interest in this subject has been remarkable in recent years. In 1985 the general practitioners participating in the Rotterdam Sentinel Stations Project recorded the number of times that they were consulted for a bite by pets[15]. Extrapolation of the data collected in Rotterdam to the Dutch population works out at over 40 000 persons who consult the general practitioner every year for a pet bite. In some 90% of the cases a dog bite is concerned.
Moreover, the data of the Consumer and Safety Foundation show that in 1984 over 16 000 persons were treated in hospital for a dog bite[16]. On estimate between 6 000 and 7 000 people are treated for injuries caused by other animals (horses, cats, wasps).

There is no insight into the extent to which there is an overlap of the population treated by the general practitioners or the hospitals. Nor is it clear to what extent the bites by pets registered by the Rotterdam general practitioners are a clear representation of the occurrence of this problem in the rest of the Netherlands.

For J.J.L. Pieters, Inspector of Health in general service of the Chief Medical Office of Health for non-contagious diseases and road safety, the lack of insight into the problem of bites by pets led to a request to the Counselling Committee of the Continuous Morbidity Registration Sentinel Stations to put forward the topic for registration.
It was requested that the new bites for which the general practitioner is consulted be registered, a distinction being made between dog bites and bites by other domestic animals. Exempted from registration are insect "bites", which after all may cause a different kind of problem than injuries by bites (allergic reactions versus secondary infections).

A number of supplementary questions were asked to gain insight into further aspects of the problem. Insight into the severity of the injuries (number of bites), familiarity with the animal (one's own pet or not), the risks of certain occupations (bitten during one's work) and the repeat factor (bitten earlier this year) is pursued. Finally, the question whether the patient has been referred for treatment to the hospital is aimed at gaining insight into the possible overlap in different registration systems and the share of general practitioners in taking care of these patients.
The data concerning this further questioning are being processed by the Consumer and Safety Foundation.

Table 22 states the numbers of patients consulting the general practioner for a new dog bite or a bite by another pet per province group and per urbanization group and for the Netherlands (cf. Fig. 15).

Table 22: number of patients consulting the general practitioner for a bite by a pet (first consultation only) by province and urbanization group and the Netherlands, per 10 000 men and women, for 1986

| | | province group | | | | urbanization group | | | Netherlands |
|---|---|---|---|---|---|---|---|---|---|
| | | A | B | C | D | 1 | 2 | 3 | |
| Dog bites | M | 29 | 42 | 26 | 35 | 39 | 31 | 25 | 31 |
| | F | 28 | 24 | 22 | 18 | 29 | 22 | 17 | 22 |
| | M+F | 28 | 33 | 24 | 26 | 34 | 27 | 21 | 26 |
| Other bites | M | 4 | 1 | 3 | 5 | 2 | 3 | 4 | 3 |
| | F | 7 | 10 | 5 | 4 | 8 | 6 | 3 | 6 |
| | M+F | 5 | 5 | 4 | 4 | 5 | 5 | 4 | 4 |
| Total | M | 33 | 43 | 29 | 40 | 41 | 34 | 29 | 34 |
| | F | 35 | 34 | 27 | 22 | 37 | 28 | 20 | 28 |
| | M+F | 33 | 38 | 28 | 30 | 39 | 32 | 25 | 30 |

Boys and men are bitten by pets more than girls and women: 34 per 10 000 men and 28 per 10 000 women.

If a distinction is made between dog bites and bites by other pets it emerges that men are clesrly bitten by dogs more than women are (31 per 10 000 men against 22 per 10 000 women), whereas for bites by other pets the relation is the other way round (3 per 10 000 men against 6 per 10 000 women). The fewest bites by pets are put forward to the general practitioner in the western provinces (28 per 10 000 persons). The number is the highest in the eastern provinces, with 38 patients per 10 000 persons. The northern and southern provinces also display numbers that are clearly above the frequency of occurrence in the western provinces (33 and 30 per 10 000 persons against 28 per 10 000 persons).

The frequency of consultation of the general practitioner for pet bites found in the western provinces corresponds to the frequency found in Rotterdam in 1984: 28.3 per 10 000 persons. Of all bites in the western provinces, 86% are dog bites. In the Rotterdam registration this was up to 90%. For men the percentage of dog bites in the western provinces is 90; for women 81. The difference in incidence of notably dog bites is perhaps related to a difference in the presence of dogs in the given regions of the country, and in the west the tendency to go to a first-aid post.

Table 23 surveys the number of first consultations for bites by pets per quarter per 10 000 men and per 10 000 women.

Table 23: number of first consultations for bites by pets per quarter per 10 000 women, for 1986

| | | 1st quarter | 2nd quarter | 3rd quarter | 4th quarter |
|---|---|---|---|---|---|
| dog bites | M | 6 | 10 | 8 | 6 |
| | F | 5 | 7 | 6 | 4 |
| | M+F | 5 | 9 | 7 | 5 |
| bites by | M | 1 | 1 | 1 | 0 |
| other pets | F | 2 | 1 | 2 | 1 |
| | M+F | 1 | 1 | 1 | 1 |

(as a result of rounding-off small differences may have occurred in the totals)

The data per quarter show that in the spring (2nd quarter) and the summer (3rd quarter) clearly more dog bites occur than in the other two quarters. The second quarter displays an almost double frequency: 9 dog bites per 10 000 inhabitants against 5 per 10 000 inhabitants in the first and fourth quarter.

Age distribution

Table 24 gives the frequency of the first consultations of the general practitioner on account of a bite by a pet per 10 000 inhabitants per age group (cf. Fig 16).

Table 24: number of patients consulting the general practitioner on account of a bite by a pet (first consultation only) by age group per 10 000 men and women, for 1986

| | | age group | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | <1 | 1-4 | 5-9 | 10-14 | 15-19 | 20-24 | 25-34 | 35-44 | 45-54 | 55-64 | ≥ 65 |
| dog bites | M | - | 41 | 55 | 49 | 43 | 26 | 31 | 29 | 17 | 28 | 18 |
| | F | - | 27 | 41 | 26 | 39 | 17 | 21 | 23 | 17 | 20 | 13 |
| | M+F | - | 34 | 48 | 38 | 41 | 21 | 26 | 26 | 17 | 24 | 15 |
| bites by other pets | M | (29) | - | (5) | (2) | (5) | (2) | 4 | 6 | (1) | (2) | - |
| | F | - | (10) | (5) | (9) | (5) | (8) | 6 | 6 | 8 | (4) | - |
| | M+F | (15) | (5) | (5) | (5) | (5) | (5) | 5 | 6 | 5 | (3) | - |

In this registration year there was only one report recorded in the sentinal station practices of a baby below the age of one year being bitten by a pet. Of people older than 65 years not one was bitten by one of the other pets.

It is above all young people aged between 1 and 19 years that are bitten by dogs (34-48 per 10 000 persons). Thereafter the frequency of the number of first consultations on account of a dog bite clearly declines (15-26 per 10 000 persons).

In the majority of the age groups more men than women are again bitten by dogs. The 45-54 age group forms the exception: as many men as women consult the general practitioner for a dog bite (17 per 10 000 men and women). Women are bitten more by other pets than men, with as an exception the 5-9, 15-19 and 25-44 age groups. In these age groups the number of first consultations on account of bites by other pets is the same for men and women.

For 1987 the subject dog bites has been maintained on the weekly return. The topic bites by other pets has been removed from the weekly return.

## (ATTEMPTED) SUICIDE

In 1970-1972 attempted suicide, successful and unsuccessful, appeared on the weekly return. In consultation with the Chief Medical Office for Mental Health the Programme Committee decided to repeat this gauging in 1979.
In other fields too (hospitals), research into suicide is being performed at present. In this way it is being attempted to get an insight into the extent, the trend and other aspects of the problem. The name of the topic is the definition.
The Chief Office also requested that more data be collected on the cases reported. For this purpose a questionnaire has been compiled in cooperation with Professor R.F.W. Diekstra, clinical psychologist, Leiden. On this form the question whether the attempt was successful or not and how the attempt was made appears. At the same time questions are asked about contacts with the medical sector prior to the (attempted) suicide. However, the essential aspect here is not whether the attempt was successful; the primary concern is the patient's intention, with the possibility that suicide is a consequence of the action.

The absolute number of reports (which is not equal to the number of patients, since recidivists are not uncommon) was 106, 98, 95, 116, 148, 109, 90 and 90 in 1979-1986.
The number of reports in 1983 proves to be the largest in comparison with those of the preceding years and of the period 1970-1972, when 109, 135 and 110 cases respectively were reported in a population of practically the same size.

The number of attempts per province and urbanization group per 10 000 inhabitants may be found in Table 25. The breakdown into subgroups is of limited value, because of the relatively small frequencies.
As in 1985, when the degree of urbanization is considered most suicide attempts are reported in the cities, viz 15 per 10 000 inhabitants.
Otherwise than in 1985, in 1986 the highest frequencies are now reported in the northern provinces: 8 per 10 000 inhabitants.

Table 25: number of reports of (attempted) suicide per province and urbanization group, per 10 000 inhabitants, 1979-1986

| | province group | | | | urbanization group | | | Netherlands |
|---|---|---|---|---|---|---|---|---|
| | A | B | C | D | 1 | 2 | 3 | |
| 1979 | 8 | 6 | 8 | 5 | 5 | 7 | 9 | 7 |
| 1980 | 9 | 4 | 8 | 5 | 4 | 7 | 9 | 7 |
| 1981 | 6 | 4 | 7 | 7 | 3 | 7 | 7 | 6 |
| 1982 | 10 | 5 | 9 | 9 | 2 | 6 | 15 | 8 |
| 1983 | 16 | 5 | 11 | 8 | 4 | 8 | 16 | 10 |
| 1984 | 4 | 4 | 9 | 9 | 4 | 5 | 15 | 7 |
| 1985 | 6 | 3 | 8 | 5 | 2 | 6 | 11 | 6 |
| 1986 | 8 | 5 | 7 | 6 | 5 | 4 | 15 | 7 |

**Age distribution**

Table 26 gives the frequency of (attempted) suicide per 10 000 inhabitants per age group (see also Fig. 17).

Table 26: number of reports of (attempted) suicide by age group, per 10 000 inhabitants, 1979-1986

| | age group | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | 10-14 | 15-19 | 20-24 | 25-34 | 35-44 | 45-54 | 55-64 | ⩾65 |
| 1979 | (1) | 5 | 7 | 12 | 11 | 11 | 9 | 7 |
| 1980 | - | 5 | 14 | 7 | 12 | 7 | 6 | 10 |
| 1981 | (2) | 4 | 12 | 11 | 8 | 6 | 5 | 6 |
| 1982 | - | 9 | 18 | 11 | 10 | 7 | 7 | 7 |
| 1983 | - | 8 | 15 | 15 | 16 | 12 | 9 | 8 |
| 1984 | - | 6 | 13 | 9 | 11 | 9 | 9 | 8 |
| 1985 | (1) | 3 | 10 | 11 | 8 | 11 | 4 | 6 |
| 1986 | (4) | 6 | 6 | 11 | 10 | 8 | 8 | 13 |

With regard to age groups too the breakdown is of limited value on account of the small absolute numbers and the ease with which oscillations can occur.

Perhaps the consistently declining occurrence of the number of reports in the 20-24 age group since 1982 suggests a trend. To what extent the remarkable increase in 1986 in the number of reports of people aged 65 and older continues will have to emerge in the years to come.

### Seasonal influences

In contrast to what is occasionally asserted, there proves to be no connection between the number of suicides or attempts and the seasons. This was likewise found by the Rotterdam Municipal Medical and Health Service in the period 1954-1981[17].

This topic has been maintained on the weekly return for 1987.

In 1984 Hoogendoorn described in the Nederlands Tijdschrift voor Geneeskunde shifts in the epidemiological pattern of ulcus peptic-um[18]. Over the period 1950-1981 he described the considerable changes that have occurred in the Netherlands with regard to ulcer sufferers. Among men the national mortality and the frequency of hospitalization on account of ulcus ventriculi and ulcus duodeni have fallen sharply. Among women there is hardly any question of a decline; indeed, in various age groups opposite tendencies occur. In the case of young women there is a decrease in mortality and clinical morbidity; in the case of older women an increase occurs.

This study by Hoogendoorn was based on data from the Medical Registration Foundation and the Central Bureau of Statistics: on the cause-of-death statistics and the data from hospital registration respectively.
The question arose whether in general practice too the above-mentioned developments could be established. It was decided to place the subject on the weekly return to supplement the above data. Since the subject also appeared on the weekly return for 1975, a comparison can be made with the data from that year.
For this subject the advice was sought of Prof. Dr O.J. ten Thije, gastro-enterologist, Utrecht.

For the registration a distinction has been made between suspicion of an ulcus pepticum and certain diagnosis.
Suspicion of an ulcus pepticum arises if a patient has stomach complaints for longer than one to two weeks: stomach ache, pain in the night relieved by food, milk or antacids, tendency to recur in the winter, stomach complaints for years already (periodical) and a painful area that can be indicated by one finger.
Gastroscopy, X-ray examination or the surgeon's eye can confirm suspicion of an ulcus pepticum. Spotter physicians have been asked to register the way in which certainty has been acquired with regard to the diagnosis.
A second distinction is that between new patients and patients with a recurrent ulcus pepticum. Recurrence occurs when a new episode of complaints puts in an appearance after a complaint-free period of

three months. When the complaints manifested themelves for the first time in a person in 1986 and there was a recurrence in the same person in 1986, the spotter physicians were requested not to register this recurrence. One may therefore speak of an underestimation of the number of recurrences. A distinction has been made with regard to the sex of the patient with an ulcus pepticum.

In Table 27 the numbers of patients with a suspected or certain first ulcus pepticum and with a suspected or certain recurrent ulcus pepticum are given per province and urbanization group per 10 000 men and women and for the Netherlands (see also Figs. 18-19).

Table 27: number of patients with a first ulcus pepticum, suspected or confirmed, and a recurrent ulcus pepticum, suspected or certain, per province and urbanization group, per 10 000 men and women for 1985 and 1986

| | | | province group | | | | urbanization group | | | Nether-lands |
|---|---|---|---|---|---|---|---|---|---|---|
| | | | A | B | C | D | 1 | 2 | 3 | |
| 1st ulcus | M | 1985 | 13 | 15 | 15 | 11 | 10 | 16 | 9 | 14 |
| suspected | M | 1986 | 15 | 7 | 22 | 16 | 13 | 16 | 21 | 17 |
| | F | 1985 | 14 | 4 | 14 | 10 | 7 | 13 | 10 | 11 |
| | F | 1986 | 7 | 7 | 16 | 16 | 5 | 13 | 20 | 13 |
| 1st ulcus | M | 1985 | 5 | 7 | 8 | 4 | 7 | 4 | 11 | 6 |
| certain | M | 1986 | 4 | 5 | 8 | 8 | 4 | 7 | 10 | 7 |
| | F | 1985 | 2 | 3 | 4 | 11 | 4 | 4 | 9 | 5 |
| | F | 1986 | 6 | 3 | 6 | 6 | 5 | 5 | 7 | 5 |
| 1st ulcus | M | 1985 | 18 | 22 | 23 | 15 | 17 | 20 | 20 | 20 |
| total | M | 1986 | 19 | 12 | 30 | 24 | 17 | 23 | 31 | 24 |
| | F | 1985 | 16 | 7 | 18 | 21 | 11 | 17 | 19 | 16 |
| | F | 1986 | 13 | 10 | 22 | 22 | 10 | 18 | 27 | 18 |
| recurrence | M | 1985 | 16 | 12 | 24 | 17 | 10 | 15 | 36 | 19 |
| suspected | M | 1986 | 8 | 14 | 27 | 23 | 8 | 17 | 41 | 21 |
| | F | 1985 | 4 | 6 | 10 | 7 | 4 | 7 | 12 | 8 |
| | F | 1986 | 12 | 8 | 9 | 16 | 4 | 11 | 17 | 11 |
| recurrence | M | 1985 | 1 | - | 3 | 2 | 1 | 2 | 3 | 2 |
| certain | M | 1986 | 4 | 4 | 8 | 5 | 3 | 5 | 12 | 6 |
| | F | 1985 | - | - | 3 | 1 | - | 1 | 5 | 2 |
| | F | 1986 | - | 2 | 2 | 3 | 2 | 2 | 1 | 2 |
| recurrence | M | 1985 | 17 | 12 | 27 | 19 | 11 | 17 | 39 | 21 |
| total | M | 1986 | 12 | 18 | 35 | 28 | 11 | 22 | 53 | 27 |
| | F | 1985 | 4 | 6 | 13 | 8 | 4 | 8 | 17 | 10 |
| | F | 1986 | 12 | 10 | 11 | 19 | 6 | 13 | 18 | 13 |
| all ulcera | M | 1985 | 35 | 43 | 50 | 34 | 28 | 37 | 59 | 41 |
| total | M | 1986 | 31 | 30 | 65 | 52 | 28 | 45 | 84 | 51 |
| | F | 1985 | 20 | 13 | 31 | 29 | 15 | 25 | 36 | 26 |
| | F | 1986 | 25 | 20 | 33 | 41 | 16 | 31 | 45 | 31 |

In 1986 too men suffer more frequently from ulcers than women, 51 per 10 000 men and 31 per 10 000 women. Compared with 1985, in 1986 too these frequencies are higher: in 1985 an ulcus pepticum was suspected or confirmed in 41 per 10 000 men and 26 per 10 000 women.
In almost all subgroups it is established that men suffer from ulcus pepticum more than women. In 1985 it was found that in the southern provinces for the first ulcera diagnosed with certainty and in the cities for the recurrent ulcera diagnosed with certainty the number of female patients was greater than the number of male patients. This was not found again in 1986.
In 1986 the northern provinces form an exception: there a certain first ulcus was diagnosed among more women (6 per 10 000 women against 4 per 10 000 men) and a recurrent ulcus is more often suspected among women (12 per 10 000 women against 8 per 10 000 men).
Another exception to the rule of more men than women is formed by rural municipalities for the subgroup first ulcus confirmed by further diagnosis: 5 per 10 000 women against 4 per 10 000 men.
Consultation of the general practitioner on account of complaints indicating an ulcus pepticum occurs in 1985 and 1986 above all in the west of the country and to a smaller degree also in the southern provinces. In the subdivision by degree of urbanization of the location of the general practitioner it is the general practitioners in the cities that are most frequently consulted about complaints indicating an ulcus.

Table 28 gives insight into the relation between suspected ulcus pepticum and the ulcus diagnosed by X-ray examination, gastroscopy or during an operation.

Table 28: numbers of patients with a suspected first and recurrent ulcus pepticum and with a first and recurrent ulcus pepticum diagnosed with certainty per province and urbanization group per 10 000 men and women for 1985 and 1986

| | | province group | | | | urbanization group | | | Netherlands |
|---|---|---|---|---|---|---|---|---|---|
| | | A | B | C | D | 1 | 2 | 3 | |
| suspected | M 1985 | 29 | 27 | 39 | 28 | 20 | 31 | 45 | 33 |
| ulcus | M 1986 | 23 | 21 | 49 | 39 | 21 | 33 | 62 | 38 |
| (first and | F 1985 | 18 | 10 | 24 | 17 | 11 | 20 | 22 | 19 |
| recurrent) | F 1986 | 19 | 15 | 25 | 32 | 9 | 24 | 37 | 24 |
| total | 1985 | 47 | 37 | 63 | 45 | 31 | 51 | 77 | 52 |
| | 1986 | 42 | 36 | 74 | 71 | 30 | 57 | 99 | 62 |
| certain | M 1985 | 6 | 7 | 11 | 6 | 8 | 6 | 14 | 8 |
| ulcus | M 1986 | 8 | 9 | 16 | 13 | 7 | 12 | 22 | 13 |
| (first and | F 1985 | 2 | 3 | 7 | 12 | 4 | 5 | 14 | 7 |
| recurrent) | F 1986 | 6 | 5 | 8 | 11 | 7 | 7 | 8 | 7 |
| total | 1985 | 8 | 10 | 18 | 18 | 12 | 11 | 28 | 15 |
| | 1986 | 14 | 15 | 24 | 24 | 14 | 19 | 30 | 20 |

These figures justify the pronouncement that in the event of a suspicion of an ulcus pepticum general practitioners need to make a further examination in order to underpin the diagnosis in only a minority of those cases.

Comparison with 1975

As stated above, ulcera also appeared on the weekly return in 1975, albeit in a somewhat different form, namely patients with regard to whom the diagnosis ulcus ventriculi or ulcus duodeni had been confirmed for the first time via X-ray examination or gastroscopy. It therefore related to those patients for whom the futher diagnosis described was performed for the first time and the diagnosis ulcus ventriculi/duodeni was confirmed. Recurrences were not covered by the 1975 registration.

Some comparison is possible with the categories of confirmed first ulcus used in 1985 and 1986.

Table 29 gives the figures for the ulcers confirmed by means of further diagnosis for 1975 and 1985 and 1986 per province and urbanization group per 10 000 men and 10 000 women.

Table 29: numbers of patients with an ulcus pepticum diagnosed by means of further examination per province and urbanization group per 10 000 men and 10 000 women for 1975 and 1985-1986

| | | province group | | | | urbanization group | | | Netherlands |
|---|---|---|---|---|---|---|---|---|---|
| | | A | B | C | D | 1 | 2 | 3 | |
| 1975 | M | 66 | 23 | 23 | 15 | 39 | 17 | 29 | 27 |
| | F | 3 | 14 | 11 | 8 | 9 | 8 | 14 | 11 |
| 1985 | M | 6 | 7 | 11 | 6 | 8 | 6 | 14 | 8 |
| | F | 2 | 3 | 7 | 12 | 4 | 5 | 14 | 7 |
| 1986 | M | 8 | 9 | 16 | 9 | 7 | 12 | 22 | 13 |
| | F | 6 | 5 | 8 | 9 | 7 | 7 | 8 | 7 |

With the reservation made above regarding the comparability of the figures for the two years, it may be said that notably the pronounced decline among men in the occurrence of an ulcus pepticum diagnosed with certainty stands out. In 1975 27 per 10 000 men; in 1985 8 per 10 000 men and in 1986 13 per 10 000 men. The decline is the most pronounced among the men in northern provinces: from 66 per 10 000 men in 1975 to 6 per 10 000 in 1985 and 8 per 10 000 in 1986. In the rural municipalities the decline is less evident than in the other urbanization groups: in 1975 39 per 10 000 men against 8 and 7 per 10 000 men in 1985 and 1986 respectively.
Among women the decline is less pronounced, from 11 per 10 000 women in 1975 to 7 per 10 000 in both 1985 and 1986. Something special is going on among women in the southern provinces. Among them the occurrence of the first ulcus pepticum confirmed by means of X-ray examination or gastroscopy, or during an operation, has even increased from 8 per 10 000 women in 1975 to 12 per 10 000 women in 1985. In 1986 the number is again lower: 9 per 10 000 women.

Age distribution
Table 30 gives the frequences of the ulcers per age group (see also Fig. 20).

Table 30: number of patients with a first ulcus pepticum, suspected or confirmed, and a recurrent ulcus pepticum suspected or confirmed, by age group, per 10 000 men and per 10 000 women for 1985-1986

| | | age group | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | | 10-14 | 15-19 | 20-24 | 25-34 | 35-44 | 45-54 | 55-64 | ≥ 65 |
| first ulcer | M 1985 | (2) | (7) | 22 | 24 | 20 | 12 | 22 | (4) |
| suspected | M 1986 | - | (7) | 18 | 35 | 27 | 21 | 17 | 8 |
| | F 1985 | - | - | 9 | 18 | 18 | 20 | 19 | 9 |
| | F 1986 | - | (2) | 18 | 19 | 20 | 26 | 18 | 7 |
| first ulcer | M 1985 | - | (3) | (6) | 4 | 5 | 9 | 17 | 13 |
| certain | M 1986 | | - | (5) | (5) | 9 | 11 | 13 | 12 |
| | F 1985 | - | (2) | (1) | (3) | 11 | (3) | 10 | 13 |
| | F 1986 | - | - | (3) | (2) | 10 | 11 | 15 | 5 |
| first ulcer | M 1985 | (2) | 10 | 28 | 28 | 25 | 21 | 39 | 17 |
| total | M 1986 | - | (7) | 23 | 40 | 38 | 32 | 30 | 20 |
| | F 1985 | - | (2) | 10 | 21 | 29 | 23 | 29 | 22 |
| | F 1986 | - | (2) | 21 | 21 | 30 | 37 | 33 | 12 |
| recurrent | M 1985 | - | - | 8 | 25 | 31 | 39 | 34 | 19 |
| suspected | M 1986 | (2) | (3) | 8 | 23 | 34 | 41 | 46 | 14 |
| | F 1985 | - | (2) | - | 10 | 11 | 16 | 12 | 11 |
| | F 1986 | - | (4) | (5) | 14 | 15 | 22 | 18 | 7 |
| recurrent | M 1985 | - | (2) | - | (2) | 6 | (1) | (5) | (3) |
| certain | M 1986 | - | - | (5) | 6 | 8 | 10 | 13 | 8 |
| | F 1985 | - | - | - | - | - | (1) | (6) | (3) |
| | F 1986 | - | - | - | - | (2) | (6) | (4) | (3) |
| recurrent | M 1985 | - | (2) | 8 | 27 | 37 | 40 | 39 | 22 |
| total | M 1986 | (2) | (3) | 13 | 29 | 42 | 51 | 59 | 22 |
| | F 1985 | - | (2) | - | 10 | 11 | 21 | 18 | 14 |
| | F 1986 | - | (4) | (5) | 14 | 17 | 28 | 22 | 10 |
| Total | M 1985 | (2) | 12 | 36 | 56 | 62 | 61 | 78 | 41 |
| | F 1985 | (-) | (4) | 10 | 31 | 40 | 44 | 47 | 34 |
| | T 1985 | (1) | 8 | 23 | 44 | 51 | 52 | 60 | 38 |
| first + | M 1986 | (2) | 8 | 36 | 69 | 76 | 83 | 89 | 42 |
| rec. ulcus | F 1986 | (-) | (6) | 26 | 34 | 46 | 65 | 55 | 22 |
| | T 1986 | (1) | 9 | 31 | 54 | 63 | 74 | 70 | 30 |

Ulcus pepticum proves already to occur at a relatively young age, in the 10-19 age group. It is then an exception, found more among boys than among girls. And even recurrence already exists. However, it is not until the age of 20 years onward that an obvious occurrence of this complaint is found. In 1985 the frequency increases up to the age of 65 from 23 per 10 000 men and women in the 20-24 age group to 60 per 10 000 men and women in the 55-64 age group. Above the age of 65 the occurrence falls to 38 per 10 000 men and women. In 1986 the highest occurrence lies in the 45-54 age group: 74 per 10 000 inhabitants.

Suspicion of a first or reccurrent ulcer occurs as a rule more than the first or recurrent ulcer confirmed by further diagnosis. Only the age group above 65 years forms an exception to this, and then only by the occurrence of the first ulcer.

In this age group there is clearly more need for diagnostic certainty when persistent stomach complaints occur for the first time. This is a tendency that incidentally already begins to become visible in the 45-54 age group as, in the first lengthier occurrence of stomach complaints, diagnosis is clearly performed more often than in the 35-44 age group. In the case of suspicion of a recurrent ulcer this need is less. (The ratio between suspected and confirmed ulcer is used as a criterion of the need for certainty on the part of the physician.)

What is striking among men in the 45-54 age group is the low frequency of suspicion of a first ulcus pepticum (21 per 10 000 men in 1985 and 21 per 10 000 in 1986), whereas the frequency of suspicion of a recurrent ulcer in this group is in second place in 1985 and in 1986 with respectively 39 and 41 per 10 000 men.

In 1986 another striking feature is the obvious difference in occurrence of suspected first ulcera and suspected recurrent ulcera among the 55-64 age group.

### Comparison with 1975

The figures found in 1985 for the confirmed first ulcus pepticum are compared in Table 31 with the registration data from 1975.

Table 31: numbers of patients with an ulcus pepticum diagnosed by means of further examination per age group per 10 000 men and 10 000 women for 1975 and 1985-1986

| | | age group | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | | 10-14 | 15-19 | 20-24 | 25-34 | 35-44 | 45-54 | 55-64 | ≥65 |
| 1975 | M | - | 1 | 26 | 39 | 56 | 43 | 32 | 40 |
| 1985 | M | - | 5 | (6) | (6) | 11 | 10 | 22 | 16 |
| 1986 | M | - | - | 10 | 11 | 17 | 21 | 26 | 20 |
| 1975 | F | - | 1 | 7 | 12 | 19 | 17 | 13 | 17 |
| 1985 | F | - | (2) | (1) | (3) | 11 | (4) | 16 | 16 |
| 1986 | F | - | - | (3) | (2) | 12 | 17 | 19 | 8 |

In 1985 and 1986 fewer confirmed first ulcers are registered than in 1975. Exceptions are formed in 1985 by the 15-19 age group, both boys and girls, and in both 1985 and 1986 by women in the 55-64 age group. In the younger age groups, however, very small numbers are concerned, so that the figures for those groups must be handled with caution. The main emphasis of further diagnosis in the case of suspicion of an ulcus pepticum, compared with 1975, has shifted to the older age groups. In 1985 and 1986 an ulcus pepticum is also occasionally suspected at a younger age (see Table 30); the need for diagnostic certainty by means of the above-mentioned examinations seems less great.

In the changes that have occurred in the last 10 years there seem to be two phenomena involved. Less frequently complaints are presented to the general practitioner that are interpreted by the latter as the result of an ulcus pepticum. And the general practitioner seems to have less need for a further diagnosis in the occurrence of compaints that point to an ulcus pepticum among younger patients. It is conceivable that early prescription of H2 antagonits, which inhibit the production of gastric juice, results in the case of stomach complaints without the diagnosis ulcus pepticum being suspected in a number of conditions among patients not developing into a fully fledged "ulcus pepticum".

## Seasonal influences

Seasonal influences have been established in 1985 for the occurrence of an ulcus pepticum.

The subject has been removed from the weekly return in 1987.

## OTITIS MEDIA ACUTA

The 1985 report mentioned that contacts have been maintained with representatives of comparable networks of "sentinel stations" in other countries. It was also remarked that in the future cooperative projects might come to be set up with these other networks of sentinel stations. At the end of 1985 a new international organization was founded by representatives of these sentinel station networks: the International Primary Care Network. In 1986 the first joint project was performed: the international otitis media study.
The international project leader for this research is Professor J. Froom, professor of family medicine at the State University of New York, Stony Brook, U.S.A..
The setting-up of this new international organization (I.P.C.N.) was rendered financially possible by donations from the Kellogg Foundation.

On behalf of this international research the syndrome otitis media acuta has been placed on the weekly return in the Netherlands.
It was deliberately decided not to give a more detailed description of the disorder. What the general practitioner calls acute inflammation of the middle ear on the strength of the symptomatology is the subject of registration on the weekly return.
For the sake of the international study all spotter physicians were asked from the start of the study on 10 February 1986 to give a detailed description of the next 15 patients with otitis media acuta. This description covers inter alia the patient's anamnesis, the symptomatology, the examination of the patient and the therapy applied.
The international project leader Professor J. Froom and the assistant project leader L. Culpepper are preparing publications on this research.
In the present report a survey is given of the results in the usual way for sentinel reports.

In Table 32 the numbers of cases of acute inflammation of the middle ear are given as diagnosed by general practitioners per 10 000 men and per 10 000 women, by province group and urbanization group.

Table 32: number of cases of acute inflammation of the middle ear diagnosed by the general practitioner by province group and urbanization group, per 10 000 men and and 10 000 women and for the Netherlands, for 1986

| | province group | | | | urbanization group | | | Netherlands |
|---|---|---|---|---|---|---|---|---|
| | A | B | C | D | 1 | 2 | 3 | |
| men | 88 | 129 | 151 | 175 | 184 | 137 | 129 | 144 |
| women | 74 | 120 | 157 | 153 | 191 | 123 | 137 | 137 |
| total | 81 | 124 | 154 | 164 | 188 | 129 | 137 | 140 |

No clear distinction exists between men and women in the occurrence of what general practitioners call an acute inflammation of the middle ear: 144 per 10 000 men as against 137 per 10 000 women.
The number of cases of acute inflammation of the middle ear diagnosed by general practitioners is clearly higher in the western and southern provinces than in the eastern and northern ones. In the northern province group the number is clearly lower than in one of the other three province groups, viz 81 as against 124, 154 and 164 per 10 000 inhabitants respectively.
In the rural municipalities acute inflammation of the middle ear diagnosed by the general practitioner is an obviously more frequent occurrence than in the municipalities with a higher degree of urbanization: 188 per 10 000 inhabitants for the rural municipalities as against 129 and 137 per 10 000 respectively in the urbanized rural municipalities and the municipalities with urban characteristics and the cities.
The occurrence of otitis media acuta is subject to an obvious seasonal influence (see Table 33).

Table 33: number of cases of acute inflammation of the middle ear diagnosed by the general practitioner per quarter per 10 000 men and 10 000 women for 1986*

| | 1st quarter | 2nd quarter | 3rd quarter | 4th quarter |
|---|---|---|---|---|
| men | 53 | 36 | 21 | 33 |
| women | 49 | 33 | 20 | 34 |
| total | 51 | 34 | 21 | 34 |

* As a result of rounding off when calculating relative frequencies, small differences may have occurred in the totals.

According to this registration, otitis media acuta occurs more in the winter, the spring and autumn. The highest frequency of cases of acute inflammation of the middle ear diagnosed occurs in the first quarter of 1986.

Age distribution

The occurrence of diagnosed acute inflammation of the middle ear per age group is shown in Table 34 (cf. Fig. 21).

Table 34: number of cases of acute inflammation of the middle ear diagnosed by the general practitioner by age group per 10 000 men and 10 000 women, for 1986

| | age | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | $<1$ | 1-4 | 5-9 | 10-14 | 15-19 | 20-24 | 25-34 | 35-44 | 45-54 | 55-64 | $\geq 65$ |
| men | 2197 | 1229 | 690 | 136 | 50 | 33 | 29 | 21 | 19 | 14 | 14 |
| women | 1758 | 1215 | 654 | 129 | 65 | 37 | 55 | 37 | 36 | 17 | 6 |
| total | 1980 | 1222 | 672 | 133 | 58 | 35 | 43 | 29 | 36 | 16 | 9 |

Acute inflammation of the middle ear is most frequently diagnosed below the age of 10 years. Nevertheless, above that age the disorder also occurs regularly, though considerably less frequently.

Of the children below the age of 10 years, it is the very youngest, those aged less than one year, for whom the general practitioner makes the diagnosis acute inflammation of the middle ear most frequently: 1980 per 10 000 children below the age of one year. Between 1 and 5 years the frequency then almost halves: 1222 per 10 000 infants. Among primary school children the number of cases of acute inflammation of the middle ear is still a third of the number of occurrences among babies: 672 per 10 000 children. After the 10th year of life the frequency falls sharply: in the 10-14 age group 135 per 10 000 children and among young people of 15-19 years 58 per 10 000.
From the age of 20 years to 44 years the number is then more or less constant: 29-43 per 10 000 persons; from the age of 55 acute inflammation of the middle ear hardly occurs any more: between 55 and 64 years 16 per 10 000, from 65 years 9 per 10 000 persons.

The subject acute inflammation of the middle ear has been removed from the weekly return for 1987.

## CEREBROVASCULAR ACCIDENT

The Dutch population is growing older. To an increasing extent health care will have to anticipate the health problems of the ageing population. This requires knowledge of the quantitative and qualitative aspects of the medical problems of elderly persons. And, as is the case with other topics with respect to cerebrovascular accident too the important question is what, having regard to the nature and the course of the syndrome and the possibilities of treatment, a desirable division of tasks is between health care offered in the patient's home and the care hospital and nursing home have to offer.

What an optimum course of behaviour in general practice is in the case of the occurrence of a cerebrovascular accident is one of the research objectives of the Medicine of General Practice research group of Groningen State University. As part of this investigation the Professor/Director of the above research group, Prof. Dr G.J. Bremer, requested the Counselling Committee of the Continuous Morbidity Registration Sentinel Stations the Netherlands to place cerebrovascular accident on the weekly return and at the same time to examine by means of supplementary questionnaires what happens further to patients with a new cerebrovascular accident. The spotter physicians are asked to register each new occurrence of a cerebrovascular accident. They are also asked to report cases in which a patient who has formerly been afflicted by a cerebrovascular accident and has retained residual symploms suffers a new cerebrovascular accident.

Now the term cerebrovascular accident comprises a number of syndromes that are difficult to distinguish in general practice. A distinction has therefore been opted for into only two forms, which incidentally usually cannot be differentiated in the first contact with the patient: the transient ischaemic attack (T.I.A.) and the remaining cerebrovascular disorders. In the first contact with the patient both syndromes are registered on the weekly return under a common denominator. They are also discussed together in this reporting. A distinction is made by the sex of the patient. When a patient with a cerebrovascular accident is reported, the spotter physician is asked to complete a supplementary questionnaire. After one week, after eight weeks and after one year the spotter

physicians again complete a questionnaire. These supplementary data are analysed. This supplementary research is rendered possible by the Netherlands Heart Foundation. Reporting on the supplementary data will take place separately from this reporting.

Table 35 gives the number of patients who were affected by a new cerebrovascular accident by province and urbanization group and the Netherlands (cf. Fig. 22).

Table 35: number of patients with a new cerebrovascular accident per province and urbanization group and for the Netherlands per 10 000 men and 10 000 women for 1986

| | province group | | | | urbanization group | | | Netherlands |
|---|---|---|---|---|---|---|---|---|
| | A | B | C | D | 1 | 2 | 3 | |
| M | 12 | 15 | 17 | 18 | 12 | 15 | 21 | 16 |
| F | 13 | 23 | 17 | 14 | 14 | 12 | 28 | 16 |
| Total | 12 | 19 | 17 | 16 | 13 | 14 | 25 | 16 |

The registration indicates that men and women are affected by a cerebrovascular accident to practically the same extent. This holds good for the Netherlands, three of the four province groups and two of the three urbanization groups.
Exceptions to these general findings are the clearly greater occurrences of cerebrovascular accident among women in the eastern provinces and in the cities.
In the southern provinces more men than women suffer a cerebrovascular accident. The registration in 1987 will have to show whether these differences are constant. In the case of a disorder such as the present one registration for a single year is rather scanty.

Age distribution
Table 36 presents the numbers of patients with a new cerebrovascular accident by age group per 10 000 men and women.

Table 36: number of patients with a new cerebrovascular accident by age group, per 10 000 men and per 10 000 women, for 1986

| | age group | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | 5-9 | 10-14 | 15-19 | 20-24 | 25-34 | 35-44 | 45-54 | 55-64 | ≥ 65 |
| M | - | (1) | (2) | - | (1) | (2) | 8 | 38 | 135 |
| F | (3) | - | - | - | (1) | (2) | 11 | 10 | 123 |
| Total | (1) | (1) | (1) | - | (1) | (2) | 10 | 24 | 129 |

As emerges from this registration, cerebrovascular accident is a disorder of the elderly. From the age of 50 onwards its frequency grows quickly to a maximum of 283 per 10 000 men in the 80-84 age group. Among women, above the age of 84 225 per 10 000 women are affected by a cerebrovascular accident: the highest frequency in any age group of women.
This further information derives from a calculation of the numbers in five-year age groups. Table 37 surveys this for the groups from 50 years onwards (cf. Fig. 23).

Table 37: number of patients with a new cerebrovascular accident by age group above 50 years per 10 000 men and per 10 000 women, for 1986

| | Age group | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | 50-54 | 55-59 | 60-64 | 65-69 | 70-74 | 75-79 | 80-84 | ≥ 85 |
| M | 14 | 24 | 52 | 54 | 82 | 111 | 283 | 146 |
| F | 19 | 8 | 12 | 29 | 66 | 102 | 193 | 225 |
| Total | 17 | 16 | 32 | 42 | 74 | 107 | 238 | 186 |

The table shows that in the separate age groups more men than women suffer a cerebrovascular accident. The exceptions are the 50-54 age group with 14 per 10 000 men against 19 per 10 000 women and old people above the age of 84 with 146 per 10 000 men against 225 per 10 000 women.

The 80-84 and older than 84 age groups have relatively very high frequencies: more than 200 cerebrovascular accidents per 10 000 persons.

Seasonal influences

No seasonal influences have been established as regards the occurrence of cerebrovascular accidents.

For 1987 this topic with the supplementary questionnaires has been maintained on the weekly return.

In the contribution by the Netherlands Institute for General Practice to the New Memorandum on Mental Public Health the author, L. Peters, concludes that "the general practitioner is not only the sole discipline that practically every Dutch person sees more or less regularly, he (or she) is also the one who accounts for the great majority of referrals from primary health care to mental health care"[19].

Despite the conclusion that the general practitioner accounts for the majority of the referrals from primary health care to mental health care, the absolute number of these referrals is small. Of all referrals by a general practitioner to higher levels, not even 3% relate to a mental health facility.

In addition to the institution for mental health care, general social work is also an important agency for the referral of patients with psycho-social problems via the general practitioner. Finally, data make it clear that general practitioners are also major (direct) referrers to psychiatric hospitals and out-patient clinics and independently practising psychiatrists.

Though due research has been performed into the referral of people with psych-social problems by the general practitioner, some qualitative aspects of this subject are still badly understood.

In order to answer two questions concerning the referral of people with psycho-social problems, relatively large numbers are required. The questions concerned are:

- to what extent do general practitioners, if they refer people with psycho-social problems, differentiate between general social work and the various extramural facilities for mental health care, and
- to what extent do the various aspects of the distinction between "light" and "heavy" problems (inter alia the kind of problem, the degree of pressure on the patient, the prognosis) play a part in the differentiation in referral.

The spotter physicians are requested to register all new referrals of those problems, complaints and/or disturbances in which psychological, psycho-social or psychiatric aspects are assigned such a part by the general practitioner and/or the patient that referral to workers in mental health care, general social work, self-help group and the like is considered necessary by the general practitioner and/or patient.

Only a first referral to a specific institution or worker is registered, not a repeat referral to the same worker or institution. A referral occurs if the general practitioner, whether or not at the initiative of the patient or another social worker, whether or not accompanied by a referral card or letter or after contact with the institution or social worker referred to, "advises" the patient in a face-to-face or telephonic contact to get in touch with a given institution or social worker.
Registration does not apply to referrals to somatic specialists for psycho-social reasons, referrals for physiotherapy and referrals to a clinic for alcohol and drugs abuse or an addiction clinic.
This report is confined to the frequencies of the referrals. Drs. L. Peters will report on the results of the investigation into the qualitative aspects of the referral elsewhere.

Table 38 presents the new referrals of patients with psycho-social problems by province and urbanization group and for the Netherlands per 10 000 men and 10 000 women (cf. Fig. 24).

Table 38: number of new referrals for psycho-social problems by province and urbanization group and for the Netherlands per 10 000 men and 10 000 women, for 1986

| | province group | | | | urbanization group | | | Netherlands |
|---|---|---|---|---|---|---|---|---|
| | A | B | C | D | 1 | 2 | 3 | |
| men | 40 | 33 | 53 | 37 | 23 | 35 | 80 | 44 |
| women | 74 | 56 | 82 | 60 | 41 | 57 | 129 | 71 |
| total | 57 | 44 | 68 | 48 | 32 | 46 | 105 | 58 |

Women are more often referred for psycho-social problems than men: 71 per 10 000 women against 44 per 10 000 men.
The differences are less between the various province groups than the differences between the municipalities with a varying degree of urbanization.
The highest frequency of referrals for psycho-social problems is found in the western provinces (68 per 10 000 inhabitants). The number of referrals is the lowest in the eastern provinces (44 per 10 000 inhabitants).

In the cities referral for psycho-social problems occurs more than three times as much as in the rural municipalities: 105 and 32 per 10 000 inhabitants respectively. The number of referrals in the cities is also more than twice as many as the number in the municipalities with urban characteristics and the urbanized rural municpalities (105 against 46 per 10 000 inhabitants).
Obvious differrences are also found between the quarters. Table 39 shows the quarterly figures for the referrals for psycho-social problems.

Table 39: number of referrals for psycho-social problems per quarter per 10 000 inhabitants for the Netherlands, for 1986

| | 1st quarter | 2nd quarter | 3rd quarter | 4th quarter |
|---|---|---|---|---|
| men | 14 | 9 | 9 | 12 |
| women | 20 | 14 | 15 | 22 |
| total | 17 | 12 | 12 | 17 |

(As a result of rounding-off when calculating relative frequencies, small differences may have occured in the totals.)

In the first and fourth quarter of the year there were more referrals for psycho-social problems than in the second and third quarter: 17 and 17 against 12 and 12 respectively per 10 000 inhabitants. In the autumn and winter more referrals for psycho-social problems occur than in the spring and summer.

Age distribution
The distribution of the referrals for psycho-social problems by age is shown in Table 40 (cf. Fig 25).

Table 40: number of referrals for psycho-social problems by age group per 10 000 men and women, for 1986

| | age group | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | $< 1$ | 1-4 | 5-9 | 10-14 | 15-19 | 20-24 | 25-34 | 35-44 | 45-54 | 55-64 | $\geq 65$ |
| men | (29) | (10) | 20 | 15 | 31 | 48 | 63 | 76 | 47 | 22 | 42 |
| women | - | (10) | (10) | 11 | 72 | 86 | 120 | 120 | 81 | 60 | 39 |
| total | - | 10 | 15 | 13 | 51 | 67 | 92 | 98 | 64 | 41 | 40 |

Under the age of 15 there are relatively few referrals for psycho-social problems. Up to the age of 5 the numbers are very small in absolute terms.
For women the peak in the referrals lies in the 25-45 age group. with 120 per 10 000 women. For the age of 25 and after the age of 45 the number of referrals is considerably lower: 86 and 81 respectively per 10 000 women. For men a peak lies in the referrals in the 35-44 age group: 76 referrals per 10 000 men. If such a thing as a midlife crisis exists, this is already being anticipated in the 25-34 age group (63 referrals per 10 000 men). Another striking figure is the number of referrals for men of 65 years and older. The number of referrals, 42 per 10 000 men, is higher than in the 55-64 age group, where it lies at 22 per 10 000 men. And the number of referrals for psycho-social problems among men of 65 years and older is higher than for women of that age group (42 per 10 000 man against 39 per 10 000 women). Below the age of 15 the number of referrals is remarkably enough higher for boys than for girls. However, it has already been mentioned above that below the age of 15 small numbers are concerned in absolute terms.

For 1987 this topic has been maintained on the weekly return; the supplementary investigation is also to be repeated in 1987.

## EXTRAPOLATION OF FREQUENCIES FOUND TO THE DUTCH POPULATION

The following survey gives an approximate impression of the number of patients, consultations, actions and occurrences in the Netherlands, on the basis of the frequencies calculated from the results of the Continuous Morbidity Registration by Sentinel Stations. As was remarked in the previous reports, it must be borne in mind, when studying the following tables, that although the population of the sentinel stations is a reasonably good representation (see also p. 10-11) the spotter physicians are a selected group. Consequently, it cannot be automatically established to what extent the results differ from the actual situation; the differences can vary depending on the nature of the question. Particular caution should be observed regarding those topics where there is intervention by a general practitioner. As an example one may think of the 'cervical smear' question; it is quite feasible that the spotter physicians differ from the typical general practitioner in this respect.
In the '(attempted) suicide' question there proves to be a difference in respect of registrations from elsewhere, as a result of the fact that this event is presumably not always reported to the general practitioner. With regard, too, to registration in itself it may be stated almost with certainty that the spotter physicians act as a select group. However, this can only be to the benefit of the project. Nevertheless, the reader is advised not only to look at the extrapolated numbers but also to consult the relevant chapters.
For a correct interpretation of the extrapolated numbers first the total Dutch population per year is given, in thousands.

Dutch population by sex in thousands, 1970-1986 (Central Bureau of Statistics)*

| year | men | women | total |
|---|---|---|---|
| 1970 | 6 507 | 6 531 | 13 038 |
| 1971 | 6 587 | 6 607 | 13 194 |
| 1972 | 6 650 | 6 679 | 13 329 |
| 1973 | 6 699 | 6 740 | 13 439 |
| 1974 | 6 747 | 6 798 | 13 545 |
| 1975 | 6 804 | 6 862 | 13 666 |
| 1976 | 6 854 | 6 920 | 13 774 |
| 1977 | 6 889 | 6 967 | 13 856 |
| 1978 | 6 907 | 6 991 | 13 898 |
| 1979 | 6 945 | 7 040 | 13 985 |
| 1980 | 6 994 | 7 097 | 14 091 |
| 1981 | 7 048 | 7 159 | 14 207 |
| 1982 | 7 082 | 7 204 | 14 286 |
| 1983 | 7 103 | 7 237 | 14 340 |
| 1984 | 7 125 | 7 269 | 14 394 |
| 1985 | 7 150 | 7 305 | 14 455 |
| 1986 | 7 184 | 7 345 | 14 529 |

* Up to and including 1977 average numbers, thereafter the numbers as on 1 January in all cases of the year in question.

Extrapolation of frequencies found to the Dutch population

| | frequency* | | | | Netherlands** | | |
|---|---|---|---|---|---|---|---|
| category | year | M | F | total | M | F | total*** |
| influenza**** | 1970 | | | 904 | | | 1 179 000 |
| | 1971 | | | 889 | | | 1 173 000 |
| | 1972 | | | 779 | | | 1 038 000 |
| | 1973 | | | 699 | | | 939 000 |
| | 1974 | | | 885 | | | 1 199 000 |
| | 1975 | | | 695 | | | 945 000 |
| | 1976 | | | 717 | | | 987 000 |
| | 1977 | | | 575 | | | 797 000 |
| | 1978 | | | 829 | | | 1 152 000 |
| | 1979 | | | 438 | | | 613 000 |
| | 1980 | | | 425 | | | 599 000 |
| | 1981 | | | 491 | | | 697 000 |
| | 1982 | | | 497 | | | 710 000 |
| | 1983 | | | 396 | | | 568 000 |
| | 1984 | | | 502 | | | 722 000 |
| | 1985 | | | 464 | | | 671 000 |
| | 1986 | | | 630 | | | 915 000 |
| cervical smear | 1976 | | 87 | | | 60 000 | |
| -with complaints | 1977 | | 86 | | | 60 000 | |
| and/or symptoms | 1978 | | 80 | | | 56 000 | |
| | 1979 | | 80 | | | 56 000 | |
| | 1980 | | 62 | | | 44 000 | |
| | 1981 | | 57 | | | 41 000 | |
| | 1982 | | 57 | | | 41 000 | |
| | 1983 | | 65 | | | 47 000 | |
| | 1984 | | 57 | | | 41 000 | |
| | 1985 | | 62 | | | 45 000 | |
| | 1986 | | 65 | | | 48 000 | |

* for footnotes see page 81

Extrapolation of frequencies found to the Dutch population (continuation)

| | frequency* | | | Netherlands** | | |
|---|---|---|---|---|---|---|
| category | year | M | F | total | M | F | total*** |
| -'preventive', general practitioner's initiative | 1976 | | 282 | | | 194 000 | |
| | 1977 | | 268 | | | 186 000 | |
| | 1978 | | 218 | | | 153 000 | |
| | 1979 | | 198 | | | 140 000 | |
| | 1980 | | 168 | | | 119 000 | |
| | 1981 | | 184 | | | 132 000 | |
| | 1982 | | 171 | | | 123 000 | |
| | 1983 | | 174 | | | 126 000 | |
| | 1984 | | 204 | | | 148 000 | |
| | 1985 | | 197 | | | 144 000 | |
| | 1986 | | 230 | | | 169 000 | |
| -'preventive', woman's initiative | 1976 | | 103 | | | 71 000 | |
| | 1977 | | 112 | | | 78 000 | |
| | 1978 | | 105 | | | 73 000 | |
| | 1979 | | 124 | | | 87 000 | |
| | 1980 | | 93 | | | 66 000 | |
| | 1981 | | 110 | | | 79 000 | |
| | 1982 | | 126 | | | 91 000 | |
| | 1983 | | 120 | | | 87 000 | |
| | 1984 | | 132 | | | 96 000 | |
| | 1985 | | 127 | | | 93 000 | |
| | 1986 | | 168 | | | 124 000 | |

* for footnotes see page 81

Extrapolation of frequencies found to the Dutch population (continuation)

| | frequency* | | | Netherlands** | | |
|---|---|---|---|---|---|---|
| category | year | M | F | total | M | F | total*** |
| -repeat examination (within 3 years) | 1976 | | 31 | | | 21 000 | |
| | 1977 | | 55 | | | 38 000 | |
| | 1978 | | 120 | | | 84 000 | |
| | 1979 | | 143 | | | 101 000 | |
| | 1980 | | 148 | | | 105 000 | |
| | 1981 | | 159 | | | 114 000 | |
| | 1982 | | 170 | | | 122 000 | |
| | 1983 | | 168 | | | 121 000 | |
| | 1984 | | 182 | | | 132 000 | |
| | 1985 | | 184 | | | 134 000 | |
| | 1986 | | 170 | | | 125 000 | |
| cervical smear total | 1976 | | 503 | | | 346 000 | |
| | 1977 | | 521 | | | 362 000 | |
| | 1978 | | 523 | | | 366 000 | |
| | 1979 | | 545 | | | 384 000 | |
| | 1980 | | 471 | | | 334 000 | |
| | 1981 | | 510 | | | 365 000 | |
| | 1982 | | 524 | | | 377 000 | |
| | 1983 | | 527 | | | 381 000 | |
| | 1984 | | 575 | | | 417 000 | |
| | 1985 | | 570 | | | 416 000 | |
| | 1986 | | 633 | | | 465 000 | |

* for footnotes see page 81

Extrapolation of frequencies found to the Dutch population (continuation)

| | frequency* | | | Netherlands** | | |
|---|---|---|---|---|---|---|
| category | year | M | F | total | M | F | total*** |
| sterilization | 1972 | 24 | | | 16 000 | | |
| | 1973 | 40 | | | 7 000 | | |
| | 1974 | 46 | 35 | | 31 000 | 24 000 | 55 000 |
| | 1975 | 46 | 46 | | 31 000 | 31 000 | 62 000 |
| | 1976 | 57 | 66 | | 39 000 | 45 000 | 84 000 |
| | 1977 | 53 | 64 | | 37 000 | 45 000 | 82 000 |
| | 1978 | 74 | 81 | | 51 000 | 57 000 | 108 000 |
| | 1979 | 99 | 90 | | 69 000 | 63 000 | 132 000 |
| | 1980 | 79 | 70 | | 55 000 | 50 000 | 105 000 |
| | 1981 | 59 | 46 | | 42 000 | 33 000 | 74 000 |
| | 1982 | 50 | 40 | | 35 000 | 29 000 | 64 000 |
| | 1983 | 46 | 39 | | 33 000 | 28 000 | 61 000 |
| | 1984 | 46 | 39 | | 33 000 | 28 000 | 61 000 |
| | 1985 | 44 | 26 | | 32 000 | 19 000 | 51 000 |
| | 1986 | 45 | 29 | | 32 500 | 21 500 | 54 000 |
| cumulative | | | | | 531 000 | 450 500 | |
| morning-after pill prescribed | 1972 | | 53 | | | 35 000 | |
| | 1973 | | 59 | | | 40 000 | |
| | 1974 | | 68 | | | 46 000 | |
| | 1975 | | 60 | | | 41 000 | |
| | 1976 | | 60 | | | 41 000 | |
| | 1977 | | 49 | | | 34 000 | |
| | 1978 | | 50 | | | 35 000 | |
| | 1979 | | 50 | | | 35 000 | |
| | 1980 | | 50 | | | 35 000 | |
| | 1981 | | 35 | | | 25 000 | |
| | 1982 | | 35 | | | 25 000 | |
| | 1983 | | 30 | | | 22 000 | |
| | 1984 | | 38 | | | 28 000 | |
| | 1985 | | 32 | | | 23 000 | |
| | 1986 | | 37 | | | 27 000 | |

* for footnotes see page 81

Extrapolation of frequencies found to the Dutch population (continuation)

| category | frequency* year | M | F | total | Netherlands** M | F | total*** |
|---|---|---|---|---|---|---|---|
| Dog bites | 1986 | 31 | 22 | 26 | 22 500 | 16 000 | 38 500 |
| bites by others pets | 1986 | 3 | 6 | 4 | 2 000 | 4 000 | 6 000 |
| (attempted) suicide***** | 1979 | | | 7 | | | |
| | 1980 | | | 7 | | | |
| | 1981 | | | 6 | | | |
| | 1982 | | | 8 | | | |
| | 1983 | | | 10 | | | |
| | 1984 | | | 7 | | | |
| | 1985 | | | 6 | | | |
| | 1986 | | | 7 | | | |
| 1st ulcus pepticum | | | | | | | |
| - suspected | 1985 | 14 | 11 | 12 | 10 000 | 8 000 | 17 500 |
| | 1986 | 17 | 13 | 15 | 12 000 | 9 500 | 21 500 |
| - certain | 1985 | 6 | 5 | 6 | 45 000 | 3 500 | 8 500 |
| | 1986 | 7 | 5 | 6 | 5 000 | 3 500 | 8 500 |
| recurrent ulcus pepticum | | | | | | | |
| - suspected | 1985 | 19 | 8 | 13 | 13 000 | 6 000 | 19 000 |
| | 1986 | 21 | 11 | 16 | 15 000 | 8 000 | 23 000 |
| - certain | 1985 | 2 | 2 | 2 | 1 500 | 1 500 | 3 000 |
| | 1986 | 6 | 2 | 4 | 4 500 | 1 500 | 6 000 |
| otitis media acuta | 1986 | 144 | 137 | 140 | 103 500 | 100 500 | 204 000 |
| cerebrovascular accident | 1986 | 16 | 16 | 16 | 11 500 | 12 000 | 23 000 |

* for footnotes see page 81

Extrapolation of frequencies found to the Dutch population (continuation)

| | frequency* | | | | Netherlands** | | |
|---|---|---|---|---|---|---|---|
| category | year | M | F | total | M | F | total*** |
| referals for psychosocial problems | 1986 | 44 | 71 | 58 | 32 000 | 52 000 | 84 000 |

* Number of patients, consultations etc. per 10 000 men and/or women (sentinel station data).

** Extrapolation of the frequencies to the Dutch population (of the year in question), in round thousands.

*** As a result of rounding-off, small differences may have occurred in the totals.

**** For influenza they are minimum numbers, since many influenza patients do not consult their family docter.

***** In view of the very small numbers, extrapolation has been omitted here.

## INCIDENTAL INVESTIGATIONS

Since 1976 the 'incidental investigations' have existed as part of the Sentinel Station Project. These are investigations into relatively uncommon diseases or occurrences. For a list of the subjects thus treated see the second part of Appendix 3. Here the data accordingly collected for 1986 are reported. These data differ from the weekly return subjects in that they are asked for only once a year, right at the beginning of the following year. This makes it possible to collect retrospectively data on subjects for which registration is requested in the course of the year. However, one condition in that case is that it must be something that is firmly implanted in the physician's memory.

### Euthanasia (request for application)

In 1976 attention was devoted for the first time to requests made to the general practitioner for the application of euthanasia.

The form of the investigation is retrospective. A form is sent to all spotter physicians at the end of the year with the request that they report whether the question was asked of them in the past year by a patient himself or herself for the application of active euthanasia directly or indirectly and, if so, what the motive was for this. In addition, information is sought on the age, sex, disease, place of care or nursing and the use or otherwise of a 'euthanasia declaration'[20].

The physicians are informed at the beginning of the year of the coming investigation.

The results per patient can be found at the end of this section. This table does not require much explanation.

The number of requests in 1986 was 28, a clearly smaller number than in the previous two years (see Table 41). The number of patients with a malignancy, as in the previous years, is again relatively large: 68% of them has a usually metastasized carcinoma. Of the 28 patients, 24 were living at home; three patients were in a nursing home and one patient requested euthanasia during a stay in hospital. The large majority related to requests for application of the direct form of euthanasia: 20 patients. In the case of five requests use was made of a written declaration.

The distribution by province group and urbanization group is given in Table 41.

Table 41: absolute number of requests to the general practitioner made by the patient himself or herself for the application of active euthanasia, per province and urbanization group, 1976-1986

| absolute | M | F | province group | | | | urbanization group | | | Netherlands |
|---|---|---|---|---|---|---|---|---|---|---|
| | | | A | B | C | D | 1 | 2 | 3 | |
| 1976 | 5 | 10 | 1 | 2 | 11 | 1 | 4 | 7 | 4 | 15 |
| 1977 | 6 | 3 | 1 | 2 | 5 | 1 | 3 | 2 | 4 | 9 |
| 1978 | 6 | 4 | 3 | 2 | 4 | 1 | 2 | 8 | - | 10 |
| 1979 | 13 | 15 | 5 | 6 | 15 | 2 | 4 | 18 | 6 | 28 |
| 1980 | 10 | 12 | 2 | 3 | 16 | 1 | 3 | 12 | 7 | 22 |
| 1981 | 20 | 10 | 4 | 4 | 13 | 9 | 3 | 20 | 7 | 30 |
| 1982 | 17 | 9 | 2 | 6 | 17 | 1 | 3 | 7 | 16 | 26 |
| 1983 | 15 | 18 | 7 | 4 | 19 | 3 | 5 | 14 | 14 | 33 |
| 1984 | 24 | 16 | 5 | 2 | 25 | 8 | 3 | 24 | 13 | 40 |
| 1985 | 19 | 20 | 3 | 6 | 25 | 5 | 1 | 24 | 14 | 39 |
| 1986 | 14 | 14 | 3 | 5 | 16 | 4 | 3 | 15 | 10 | 28 |

**Age distribution**

The age distribution may be found in Table 42.

Table 42: absolute number of patients who request the general practitioner to apply active euthanasia, by age group, 1976-1986

| | ≤ 55 | 55-64 | 65-74 | 75-84 | ≥ 85 | total |
|---|---|---|---|---|---|---|
| 1976 | 2 | 4 | 3 | 3 | 3 | 15 |
| 1977 | 2 | 3 | 2 | 2 | - | 9 |
| 1978 | 3 | 2 | 3 | 2 | - | 10 |
| 1979 | 3 | 7 | 12 | 2 | 4 | 28 |
| 1980 | 2 | 5 | 5 | 7 | 3 | 22 |
| 1981 | 8 | 4 | 5 | 10 | 3 | 30 |
| 1982 | - | 6 | 10 | 8 | 2 | 26 |
| 1983 | 3 | 10 | 9 | 9 | 2 | 33 |
| 1984 | 5 | 13 | 9 | 10 | 3 | 40 |
| 1985 | 8 | 8 | 9 | 11 | 3 | 39 |
| 1986 | 7 | 3 | 12 | 3 | 3 | 28 |

Extrapolation of these data to the Dutch population is possible, but it should be borne closely in mind that in that case the number is being related to the total population, while this should actually be done to the number of persons in circumstances in which the possibility of the question being asked is envisaged. The latter data (morbidity) are not available, however. Moreover, here distortion may occur through the spotter physicians not being a random group.

Requests by the patient for active euthanasia

| age | sex | disease | motive for the request |
|---|---|---|---|
| 93 | F | decompensatio cordis | decline, decubitus, increasing dyspnoea |
| 91 | F | cerebrovascular accident | pain |
| 87 | F | amputation of right leg | disablement |
| 84 | F | terminal emphysema pulmonum | dyspnoea |
| 83 | M | carcinoma of the prostate | various physical complaints, incontinence |
| 83 | F | carcinoma | pain through fractures |

Request by the patient for active euthanasia (continuation)

| age | sex | disease | motive for the request |
|---|---|---|---|
| 74 | F | peritonitis carcinomatosa | fear of suffering |
| 72 | M | metastasized carcinoma of the stomach | lacklustre, lengthy suffering |
| 72 | M | cancer | suffering |
| 72 | F | arteriosclerosis: amputation of lower leg | slow decline |
| 72 | F | leukemia | exhaustion |
| 71 | F | carcinoma of the ovaries | wants to die with dignity |
| 69 | M | carcinoma of the bladder | pain and hypercalcaemia |
| 67 | M | completely metastasized unknown carcinoma | pain and hopelessness |
| 66 | M | carcinoma of the pancreas | hopelessness |
| 66 | F | Charcot-Marie-Tooth disease | inability to function any longer in the family |
| 65 | M | carcinoma of the lung | pain and dyspnoea |
| 65 | F | amyotrophic lateral sclerosis | slowly progressing asphyxiation |
| 64 | M | carcinoma of the stomach and diabetes mellitus | pain and exhaustion |
| 64 | M | inoperable carcinoma of the bronchus + chronic non-specific lung disease | not functioning |
| 55 | F | hernia nuclei pulposi | pain and paresis |
| 54 | M | metastasized carcinoma of the colon | pain, disturbed micturition, physical decay |
| 54 | M | metastasized carcinoma of the kidney | dyspnoea and pain |
| 49 | F | metastasized malign melanoma | pain, severe ascites |
| 47 | M | metastasized carcinoma of the lung | pain |
| 47 | F | carcinoma of the ovaries | physical decay |
| 38 | M | carcinoma of the adrenal medulla | pain and dyspnoea |

Request by the patient for active euthanasia (continuation)

| age | sex | disease | motive for the request |
|---|---|---|---|
| 21 | M | cystic fibrosis | shortness of breath; no longer capable of activity |

This investigation will be repeated for 1987.

Anorexia nervosa and boulimia

Uncertainty about the degree of occurrence of "eating disorders", such as anorexia nervosa and boulimia, caused H.W. Hoek M.D., an epidemiologist with the Social Psychiatry Department of Groningen State University, to decide to direct a request to the Counselling Committee for permission to investigate the occurrence of these disorders in the spotter station practices. Anorexia is a serious disorder of which it is said that the incidence is on the increase. Others argue, however, that from the fact that anorexia nervosa is now diagnosed more frequently than before, and having regard to the lack of epidemiological data, it may be concluded both that anorexia is increasing and also that this increase is only the result of greater familiarity with and better diagnosis of the syndrome[21].
Since the general practitioner is envisaged as playing a crucial role in diagnosis of the eating disorders and since above all early diagnosis of these disorders is considered of importance to the course and the treatment, the Counselling Committee decided to grant the request.

Registration takes place in the form of an incidental investigation.

Retrospectively the spotter physicians have been asked a number of questions per patient suffering from an eating disorder. Was this an eating disorder first diagnosed in 1986, and was the patient referred on account of the eating disorder to another source of assistance? A number of data concerning physical aspects of the illness were also sought.
72 patients were registered. Table 43 gives the distribution of these patients by age and sex.

Table 43: absolute number of patients with respect to whom the general practitioner has diagnosed an eating disorder, by age and sex in 1985 and 1986

| | 10-14 | 15-19 | 20-24 | 25-29 | 30-34 | 35-39 | 40-44 | 45-49 | 50-54 | 55-59 | 60 |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 1985 M | 2 | 1 | - | 2 | - | - | - | - | - | - | - |
| 1986 M | 1 | 1 | - | - | 1 | - | - | - | - | - | - |
| 1985 F | 3 | 11 | 11 | 17 | 5 | 8 | 4 | 4 | - | 2 | 2 |
| 1986 F | 1 | 8 | 18 | 8 | 4 | 5 | 1 | - | 2 | 1 | 2 |

Eating disorders occur above all at the age of 15 to 40 years. In the case of 32 patients (60%) the eating disorder was diagnosed in 1986; in the case of 47 patients the disorder already existed before 1986. As regards a few patients the general practitioner reports that the problem has existed for years. In the case of one patient it is not known whether the disorder existed before 1986.

The distribution per province and urbanization group may be found in Table 44.

Table 44: absolute number of patients with respect to whom the general practitioner has diagnosed an eating disorder, per province and urbanization group, in 1985-1986 and per 10 000 inhabitants

| | | province group | | | | urbanization group | | | Netherlands |
|---|---|---|---|---|---|---|---|---|---|
| | | A | B | C | D | 1 | 2 | 3 | |
| absolute | 1985 | 8 | 15 | 33 | 16 | 9 | 36 | 27 | 72 |
| | 1986 | 4 | 5 | 39 | 5 | 5 | 27 | 21 | 53 |
| per 10 000 | 1985 | 4 | 5 | 4 | 5 | 4 | 4 | 7 | 4 |
| | 1986 | 2 | 2 | 7 | 2 | 2 | 3 | 7 | 4 |

On the basis of this registration the frequency of occurrence of eating disorders is clearly higher in the cities than in the other urbanization groups. As regarde the occurrence per province group there is a clearly higher frequency in the western provinces in 1986.

The investigation will be repeated for 1987.

## GENERAL REMARKS

1. The questions on the weekly return for 1987 have been compiled as follows by the Counselling Committee:

   a. Influenza (-like illness)
   b. Cervical smear
   c. Discharged psychiatric patient
   d. Sterilization of the man performed
   e. Sterilization of the woman performed
   f. Morning-after-pill prescribed
   g. Bites by pets
   h. (Attempted) suicide
   i. Cerebrovascular accident
   j. Referrals for psycho-social problems
   k. Dementia
   l. Prescription of Rohypnol
   m. Pregnancy despite contraception

2. The incidental investigations for 1987 relate to the subjects euthanasia and anorexia nervosa and bulimia.

3. Suggestions relating to the questions on the weekly returns will be gladly received by the Counselling Committee.

4. Data from this report may be reproduced with acknowledgment of the source.

Aad I.M. Bartelds, General practitioner/project leader.

ERRATUM 1985 ANNUAL REPORT

## MALIGNANCIES

In the following a number of corrections and additions are made to the chapter on the registration of malignancies in the 1985 report.

The text following Table 28 (p. 51) should read:

Table 28: absolute number of patients not referred for further diagnosis (i.e. no pathological-anatomical diagnosis) by age group, 1984-1985

| | Age group | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | ≤ 25 | 25-34 | 35-44 | 45-54 | 55-64 | 65-74 | 75-84 | ≥85 | Total |
| 1984 | - | 2 | - | - | 1 | 3 | 3 | 4 | 13 |
| 1985 | - | - | - | - | 1 | - | 6 | 4 | 11 |

Of the 11 patients in 1985, there were three cases with a process in the lung. Of the rest, referral was decided against, in connection with age. These were aged patients, often with abdominal processes (palpable tumours).

The text following Table 29 should read:

Table 29: absolute number of patients referred for whom no futher pathological-anatomical examination was performed or the diagnosis was made differently, per age group, 1984-1985

| | age group | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | ≤ 25 | 25-34 | 35-44 | 45-54 | 55-64 | 65-74 | 75-84 | ≥85 | Total |
| 1984 | 2 | - | - | 2 | 5 | 7 | 9 | 5 | 30 |
| 1985 | - | 1 | - | 4 | 1 | 8 | 4 | 4 | 22 |

For 30 patients in 1984 and 22 in 1985 it is known for certain that no pathological-anatomical diagnosis was made. In addition, for 15 patients from 1984 and 14 from 1985 the result of the pathological-anatomical examination is not known. In 1986 enquiries were made into this missing information.
When no pathological-anatomical examination has been performed the diagnosis has been confirmed by for instance echographic examination or a C.T. The cases involved were at least three pancreas-head tumours out of six tumours in the "digestive tract, other" group, three lung processes, three kidney tumours and two processes in cerebro.

The sum of the number of patients from Tables 28 and 29 is the minimum number of patients on whom no pathological-anatomical examination was performed for certain. By pathological-anatomical is meant examination of biopsy material, sputum or smear, operation material, bone-marrow puncture or other. In 1984, therefore, for a minimum of 43 out of the 524 patients and in 1985 for 33 of the 448 patients with a suspected tumour no material was submitted for histo-pathological examination, in 1984 for a minimum 8% and in 1985 for a minimum 7%.

In 1988 the detailed reporting will be published of the supplementary investigation performed with regard to this registration.

## LIST OF PUBLICATIONS ON THE BASIS OR PARTLY ON THE BASIS OF THE DATA FROM CONTINUOUS MORBIDITY REGISTRATION SENTINEL STATIONS

**1st survey as per 1 January 1987**


COLLETTE, H.J.A. The Sentinel Practices System in the Netherland. In Environmental Epidemiology, Paul E. Leaverton (ed), New York. Preager Special Studies, 1982

COLLETTE, H.J.A., H. BIJKERK. Vijftien jaar Peilstations Nederland, 1970-1984 Huisarts en Wetenschap; 1985, no. 6, p.207-210

DIEKSTRA, R.F.W., A.C. DE GRAAF, M. VAN EGMOND. Over de epidemiologie van suicidepogingen: een sample-survey onderzoek in huisartspraktijken. Tijdschrift voor Sociale Geneeskunde; 60, 1982, no. 15, p.398-404

DIEKSTRA, R.F.W., A.C. DE GRAAF, M. VAN EGMOND. On the epidemiology of attempted suicide: a sample survey study among general practitioners. Crises; 5, 1984 No. 24, p.108-118

EGMOND, M. VAN, R.F.W. DIEKSTRA, A.C. DE GRAAF. Suicides onder patiënten in de huisartspraktijk. Tijdschrift voor Sociale Gezondheidszorg; 61, 1983, No. 24, p. 934-937

EGMOND, M. VAN, R.F.W. DIEKSTRA, A.C. DE GRAAF. Suicidepogingen onder patiënten in de huisartspraktijk 1979-1984. Tijdschrift voor Sociale Gezondheidszorg 64, 1986, No 24, p.777

Epidemiologie van suicidepogingen: de naald in de hooiberg. Tijdschrift voor Sociale Geneeskunde; 60, 1982, No, 19, p. 549-550

INKLAAR, H. Sportletsels in de huisartspraktijk. Huisarts en Wetenschap; 1986, no.9, p. 265-268

INKLAAR, H., F. KESSEL, H.J.A. COLLETTE, G.P.H. HERMANS, P.J.S. BOON. De epidemiologie van sportletsels in de huisartspraktijk: onderzoeksverslag. Oosterbeek: Nationaal Instituut voor de Sportgezondheidszorg, 1985

KETTING, E. Contraception and Fertility in the Netherlands. International Family Planning Perspectives. Vol 8, No. 4, 1982

KETTING, E., P. LESEMAN. Abortus en anticonceptie 1983-1984, Stimezo 1986, hoofdstuk III, p.65-77

OLTHOF, G. Continue Morbiditeits Registratie Peilstations Nederland 1984. Huisarts en Wetenschap; 1986 (29), p. 190-193

SANTEN, M.R. VAN, M.M. HASPELS. Interception 11: Post coital low dose estrogens and norgestrel combination in 633 women, Contraception, March 1985. Vol 31, No. 3

SANTEN, M.R. VAN, A.A. HASPELS. A comparison of high dose estrogens versus low dose ethinylestradiol and norgestrel combination in post-coital interception: a study in 493 women. Fertility and Sterility. Vol 43, No. 2, 1985

SPIEKSMA, Fr.Th.M., A. VAN DER ASSEM. H.J.A. COLLETTE. Airborne Pollen Concentration in Leiden, The Netherlands, 1977-1981. II Poaceae (grasses), variations and relation to hay fever, Grana 24, 1985, p.99-108

STROOM-KRUYSWIJK, J.H. VAN DER. Residuen van Penicilline G in melk, dissertatie, Utrecht 1985, p.56-58

THIEN, W.M.A.H., W.H.J. ROGMANS, Naar een betere registratie van ongevallen in de privésfeer. Medisch Contact; 38, 1983, no. 36, p.1126-1129

Appendix 1

Continuous Morbidity Registration, Sentinel Stations
Participating General Practitioners in 1986

| Name: | Residence: | Province: |
|---|---|---|
| A.A.E.E. Brockmöller*) | 't Zand | Groningen |
| J.Th. Ubbink | Groningen | Groningen |
| Y. Wapstra/K. Tanis (group practice) | Franeker | Friesland |
| S. Vriesinga*) | Oostermeer | Friesland |
| H.W. Reinking/F.M. van Soest/ R.F. Sparenburg/H.D.W.A. van Gysel (group practice) | Assen | Drenthe |
| H.E. Maillette de Buy Wenniger*) | Schoonoord | Drenthe |
| H. Nap*) | Gramsbergen | Overijssel |
| Th.J. van Dam/J.B.M. Stolte (to 1-11-'86) P.P.A. Kemps (from 1-11-'86) (group practice) | Swifterbant | Zuiderlijke IJsselmeer polders |
| E.J. van Apeldoorn | Heerde | Gelderland |
| Dr S. Rijpma*) | Laren | Gelderland |
| J.H. de Boer/Dr J. van Noort (group practice)*) | Zelhem | Gelderland |
| F.C.M Ummels | Velp | Gelderland |
| J.P. van Dam (to 1-7-'86) B.G.W.M. Arts (from 1-7-'86) | Nijmegen | Gelderland |
| M.A.J. Janssen | Nijmegen | Gelderland |
| Ms. I.K.I. de Jongh-Killian/ F.K.A. Fokkema (group practice) | Amersfoort | Utrecht |
| P.J. Kromeich/J.J. Dijkstra (group practice) | Utrecht | Utrecht |
| W.J. van Bodegom*) | Linschoten | Utrecht |
| M.M. Spoor | Alkmaar | Noord-Holland |
| C.W. Willeboordse | Heiloo | Noord-Holland |
| H.R. Neijs*) | Broek in Waterland | Noord-Holland |
| D.E. Kuenen | Haarlem | Noord-Holland |
| Ms. Y.E.V. van Hazel | Amsterdam | Noord-Holland |
| Ms. A.J. Arbouw/ H.O. Sigling/ E. Reijnders (from 1-9-'86) (group practice) | Amstelveen | Noord-Holland |

Appendix 1 (continuation)

Participating General Practitioners in 1986

| Name: | Residence: | Province: |
|---|---|---|
| J.Th. Koop | Amstelveen | Noord-Holland |
| H.J. van der Leen (to 1-9-'86) | | |
| D.E. de Jongh/R.P. van der Wel (from 1-9-'86) (group practice) | Hilversum | Noord-Holland |
| J. Hoornweg/E. Hoornweg-Sleeboom (group practice) | Voorhout | Zuid-Holland |
| Dr A.P. Oliemans | The Hague | Zuid-Holland |
| Th.J. van Stockum jr. (to 1-2-'86) | | |
| R. Kanters (from 1-2-'86) | The Hague | Zuid-Holland |
| J.C.B.M. Rensing | The Hague | Zuid-Holland |
| Dr B.J.M. Aulbers/J.E.G. Nieuwkamer (group practice) | Delft | Zuid-Holland |
| D. Pasman/M. Draaisma (group practice) | Maassluis | Zuid-Holland |
| F.L. Reynders | Rotterdam | Zuid-Holland |
| G. Dorrenboom | Rotterdam | Zuid-Holland |
| G. van Gangelen | Sliedrecht | Zuid-Holland |
| A. Lagendijk | Dordrecht | Zuid-Holland |
| M. Reyerse | Middelburg | Zeeland |
| P.R.L. Vercauteren/H.J.W.A. Meijerink (group practice) | Terneuzen | Zeeland |
| R.J.F.M. Leijgraaf/A.F.A. van de Reepe (group practice) | Etten | Noord-Brabant |
| A.M.H.J.G. Sluijters/J.A.M. Keulers (group practice) | Ravenstein | Noord-Brabant |
| S.H.H.M. van der Meer | Rosmalen | Noord-Brabant |
| Dr J.P.C. Moors | Rosmalen | Noord-Brabant |
| Dr H.A.M. Hoevenaars/A. Hoevenaars (group practice) | Uden | Noord-Brabant |
| A.M.P. Linsen | Oirschot | Noord-Brabant |
| S.P.F. van Rijn | Eindhoven | Noord-Brabant |
| R.A.M. de Jong | Maastricht | Limburg |

*) With dispensary

# Weekstaat t.b.v. centrale registratie

# CONTINUE MORBIDITEITSREGISTRATIE, PEILSTATIONS , 1986

| Proj. no. | Regel no. | Verslagjaar | Week no. | Code peilstat. | Rapport dagen |
|---|---|---|---|---|---|
| 4 0 0 | | 8 6 | | 0020 | |
| 1-3 | 4-5 | 6-7 | 8-9 | 10-13 | 14 |

| Regel no. | Leeftijdsgroep | Influenza (-achtig ziektebeeld[2]) | Cervixuitstrijkje: Na 1-1-1984 voor eerste maal afgenomen op grond van[3]: Klachten/ symptomen | Cervixuitstrijkje: Louter preventieve overwegingen: Initiatief huisarts[4] | Cervixuitstrijkje: Louter preventieve overwegingen: Verzoek v.d. vrouw | Herhalingsonderzoek[4] | Ontslagen psychiatrische patiënt[6] | Sterilisatie verricht[7] | | Morning-after pil voorgeschreven[8] | Huisdierenbeten[9]: Honden | | Huisdierenbeten[9]: Overige | | Suicide(poging)[10] | Ulcus pepticum: Eerste maal[11]: Vermoeden[12] | Ulcus pepticum: Eerste maal[11]: Zeker[13] | Ulcus pepticum: Recidief[14]: Vermoeden[12] | Ulcus pepticum: Recidief[14]: Zeker[13] | Otitis media acuta[15] | | Cerebrovasculair accident[16] (nieuw) | | Verwijzing psychosociale problematiek[17] | | Leeftijdsgroep | Regel no. | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | M+V | V | V | V | V | M+V | M | V | V | M | V | M | V | M+V | M | V | M | V | M | V | M | V | M | V | M | V | | | |
| 01 | < 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | < 1 | 01 | |
| 02 | 1-4 | | | | | | | | | | | | | | | | | | | | | | | | | | | 1-4 | 02 | |
| 03 | 5-9 | | | | | | | | | | | | | | | | | | | | | | | | | | | 5-9 | 03 | |
| 04 | 10-14 | | | | | | | | | | | | | | | | | | | | | | | | | | | 10-14 | 04 | |
| 05 | 15-19 | | | | | | | | | | | | | | | | | | | | | | | | | | | 15-19 | 05 | |
| 06 | 20-24 | | | | | | | | | | | | | | | | | | | | | | | | | | | 20-24 | 06 | |
| 07 | 25-29 | | | | | | | | | | | | | | | | | | | | | | | | | | | 25-29 | 07 | |
| 08 | 30-34 | | | | | | | | | | | | | | | | | | | | | | | | | | | 30-34 | 08 | |
| 09 | 35-39 | | | | | | | | | | | | | | | | | | | | | | | | | | | 35-39 | 09 | |
| 10 | 40-44 | | | | | | | | | | | | | | | | | | | | | | | | | | | 40-44 | 10 | |
| 11 | 45-49 | | | | | | | | | | | | | | | | | | | | | | | | | | | 45-49 | 11 | |
| 12 | 50-54 | | | | | | | | | | | | | | | | | | | | | | | | | | | 50-54 | 12 | |
| 13 | 55-59 | | | | | | | | | | | | | | | | | | | | | | | | | | | 55-59 | 13 | |
| 14 | 60-64 | | | | | | | | | | | | | | | | | | | | | | | | | | | 60-64 | 14 | |
| 15 | 65-69 | | | | | | | | | | | | | | | | | | | | | | | | | | | 65-69 | 15 | |
| 16 | 70-74 | | | | | | | | | | | | | | | | | | | | | | | | | | | 70-74 | 18 | |
| 17 | 75-79 | | | | | | | | | | | | | | | | | | | | | | | | | | | 75-79 | 17 | |
| 18 | 80-84 | | | | | | | | | | | | | | | | | | | | | | | | | | | 80-84 | 18 | |
| 19 | ≥ 85 | | | | | | | | | | | | | | | | | | | | | | | | | | | ≥ 85 | 19 | |
| 4-5 | | 15-17 | 18-20 | 21-23 | 24-26 | 27-29 | 30-32 | 33-35 | 36-38 | 39-41 | 42-44 | 45-47 | 48-50 | 51-53 | 54-56 | 57-59 | 60-62 | 63-65 | 66-68 | 69-71 | 72-74 | 75-77 | 78-80 | 81-83 | 84-86 | 87-89 | 90-92 | 93-95 | 96-98 | | | 99-101 |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Weeknummer: _____

Opgemaakt d.d.: _____

Aantal dagen gerapporteerd (zie voetnoot 1) 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐

Zie ommezijde voor voetnoten

Appendix 3a

Subjects on the weekly returns in alphabetical order 1970-1987

| subject | |
|---|---|
| abortion (spontaneous) | 1982-1983 |
| abortion (request) | 1970-1975 |
| abortus provocatus | 1971-1979 |
| accidents | 1971 |
| accidents in the private sector | 1981-1983 |
| alcoholism | 1975 |
| anti-hypertensivum or diuretic (prescription) | 1976 |
| battered child syndrome (suspicion of) | 1973-1974 |
| bites by pets | 1986-1987 |
| cervical smear | 1976-1987 |
| cerebrovascular accident | 1986-1987 |
| dementia | 1987 |
| depression | 1983-1985 |
| diabetes mellitus | 1980-1983 |
| diarrhoea e causa ignota (acute) | 1970 |
| discharged psychiatric patient | 1986-1987 |
| drug-use (consultation) | 1972-1973 and 1979-1981 |
| dwelling (certificate for another) | 1975 |
| exanthema e causa ignota | 1970 |
| family planning (consultations) | 1970-1976 |
| hay fever | 1978-1982 |
| influenza (-like illness) | 1970-1987 |
| malignancies | 1984-1986 |
| measles | 1975-1979 |
| mononucleosis infectiosa | 1977-1979 |
| morning-after-pill (prescription) | 1972-1987 |
| musculo-skeletal system (trauma of) | 1984 |
| myocardial infarction (suspicion of) | 1978 and 1983-1985 |
| otitis media acuta | 1971 and 1986 |
| Parkinson's disease | 1980-1985 |
| partus immaturus | 1982-1983 |
| partus at gravidity $\geq$ 28 weeks | 1982-1983 |
| penicillin (prescriptions and side effects) | 1982-1983 |
| pregnancy (despite contraception) | 1987 |
| prescription of Rohypnol | 1987 |

Subjects on the weekly returns in alphabetical order 1970-1987 (continuation)

| subject | |
|---|---|
| psoriasis | 1976-1977 |
| referrals | 1984 |
| referrals for physiotherapy | 1985 |
| referrals for psycho-social problems | 1986-1987 |
| rubella (-like illness) | 1971 |
| skull traumas in traffic | 1975-1977 |
| smoking (consultation with regard to addiction) | 1974 |
| sport traumas | 1979-1983 |
| sterilization of the man performed | 1972-1987 |
| sterilization of the woman performed | 1974-1987 |
| suicide (attempted) | 1970-1972 and 1979-1987 |
| tonsillectomy or adenotomy | 1971 |
| tranquillizer (prescription) | 1972-1974 |
| ulcus ventriculi/duodeni | 1975 |
| ulcus pepticum | 1986 |
| urinary tract infection (prescription of medicine) | 1977 |

Appendix 3b

Incidental investigations and other extra investigations, 1977-1987 (alphabetical)

| subjects | |
|---|---|
| alternative forms of treatment (registration) | 1980 |
| anorexia nervosa and bulimia | 1985-1987 |
| euthanasia (request for application) | 1977-1987 |
| malignancies | 1982-1983 |
| mastitis puerperalis | 1982 |
| multiple sclerosis | 1977-1982 |
| serum collection | 1980 and 1985 |
| regretting sterilization | 1980-1984 |

Appendix 4

Age structure of the population of the Netherlands by sex, in thousands, 1 January 1986 (C.B.S.)

| age | men | women | total* |
|---|---|---|---|
| 0- 4 | 446 | 427 | 873 |
| 5- 9 | 456 | 434 | 890 |
| 10-14 | 524 | 502 | 1 026 |
| 15-19 | 629 | 601 | 1 230 |
| 20-24 | 650 | 626 | 1 276 |
| 25-34 | 1 209 | 1 162 | 2 371 |
| 35-44 | 1 102 | 1 039 | 2 141 |
| 45-54 | 793 | 770 | 1 563 |
| 55-64 | 666 | 725 | 1 391 |
| ≥ 65 | 710 | 1 059 | 1 769 |
| totaal | 7 185 | 7 345 | 14 530 |

* As a result of rounding-off, small differences may have occurred in the totals.

CONTINUE MORBIDITEITSREGISTRATIE PEILSTATIONS BLAD 1

PROVINCIEGROEP NAAR ZIEKTEBEELD GESTANDAARDISEERD 08-04-88

JAAR: 1986 WEEK: 01 T/M 53

| PROVINCIE-GROEP | POPULATIE | | | INFLUENZA | CERVIXUITSTRIJKJE | | | | ONTSLAG PSYCH. | STERILISATIE VERRICHT | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | INFLUENZA (ACHTIG) | NA1-1'84 INITIA KLACHTEN/SYMP | VERZOEK TIJDENS HUISART | HERHALING VAN DE VROUW | ONTSLAG VAN DE DERZOEK | LINGSON PSYCH.PATIENTEN | | | |
| | M | V | T | M+V | V | V | V | V | M+V | M | V | T |
| GR+FR+DR | 10124 | 10539 | 20663 | 695 | 121 | 201 | 141 | 100 | 11 | 21 | 33 | 27 |
| OV+GLD+ZYP | 11335 | 11470 | 22803 | 683 | 106 | 210 | 155 | 195 | 8 | 76 | 23 | 49 |
| UTR+NH+ZH | 28798 | 30717 | 59514 | 592 | 42 | 248 | 201 | 228 | 9 | 42 | 32 | 37 |
| ZLD+NB+LIM | 15623 | 16178 | 31800 | 627 | 43 | 229 | 134 | 91 | 7 | 42 | 27 | 34 |
| TOTAAL | 65880 | 69904 | 134780 | 630 | 65 | 230 | 168 | 170 | 8 | 45 | 29 | 37 |



CONTINUE MORBIDITEITSREGISTRATIE PEILSTATIONS BLAD 2

PROVINCIEGROEP NAAR ZIEKTEBEELD GESTANDAARDISEERD 08-04-88

JAAR: 1986 WEEK: 01 T/M 53

| PROVINCIE-GROEP | POPULATIE | | | MORNING AFTERPIL HUISDIEREN BETEN | | | | | | SUICIDE POGING | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | MORNING AFTERPIL VOORSCHR HONDEN | | OVERIGE | | | | SUICIDE POGING | | |
| | M | V | T | V | M | V | T | M | V | T | M+V | |
| GR+FR+DR | 10124 | 10539 | 20663 | 48 | 29 | 28 | 28 | 4 | 7 | 5 | 9 | |
| OV+GLD+ZYP | 11335 | 11470 | 22803 | 45 | 42 | 24 | 33 | 1 | 10 | 5 | 5 | |
| UTR+NH+ZH | 28798 | 30717 | 59514 | 31 | 26 | 22 | 24 | 3 | 5 | 4 | 7 | |
| ZLD+NB+LIM | 15623 | 16178 | 31800 | 38 | 35 | 18 | 26 | 5 | 4 | 4 | 6 | |
| TOTAAL | 65880 | 68904 | 134780 | 37 | 31 | 22 | 26 | 3 | 6 | 4 | 7 | |

CONTINUE MORBIDITEITSREGISTRATIE PEILSTATIONS

PROVINCIEGROEP NAAR ZIEKTEBEELD GESTANDAARDISEERD

JAAR: 1986 WEEK: 01 T/M 53



PROVINCIE-GROEP | POPULATIE | ULCUS PEPTICUM

1E MAAL VERMOEDEN | 1E MAAL ZEKER

| | M | V | T | M | V | T | M | V | T |
|---|---|---|---|---|---|---|---|---|---|
| GR+FR+DR | 10124 | 10539 | 20663 | 15 | 7 | 11 | 4 | 6 | 5 |
| OV+GLD+ZYP | 11335 | 11470 | 22803 | 7 | 7 | 7 | 4 | 3 | 4 |
| UTR+NH+ZH | 28798 | 30717 | 59514 | 22 | 16 | 19 | 8 | 6 | 7 |
| ZLD+NB+LIM | 15623 | 16178 | 31800 | 16 | 15 | 16 | 8 | 6 | 7 |
| TOTAAL | 65880 | 68904 | 134780 | 17 | 13 | 15 | 7 | 5 | 6 |

CONTINUE MORBIDITEITSREGISTRATIE PEILSTATIONS

PROVINCIEGROEP NAAR ZIEKTEBEELD GESTANDAARDISEERD

JAAR: 1986 WEEK: 01 T/M 53



PROVINCIE-GROEP | POPULATIE

RECIDIEF VERMOEDEN | RECIDIEF ZEKER

| | M | V | T | M | V | T | M | V | T |
|---|---|---|---|---|---|---|---|---|---|
| GR+FR+DR | 10124 | 10539 | 20663 | 8 | 11 | 10 | 4 | 0 | 2 |
| OV+GLD+ZYP | 11335 | 11470 | 22803 | 14 | 8 | 11 | 4 | 2 | 3 |
| UTR+NH+ZH | 28798 | 30717 | 59514 | 27 | 9 | 18 | 8 | 2 | 5 |
| ZLD+NB+LIM | 15623 | 16178 | 31800 | 23 | 16 | 19 | 5 | 3 | 4 |
| TOTAAL | 65880 | 68904 | 134780 | 21 | 11 | 16 | 6 | 2 | 4 |

CONTINUE MORBIDITEITSREGISTRATIE PEILSTATIONS BLAD 5

PROVINCIEGROEP NAAR ZIEKTEBEELD GESTANDAARDISEERD 08-04-88

JAAR: 1986 WEEK: 01 T/M 53

| PROVINCIE-GROEP | POPULATIE | | | OTITUS MEDIA ACUTA | | | CVA (NIEUW) | | |
|---|---|---|---|---|---|---|---|---|---|
| | | | | OTITUS MEDIA ACUTA | | | CVA (NIEUW) | | |
| | M | V | T | M | V | T | M | V | T |
| GR+FR+DR | 10124 | 10539 | 20663 | 88 | 74 | 81 | 12 | 12 | 12 |
| OV+GLD+ZYP | 11335 | 11470 | 22803 | 129 | 120 | 124 | 15 | 23 | 19 |
| UTR+NH+ZH | 28798 | 30717 | 59514 | 151 | 157 | 154 | 17 | 17 | 17 |
| ZLD+NB+LIM | 15623 | 16178 | 31800 | 175 | 153 | 164 | 18 | 14 | 16 |
| TOTAAL | 65880 | 68904 | 134780 | 144 | 137 | 140 | 16 | 16 | 16 |



CONTINUE MORBIDITEITSREGISTRATIE PEILSTATIONS BLAD 6

PROVINCIEGROEP NAAR ZIEKTEBEELD GESTANDAARDISEERD 08-04-88

JAAR: 1986 WEEK: 01 T/M 53

| PROVINCIE-GROEP | POPULATIE | | | VERWIJZING PSYCH. SOC. PROBLEMATIEK | | | WEEK: 01 T/M 53<br>WEEK: 01 T/M 53 |
|---|---|---|---|---|---|---|---|
| | | | | VERWIJZING PSYCH. SOC. PROBLEMATIEK | | | WEEK: 01 T/M 53<br>WEEK: 01 T/M 53<br>WEEK: 01 T/M 53 |
| | M | V | T | M | V | T | WEEK: 01 T/M 53 |
| GR+FR+DR | 10124 | 10539 | 20663 | 40 | 74 | 57 | |
| OV+GLD+ZYP | 11335 | 11470 | 22803 | 33 | 56 | 44 | |
| UTR+NH+ZH | 28798 | 30717 | 59514 | 53 | 82 | 69 | |
| ZLD+NB+LIM | 15623 | 16178 | 31800 | 37 | 60 | 48 | |
| TOTAAL | 65880 | 68904 | 134780 | 44 | 71 | 58 | |

CONTINUE MORBIDITEITSREGISTRATIE PEILSTATIONS

BLAD 1

URBANISATIEGROEP NAAR ZIEKTEBEELD GESTANDAARDISEERD

08-04-88

JAAR: 1986 WEEK: 01 T/M 53

| URBANISATIE-GROEP | POPULATIE | | | INFLUEN-ZA | CERVIXUITSTRIJKJE | | | ONTSLAG PSYCH. | STERILISATIE VERRICHT | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | INFLUENZA (ACHTIG) | NA1-1'94 KLACHTEN/SYMP | INITIA TIEF HUISART | VERZOEK VAN DE VROUW | HERHALINGSONDERZOEK | ONTSLAG PSYCH.PATIENTEN | STERILISATIE VERRICHT | | |
| | M | V | T | M+V | V | V | V | V | M+V | M | V | T |
| A1+A4 | 11152 | 11135 | 22284 | 516 | 93 | 243 | 155 | 102 | 7 | 80 | 30 | 55 |
| B1-B3,C1-C4 | 39512 | 41559 | 81071 | 568 | 54 | 186 | 158 | 168 | 7 | 35 | 27 | 31 |
| C5 | 15216 | 16210 | 31425 | 874 | 75 | 334 | 205 | 225 | 11 | 43 | 35 | 39 |
| TOTAAL | 65880 | 68904 | 134780 | 630 | 55 | 230 | 168 | 170 | 8 | 45 | 29 | 37 |



CONTINUE MORBIDITEITSREGISTRATIE PEILSTATIONS

BLAD 2

URBANISATIEGROEP NAAR ZIEKTEBEELD GESTANDAARDISEERD

08-04-88

JAAR: 1986 WEEK: 01 T/M 53

| URBANISATIE-GROEP | POPULATIE | | | MORNING HUISDIERENBETEN AFTERPIL | | | | OVERIGE | | | SUICIDE POGING |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | MORNING HONDEN AFTERPIL VOORSCHR | | | | | | | SUICIDE POGING |
| | M | V | T | V | M | V | T | M | V | T | M+V |
| A1+A4 | 11152 | 11135 | 22284 | 32 | 39 | 29 | 34 | 2 | 8 | 5 | 5 |
| B1-B3,C1-C4 | 39512 | 41559 | 81071 | 38 | 31 | 22 | 27 | 3 | 6 | 5 | 4 |
| C5 | 15216 | 16210 | 31425 | 41 | 25 | 17 | 21 | 4 | 3 | 4 | 15 |
| TOTAAL | 65880 | 68904 | 134780 | 37 | 31 | 22 | 26 | 3 | 6 | 4 | 7 |

CONTINUE MORBIDITEITSREGISTRATIE PEILSTATIONS — BLAD 3

URBANISATIEGROEP NAAR ZIEKTEBEELD GESTANDAARDISEERD — 08-04-88

JAAR: 1986 — WEEK: 01 T/M 53

| URBANISATIE-GROEP | POPULATIE | | | ULCUS PEPTICUM | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | | | | 1E MAAL VERMOEDEN | | | 1E MAAL ZEKER | | |
| | M | V | T | M | V | T | M | V | T |
| A1+A4 | 11152 | 11135 | 22284 | 13 | 5 | 9 | 4 | 5 | 5 |
| B1-B3,C1-C4 | 39512 | 41559 | 81071 | 16 | 13 | 14 | 7 | 5 | 6 |
| C5 | 15216 | 16210 | 31425 | 21 | 20 | 20 | 10 | 7 | 8 |
| TOTAAL | 65880 | 68904 | 134780 | 17 | 13 | 15 | 7 | 5 | 6 |

105

CONTINUE MORBIDITEITSREGISTRATIE PEILSTATIONS — BLAD 4

URBANISATIEGROEP NAAR ZIEKTEBEELD GESTANDAARDISEERD — 08-04-88

JAAR: 1986 — WEEK: 01 T/M 53

| URBANISATIE-GROEP | POPULATIE | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | | | | RECIDIEF VERMOEDEN | | | RECIDIEF ZEKER | | |
| | M | V | T | M | V | T | M | V | T |
| A1+A4 | 11152 | 11135 | 22284 | 8 | 4 | 6 | 3 | 2 | 2 |
| B1-B3,C1-C4 | 39512 | 41559 | 81071 | 17 | 10 | 13 | 5 | 2 | 3 |
| C5 | 15216 | 16210 | 31425 | 41 | 17 | 29 | 12 | 1 | 6 |
| TOTAAL | 65880 | 68904 | 134780 | 21 | 11 | 16 | 6 | 2 | 4 |

CONTINUE MORBIDITEITSREGISTRATIE PEILSTATIONS — BLAD 5

URBANISATIEGROEP NAAR ZIEKTEBEELD GESTANDAARDISEERD — 08-04-88

JAAR: 1986 — WEEK: 01 T/M 53

| URBANISATIE-GROEP | POPULATIE | | | OTITUS MEDIA ACUTA | | | CVA (NIEUW) | | |
|---|---|---|---|---|---|---|---|---|---|
| | | | | OTITUS MEDIA ACUTA | | | CVA (NIEUW) | | |
| | M | V | T | M | V | T | M | V | T |
| A1+A4 | 11152 | 11135 | 22284 | 184 | 191 | 188 | 12 | 14 | 13 |
| B1-B3,C1-C4 | 39512 | 41559 | 81071 | 137 | 123 | 129 | 15 | 12 | 14 |
| C5 | 15216 | 16210 | 31425 | 129 | 137 | 133 | 21 | 28 | 25 |
| TOTAAL | 65880 | 68904 | 134780 | 144 | 137 | 140 | 16 | 16 | 16 |



CONTINUE MORBIDITEITSREGISTRATIE PEILSTATIONS — BLAD 6

URBANISATIEGROEP NAAR ZIEKTEBEELD GESTANDAARDISEERD — 08-04-88

JAAR: 1986 — WEEK: 01 T/M 53

| URBANISATIE-GROEP | POPULATIE | | | VERWIJZING PSYCH. SOC. PROBLEMATIEK | | | WEEK: 01 T/M 53<br>WEEK: 01 T/M 53 |
|---|---|---|---|---|---|---|---|
| | | | | VERWIJZING PSYCH. SOC. PROBLEMATIEK | | | WEEK: 01 T/M 53<br>WEEK: 01 T/M 53<br>WEEK: 01 T/M 53 |
| | M | V | T | M | V | T | WEEK: 01 T/M 53 |
| A1+A4 | 11152 | 11135 | 22284 | 23 | 41 | 32 | |
| B1-B3,C1-C4 | 39512 | 41559 | 81071 | 35 | 57 | 46 | |
| C5 | 15216 | 16210 | 31425 | 80 | 129 | 105 | |
| TOTAAL | 65830 | 68904 | 134780 | 44 | 71 | 58 | |

TABLE 4A

Number of patients with influenza(-like illness) per week, per 10 000 inhabitants, 1986-1987 (to 13th week inclusive)

| week 1986 | number of patients | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | province group | | | | urbanization group | | | total |
| | A | B | C | D | 1 | 2 | 3 | |
| 1 / 2 | 17 | 14 | 14 | 13 | 7 | 13 | 23 | 14 |
| 3 | 14 | 15 | 15 | 11 | 10 | 13 | 18 | 14 |
| 4 | 13 | 30 | 18 | 8 | 25 | 12 | 22 | 28 |
| 5 | 27 | 31 | 26 | 22 | 25 | 23 | 35 | 28 |
| 6 | 27 | 49 | 22 | 27 | 40 | 24 | 32 | 32 |
| 7 | 59 | 47 | 36 | 36 | 37 | 38 | 53 | 43 |
| 8 | 89 | 69 | 61 | 95 | 59 | 76 | 79 | 71 |
| 9 | 65 | 68 | 72 | 80 | 53 | 74 | 79 | 69 |
| 10 | 54 | 42 | 48 | 62 | 35 | 51 | 63 | 50 |
| 11 | 43 | 41 | 35 | 37 | 38 | 32 | 51 | 40 |
| 12 | 14 | 22 | 20 | 19 | 22 | 17 | 25 | 21 |
| 13 | 9 | 11 | 9 | 8 | 8 | 8 | 11 | 9 |
| 14 | 6 | 6 | 5 | 3 | 5 | 3 | 8 | 5 |
| 15 | 4 | 10 | 3 | 4 | 6 | 3 | 6 | 5 |
| 16 | 7 | 4 | 3 | 4 | 2 | 3 | 6 | 4 |
| 17 | 2 | 2 | 4 | 3 | 1 | 3 | 4 | 3 |
| 18 | 5 | 4 | 3 | 2 | 2 | 2 | 6 | 3 |
| 19 | 1 | 2 | 2 | 2 | 2 | 2 | 2 | 2 |
| 20 | 3 | 2 | 1 | 2 | 1 | 2 | 3 | 2 |
| 21 | 3 | 3 | 3 | 2 | 3 | 2 | 5 | 3 |
| 22 | 4 | 3 | 1 | 3 | 2 | 2 | 4 | 3 |
| 23 | 5 | 5 | 3 | 4 | 3 | 3 | 6 | 4 |
| 24 | 11 | 2 | 3 | 2 | 1 | 2 | 8 | 4 |
| 25 | 3 | 3 | 2 | 3 | 3 | 2 | 4 | 3 |
| 26 | 3 | 4 | 1 | 3 | 2 | 1 | 5 | 3 |
| 27 | 5 | 1 | 0 | 1 | - | 1 | 3 | 1 |

TABLE 4A (continuation)

Number of patients with influenza(-like illness) per week, per 10 000 inhabitants, 1986-1987 (to 13th week inclusive)

| week 1986 | number of patients | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | province group | | | | urbanization group | | | total |
| | A | B | C | D | 1 | 2 | 3 | |
| 28 | - | - | 1 | 7 | - | 1 | 6 | 2 |
| 29 | - | - | 1 | 1 | - | 0 | 1 | 0 |
| 30 | - | 0 | 1 | 2 | 0 | 2 | 1 | 1 |
| 31 | - | 4 | 1 | 1 | 3 | 1 | 1 | 2 |
| 32 | 2 | 4 | 1 | 1 | 2 | 1 | 3 | 2 |
| 33 | 3 | 2 | 2 | 3 | 1 | 2 | 3 | 2 |
| 34 | 5 | 4 | 2 | 2 | 2 | 2 | 5 | 3 |
| 35 | 2 | 4 | 1 | 3 | 2 | 2 | 3 | 2 |
| 36 | 5 | 4 | 4 | 3 | 2 | 2 | 8 | 4 |
| 37 | 6 | 5 | 6 | 0 | 2 | 3 | 11 | 5 |
| 38 | 7 | 7 | 4 | 2 | 4 | 3 | 9 | 5 |
| 39 | 14 | 7 | 4 | 5 | 2 | 4 | 12 | 6 |
| 40 | 10 | 4 | 5 | 4 | 2 | 4 | 11 | 6 |
| 41 | 8 | 4 | 3 | 6 | 1 | 4 | 8 | 4 |
| 42 | 2 | 5 | 2 | 3 | 3 | 3 | 3 | 3 |
| 43 | - | 5 | 3 | 5 | 3 | 3 | 3 | 3 |
| 44 | 6 | 7 | 4 | 4 | 3 | 4 | 8 | 5 |
| 45 | 9 | 8 | 4 | 3 | 3 | 4 | 9 | 5 |
| 46 | 5 | 9 | 6 | 6 | 5 | 5 | 11 | 7 |
| 47 | 10 | 6 | 6 | 7 | 4 | 5 | 13 | 7 |
| 48 | 11 | 9 | 7 | 7 | 7 | 5 | 15 | 9 |
| 49 | 9 | 14 | 6 | 6 | 7 | 5 | 15 | 9 |
| 50 | 12 | 11 | 6 | 10 | 7 | 8 | 11 | 9 |
| 51 | 9 | 9 | 15 | 10 | 7 | 11 | 19 | 12 |
| 52 | 15 | 2 | 7 | 8 | 2 | 6 | 13 | 5 |
| 53 | 7 | 0 | 6 | 7 | 2 | 7 | 6 | 5 |

TABLE 4A (continuation)

Number of patients with influenza(-like illness) per week, per 10 000 inhabitants, 1985-1987 (to 13th week inclusive)

| week 1987 | number of patients | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | province group | | | | urbanization group | | | total |
| | A | B | C | D | 1 | 2 | 3 | |
| 1 | 0 | 2 | 4 | 3 | 1 | 2 | 6 | 3 |
| 2 | 20 | 9 | 13 | 5 | 10 | 7 | 24 | 11 |
| 3 | 10 | 12 | 15 | 6 | 12 | 7 | 22 | 12 |
| 4 | 32 | 13 | 21 | 15 | 13 | 16 | 35 | 20 |
| 5 | 51 | 19 | 19 | 32 | 21 | 26 | 32 | 26 |
| 6 | 19 | 23 | 14 | 25 | 19 | 18 | 21 | 19 |
| 7 | 23 | 17 | 16 | 24 | 20 | 20 | 16 | 19 |
| 8 | 10 | 9 | 10 | 11 | 8 | 10 | 10 | 10 |
| 9 | 13 | 12 | 7 | 10 | 8 | 9 | 10 | 9 |
| 10 | 8 | 6 | 9 | 6 | 4 | 7 | 11 | 8 |
| 11 | 6 | 10 | 4 | 11 | 8 | 7 | 8 | 7 |
| 12 | 9 | 4 | 4 | 7 | 2 | 5 | 3 | 5 |
| 13 | 3 | 9 | 4 | 5 | 8 | 4 | 4 | 5 |

Figures 1 - 25

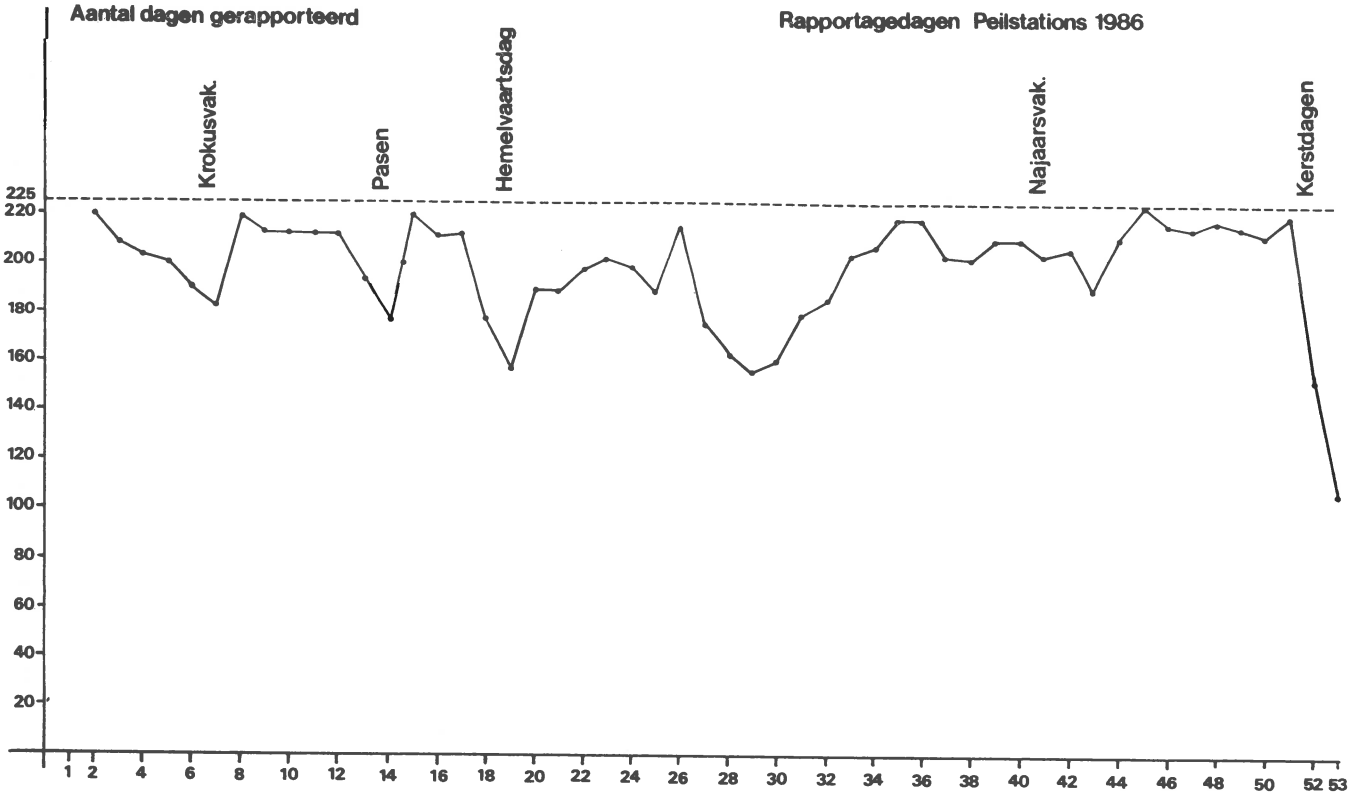
FIGUUR 1

# PEILSTATIONS

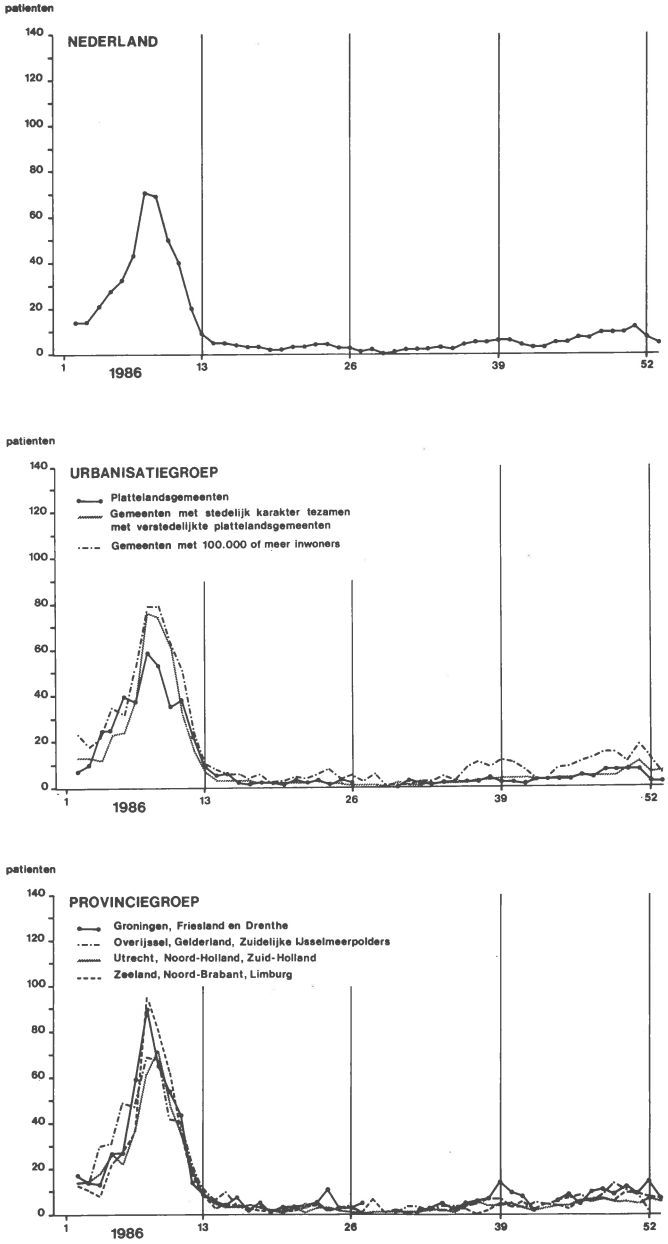
## CONTINUE MORBIDITEITS REGISTRATIE

## 1986

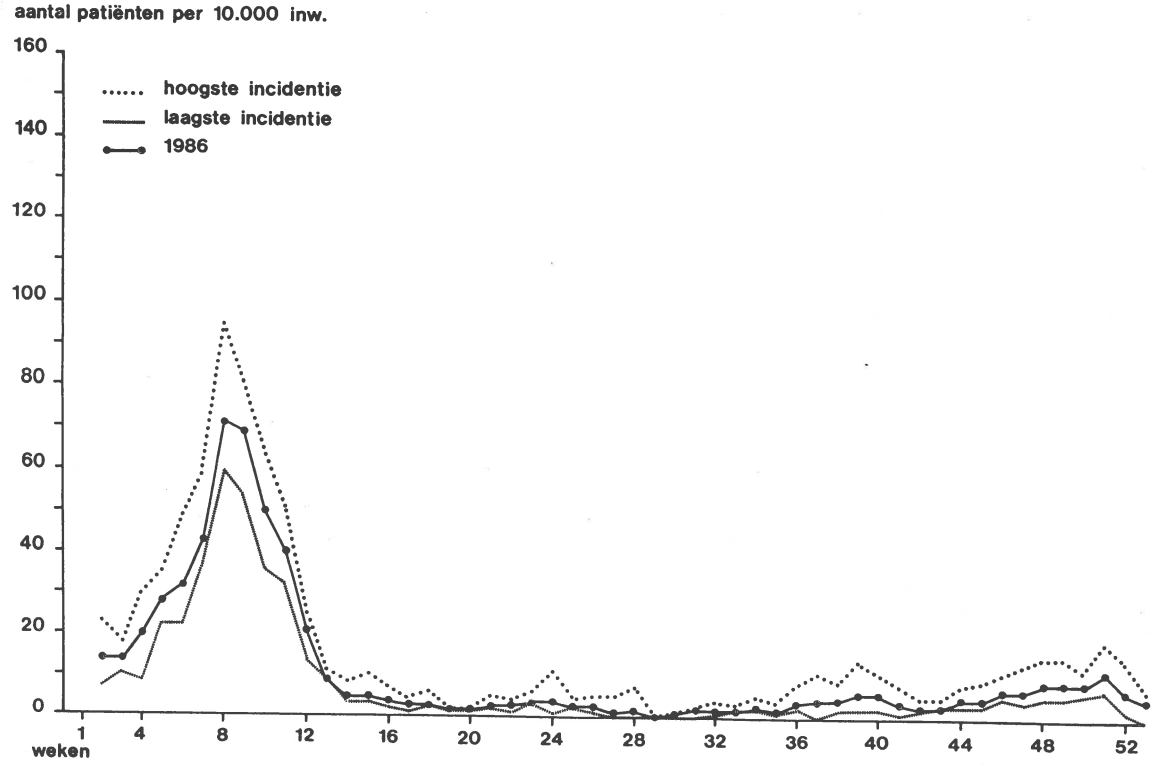
Figuur 2
Het aantal dagen, dat in 1986 per week is geregistreerd



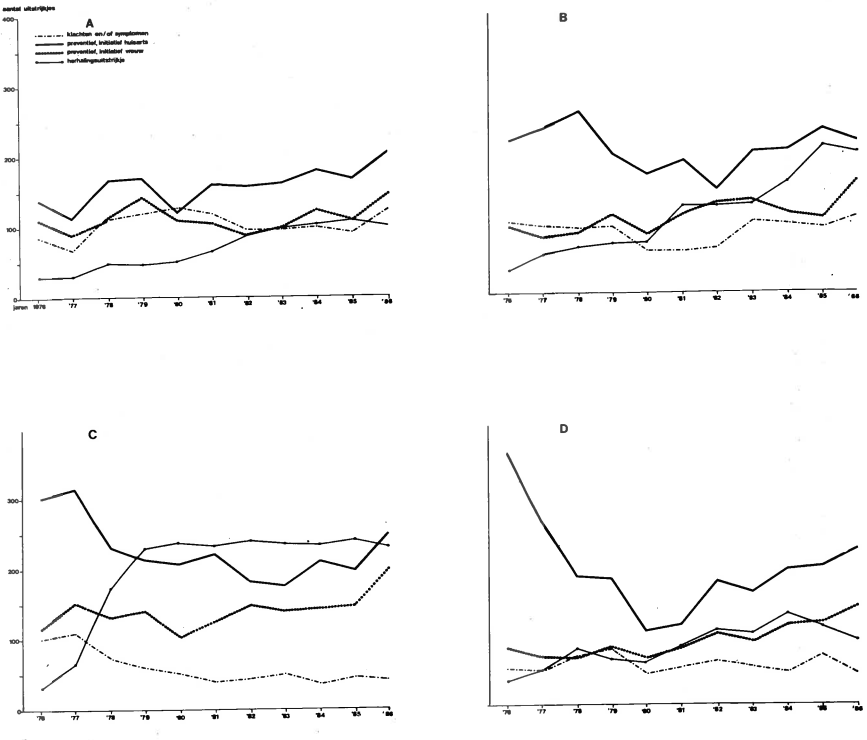
Figuur 3
Aantal patiënten met influenza(-achtig ziektebeeld) per week en per 10.000 inwoners, 1986 - 1987 (t/m 13e week)



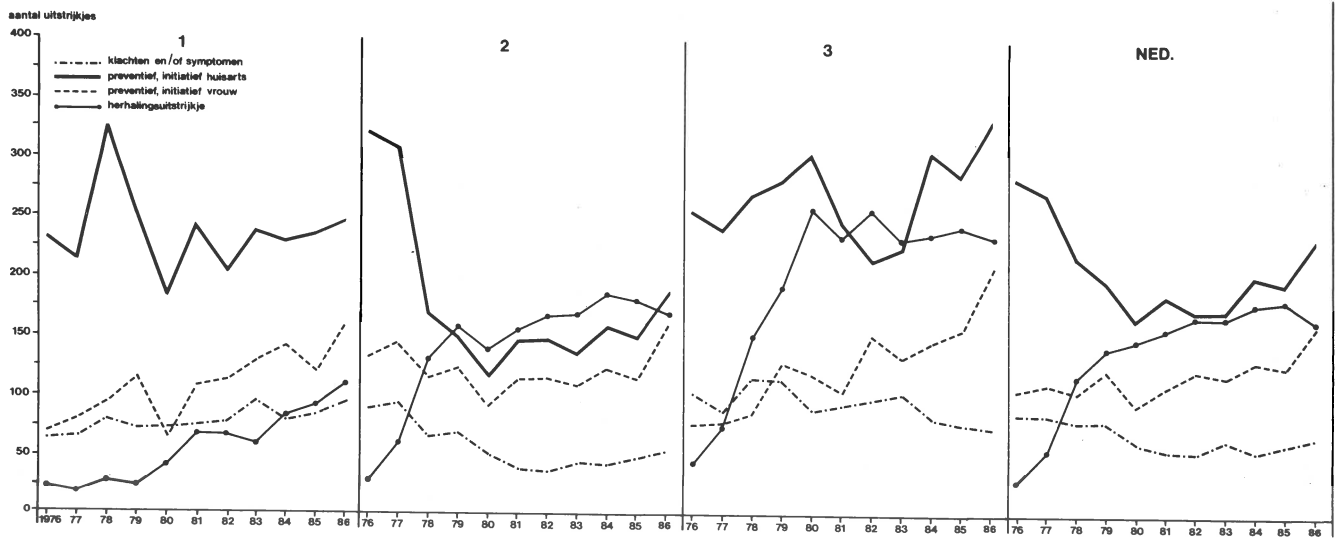
Figuur 4
Hoogste en laagste weekincidenties van influenza(-achtig ziektebeeld) per 10.000 inwoners voor de jaren 1970 - 1985 en weekincidenties van 1986 - 1987 (t/m 13e week)



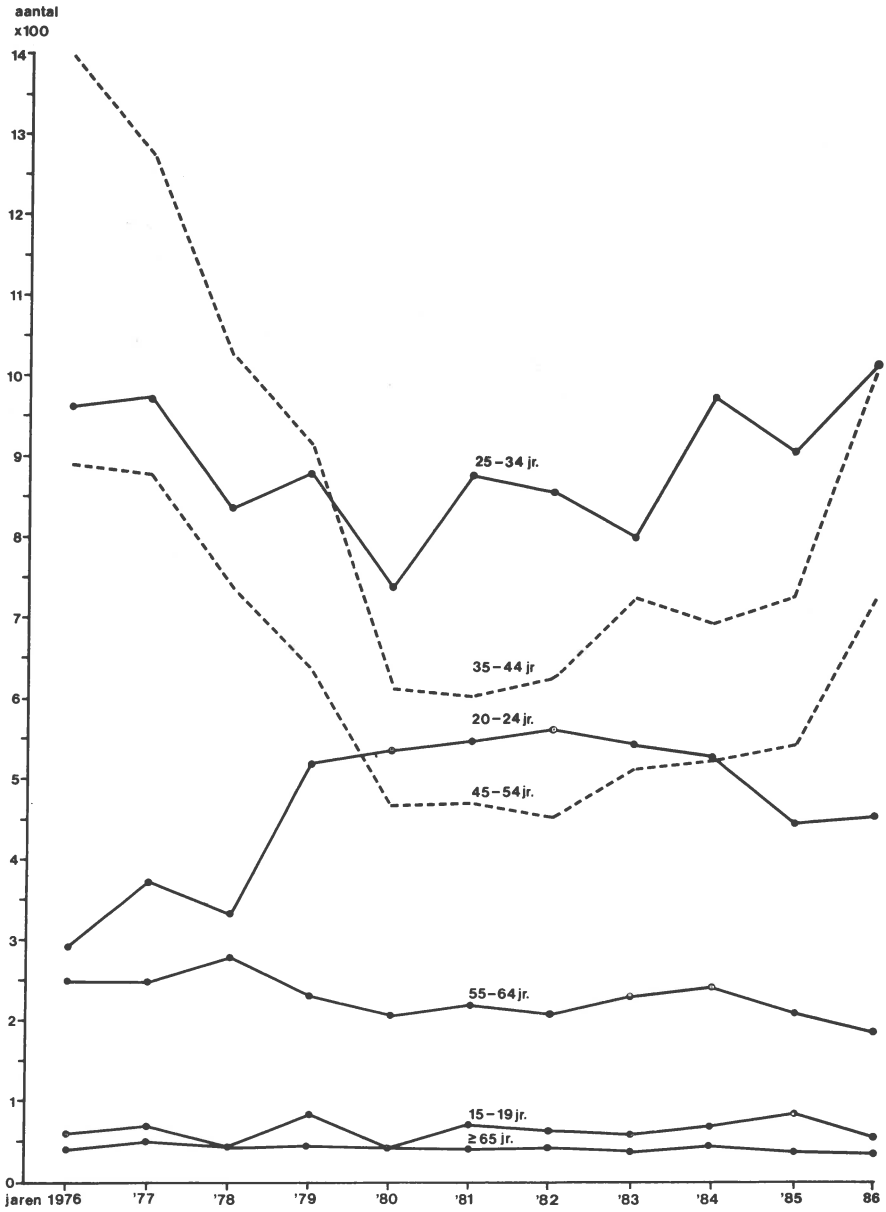
Figuur 5
Aantal uitstrijkjes gemaakt van de cervix uteri, per provinciegroep naar indicatie tot het maken van een uitstrijkje, per 10.000 vrouwen, 1976 - 1986



Figuur 6
Aantal uitstrijkjes gemaakt van de cervix uteri, per urbanisatiegroep en voor Nederland, naar indicatie tot het maken van een uitstrijkje, per 10.000 vrouwen, 1976 - 1986

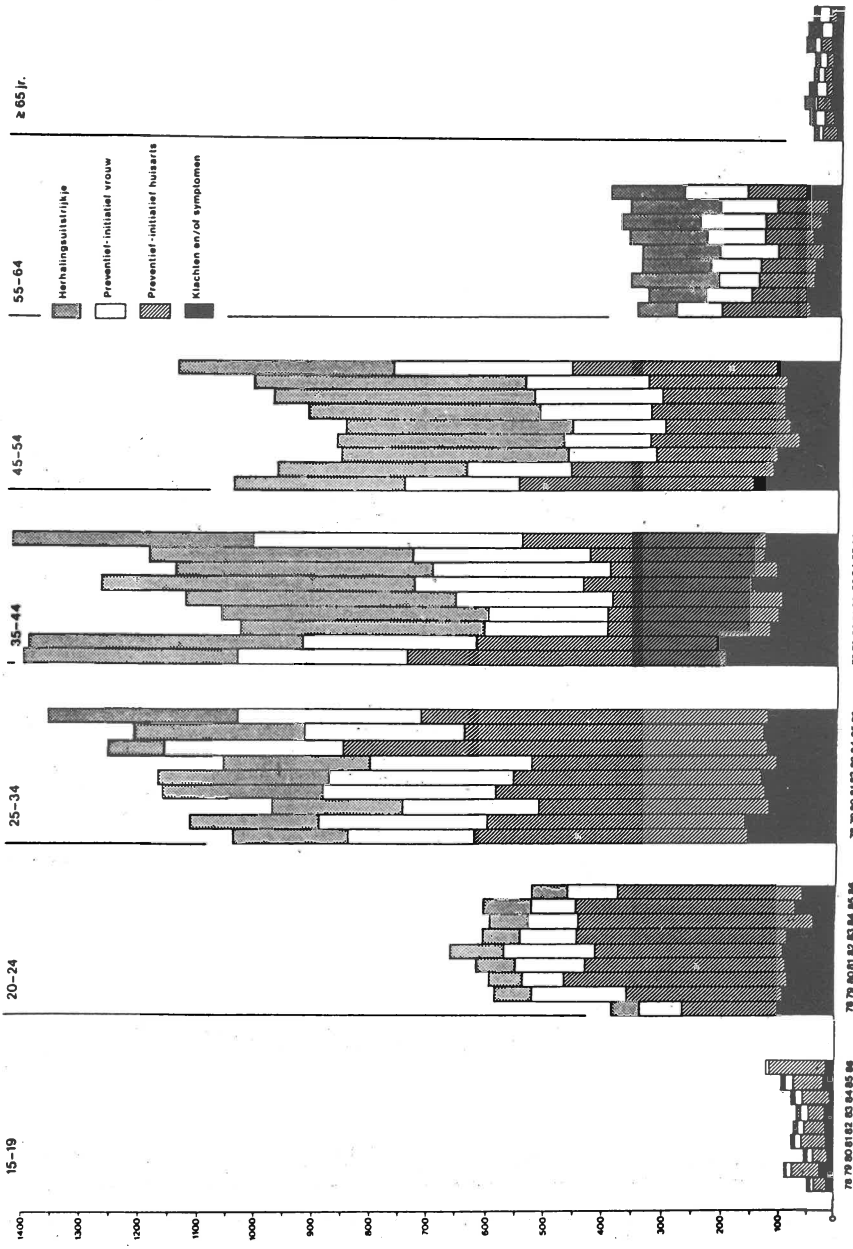


Figuur 7
Aantal "eerste" uitstrijkjes gemaakt van de cervix uteri naar leeftijdsgroep, per 10.000 vrouwen, 1976 - 1986

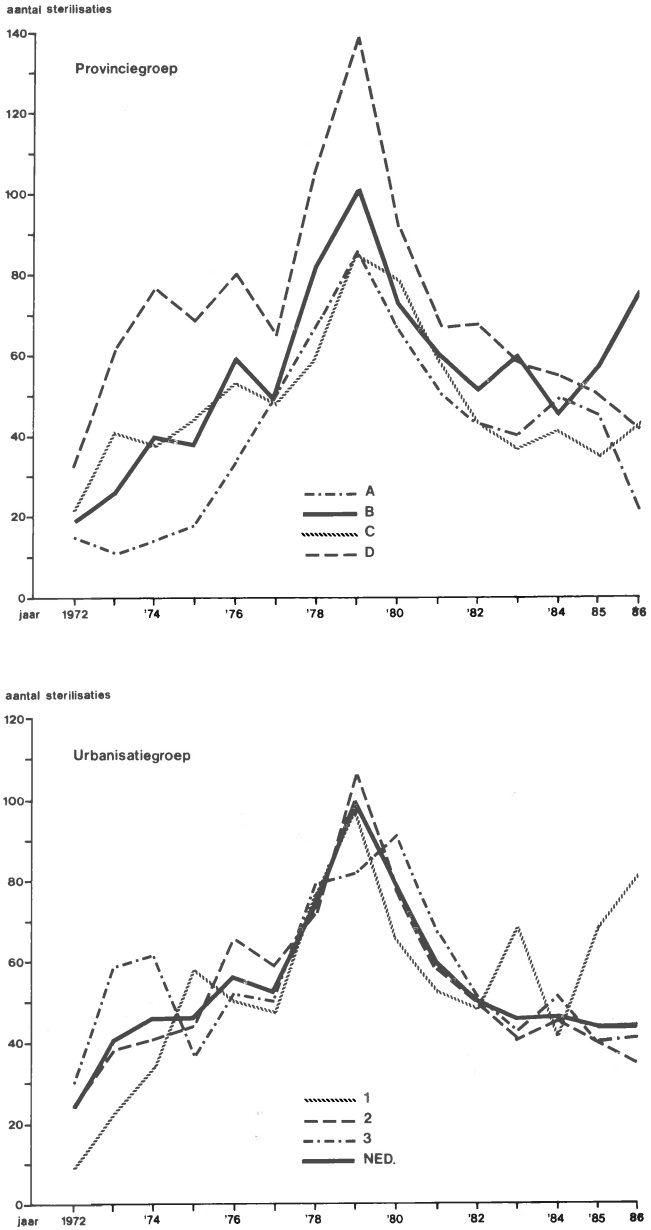


Figuur 8

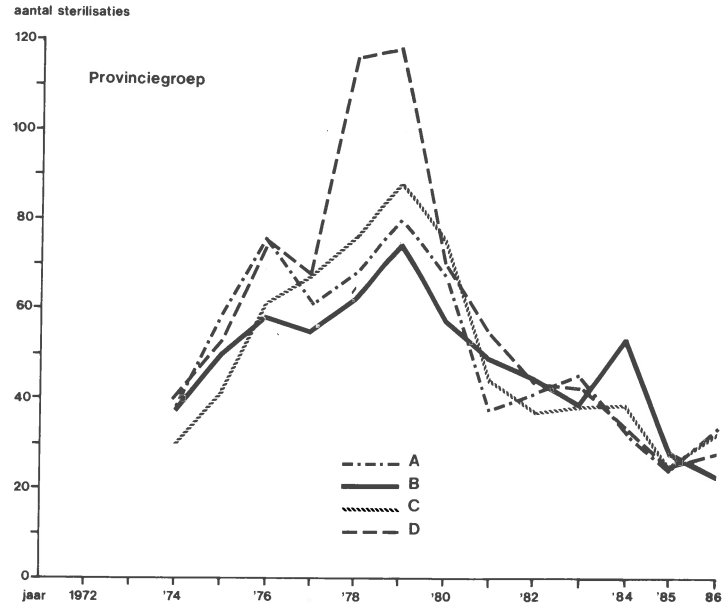
Aantal uitstrijkjes gemaakt van de cervix uteri naar leeftijdsgroep en naar indicatie tot het maken van een uitstrijkje, per 10.000 vrouwen, 1978 - 1986

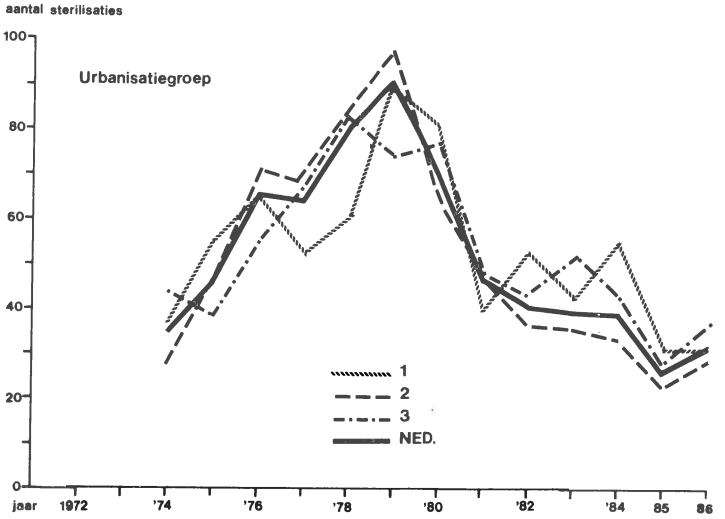


Figuur 9
Aantal bij mannen verrichte sterilisaties, per provincie- en urbanisatiegroep en voor Nederland, per 10.000 mannen, 1972 - 1986

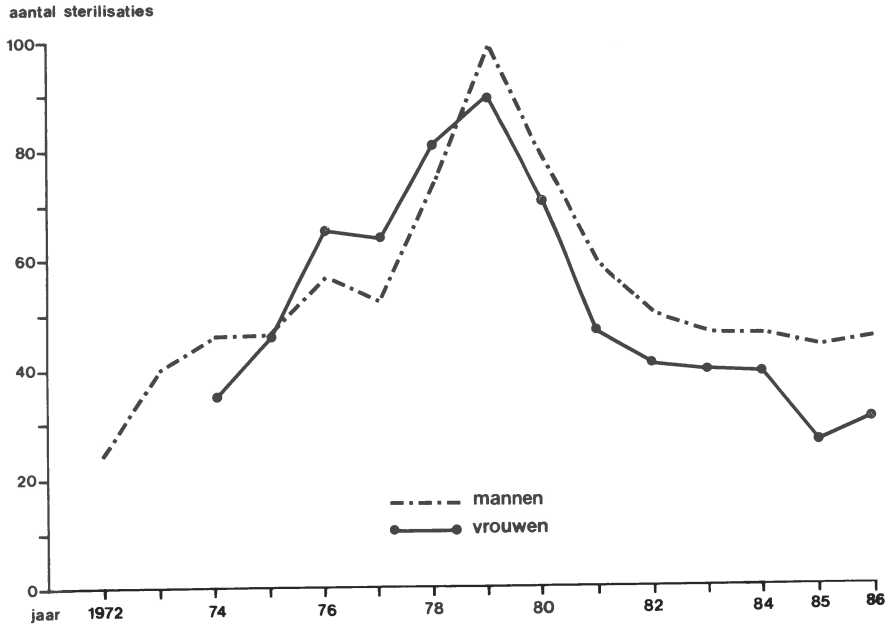


Figuur 10
Aantal bij vrouwen verrichte sterilisaties, per provincie- en urbanisatiegroep en voor Nederland, per 10.000 vrouwen, 1974 - 1986

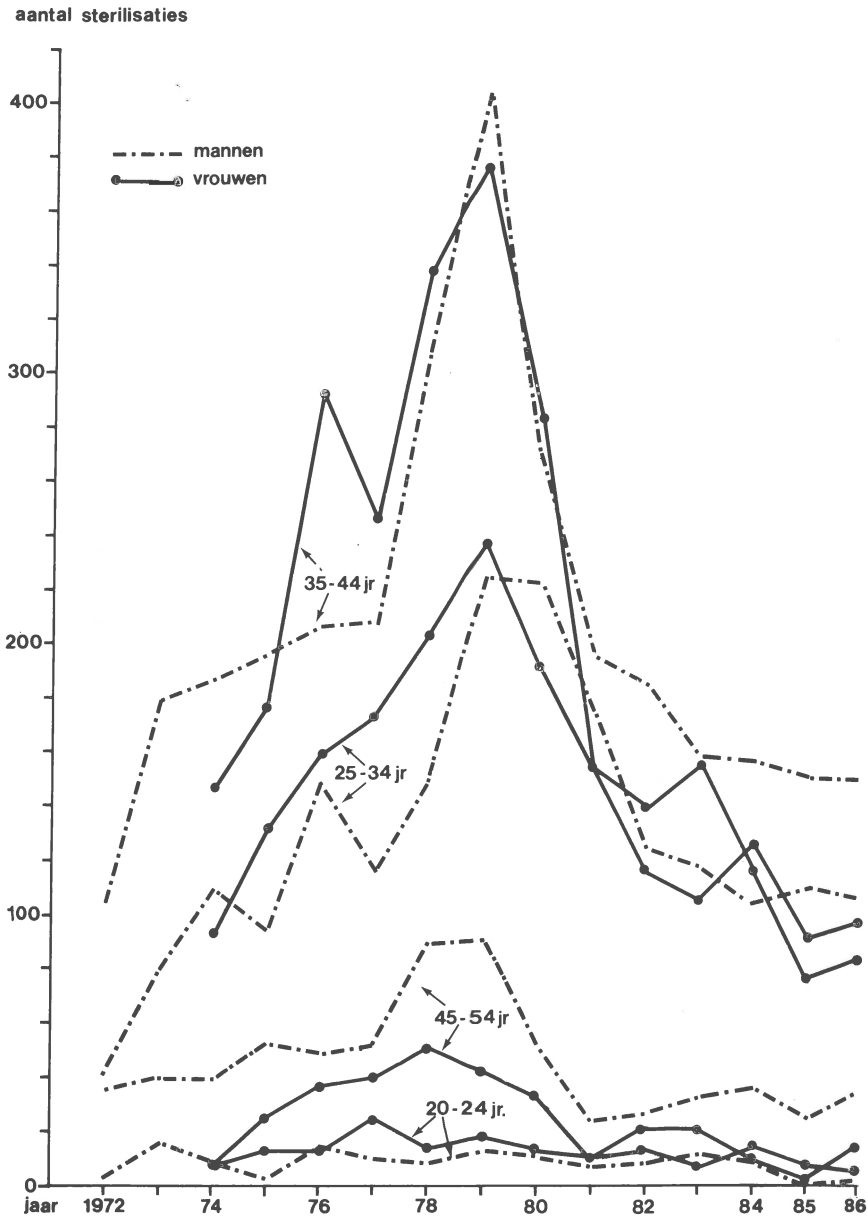


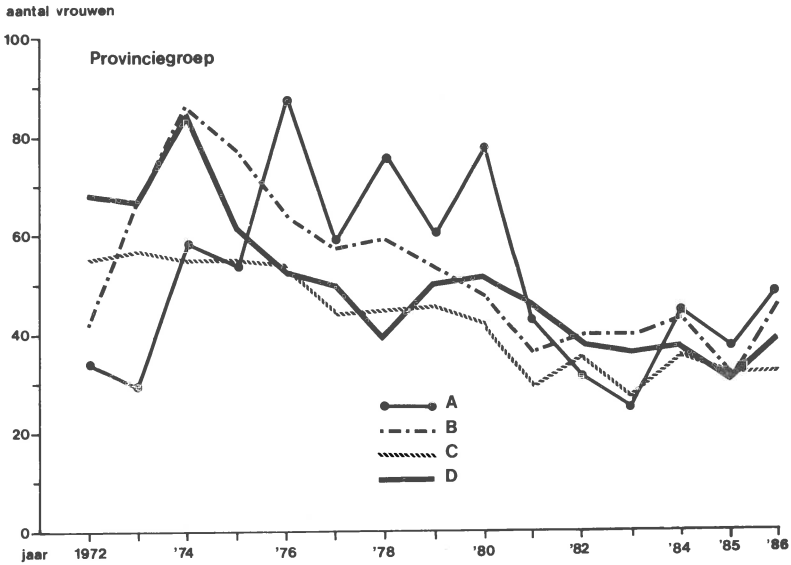
Figuur 11
Aantal verrichte sterilisaties per 10.000 mannen en 10.000 vrouwen, 1972 - 1986

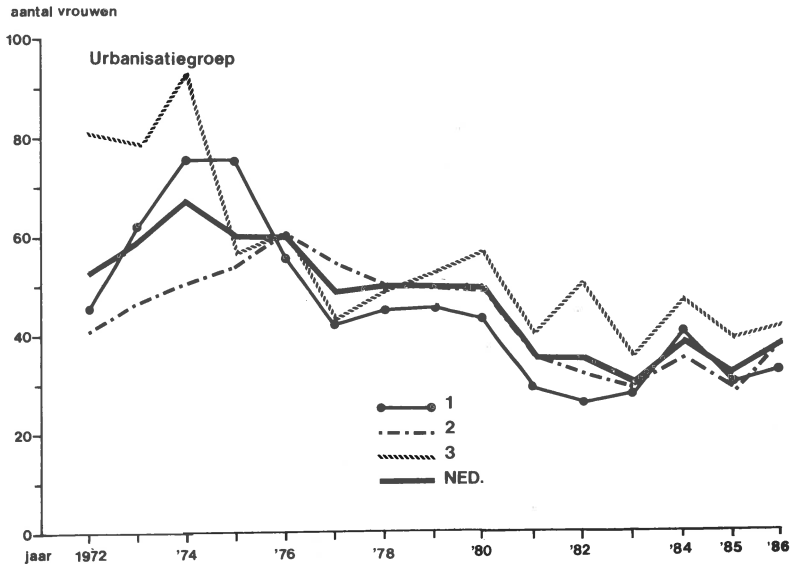


Figuur 12
Aantal verrichte sterilisaties naar leeftijdsgroep, per 10.000 mannen en 10.000 vrouwen, 1972 - 1986

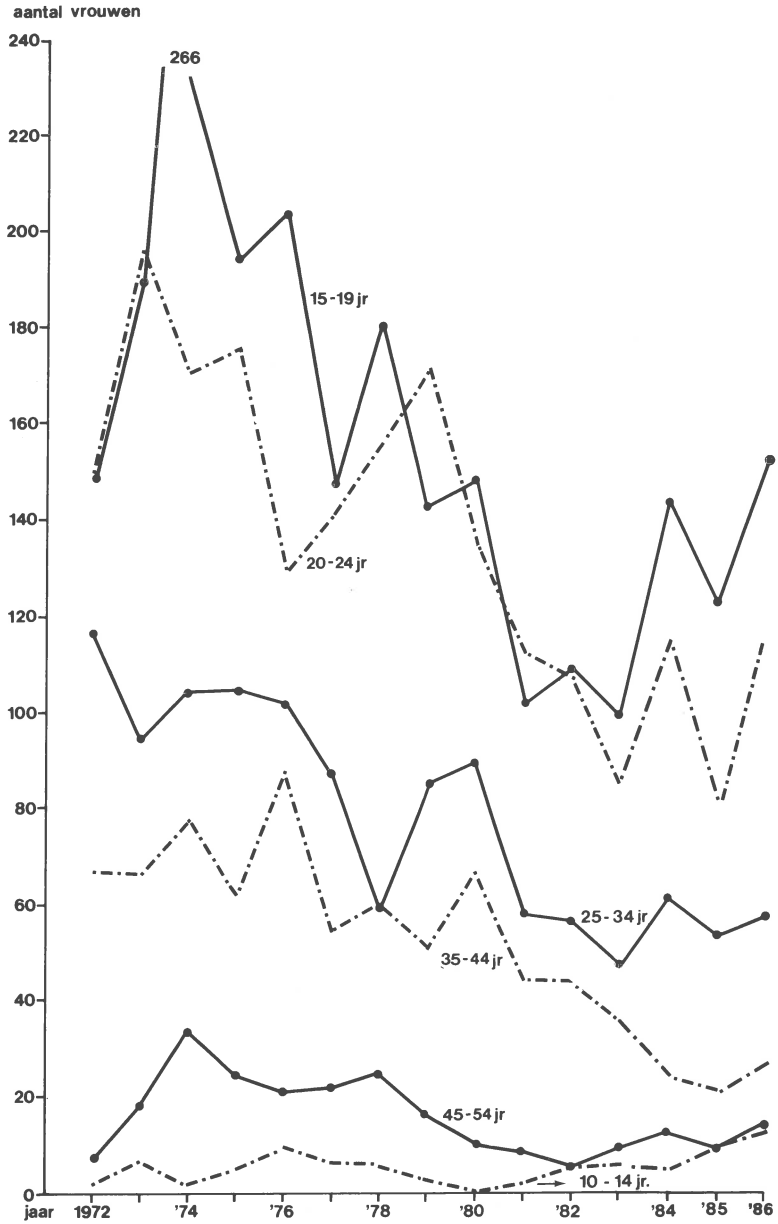


Figuur 13
Aantal malen dat de morning-after pil is voorgeschreven, per provincie- en urbanisatiegroep, per 10.000 vrouwen, 1972 -1986

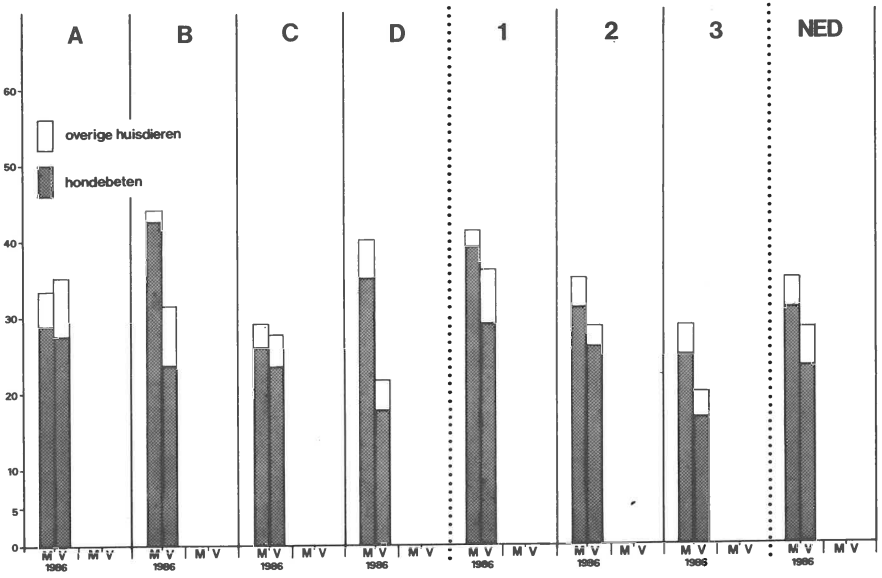


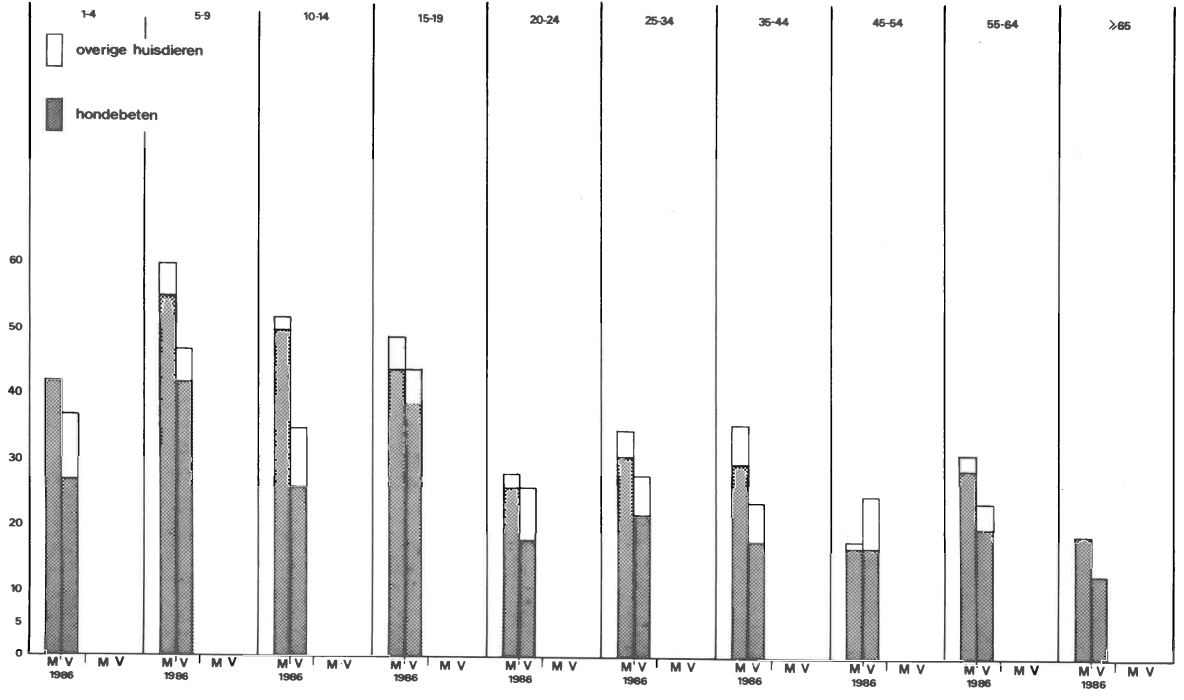
Figuur 14
Aantal malen dat de morning-after pil is voorgeschreven naar leeftijdsgroep, per 10.000 vrouwen, 1972 - 1986



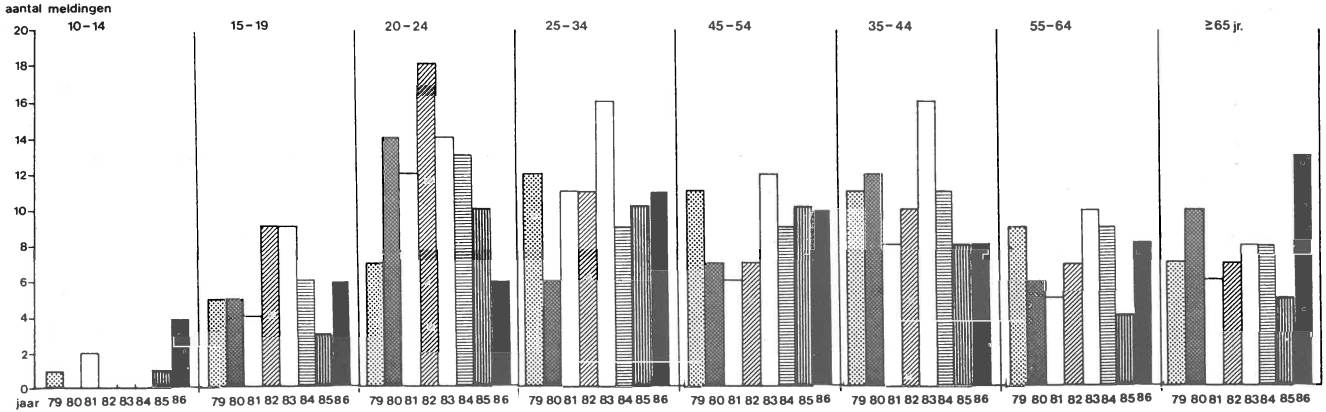
Figuur 15
Aantal patiënten dat wegens een beet van een huisdier de huisarts consulteert (enkel eerste consult) naar provincie- en urbanisatiegroep en voor Nederland, per 10.000 mannen en 10.000 vrouwen, voor 1986



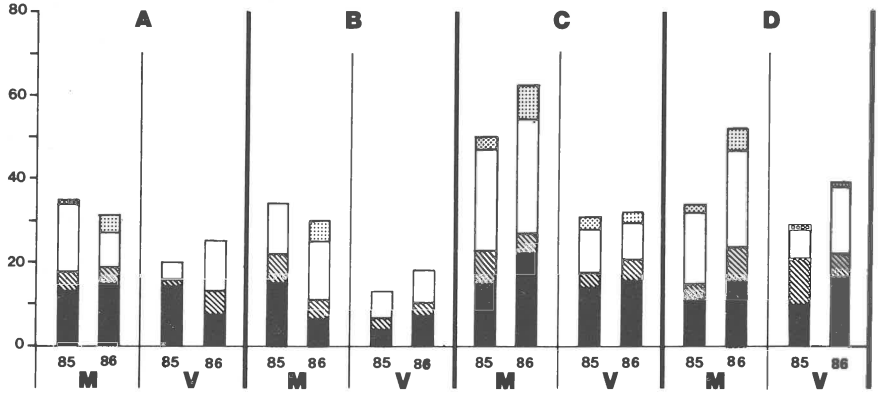
Figuur 16
Aantal patiënten dat wegens een beet van een huisdier de huisarts consulteert (enkel eerste consult) naar leeftijdsgroep, per 10.000 mannen en 10.000 vrouwen, voor 1986

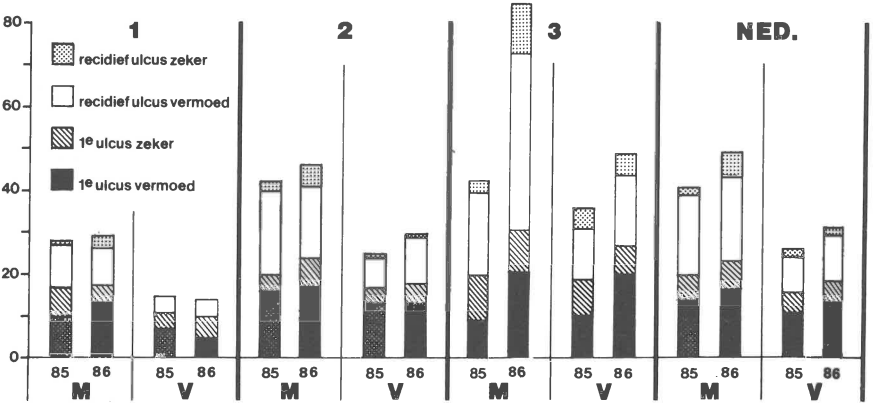


Figuur 17
Aantal meldingen van suicide(poging) naar leeftijdsgroep, per 10.000 inwoners, 1979 - 1986

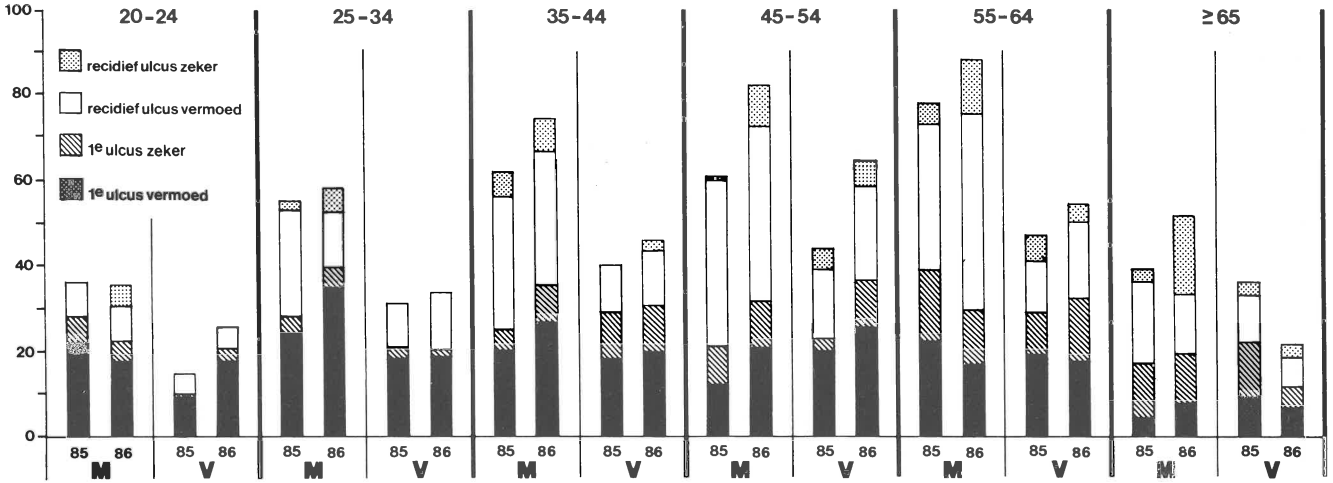


Figuur 18 en 19
Aantal patiënten met een eerste ulcus pepticum, vermoed of bevestigd en een recidief ulcus pepticum vermoed of zeker, per provincie- en urbanisatiegroep en voor Nederland, per 10.000 mannen en 10.000 vrouwen, 1985 - 1986

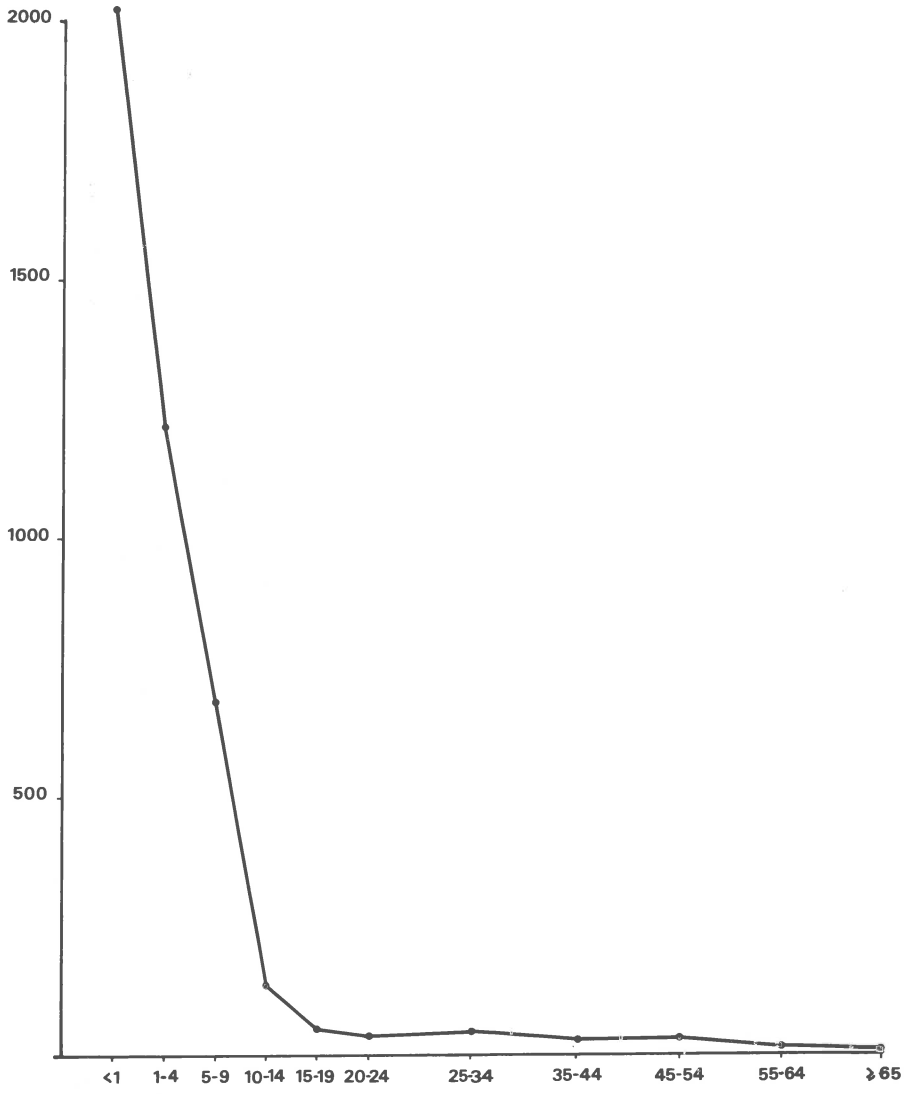


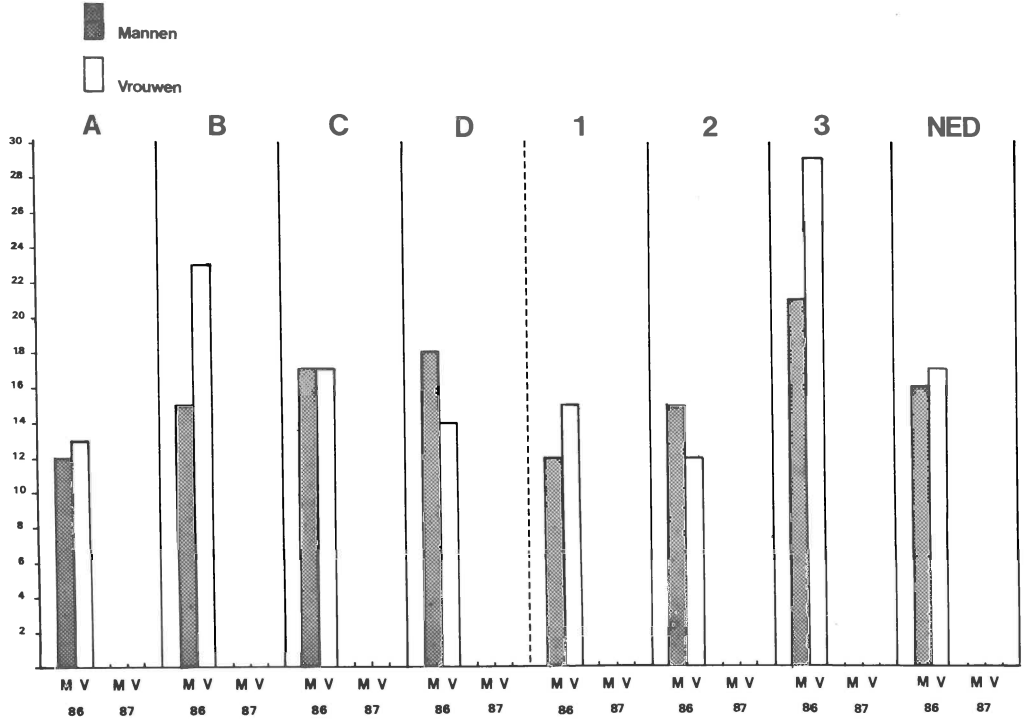
Figuur 20
Aantal patiënten met een eerste ulcus pepticum, vermoed of bevestigd en een recidief ulcus pepticum vermoed of bevestigd naar leeftijdsgroep, per 10.000 mannen en 10.000 vrouwen, 1985 - 1986



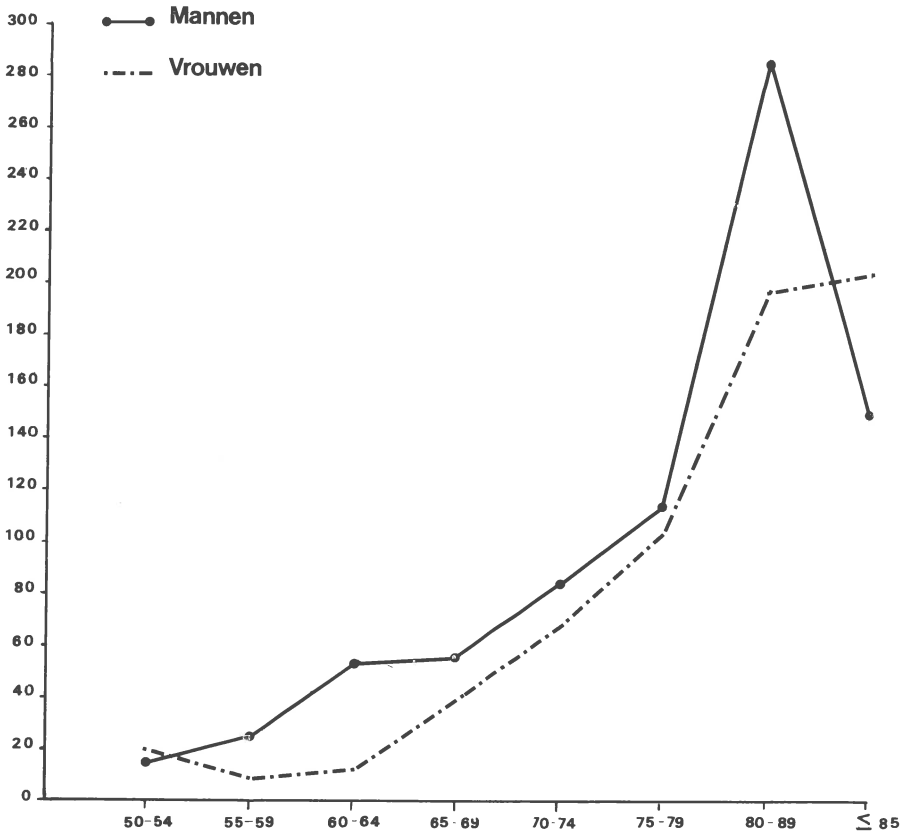
Figuur 21
Aantal door de huisarts vastgestelde acute middenoorontsteking naar leeftijdsgroep, per 10.000 inwoners, voor 1986



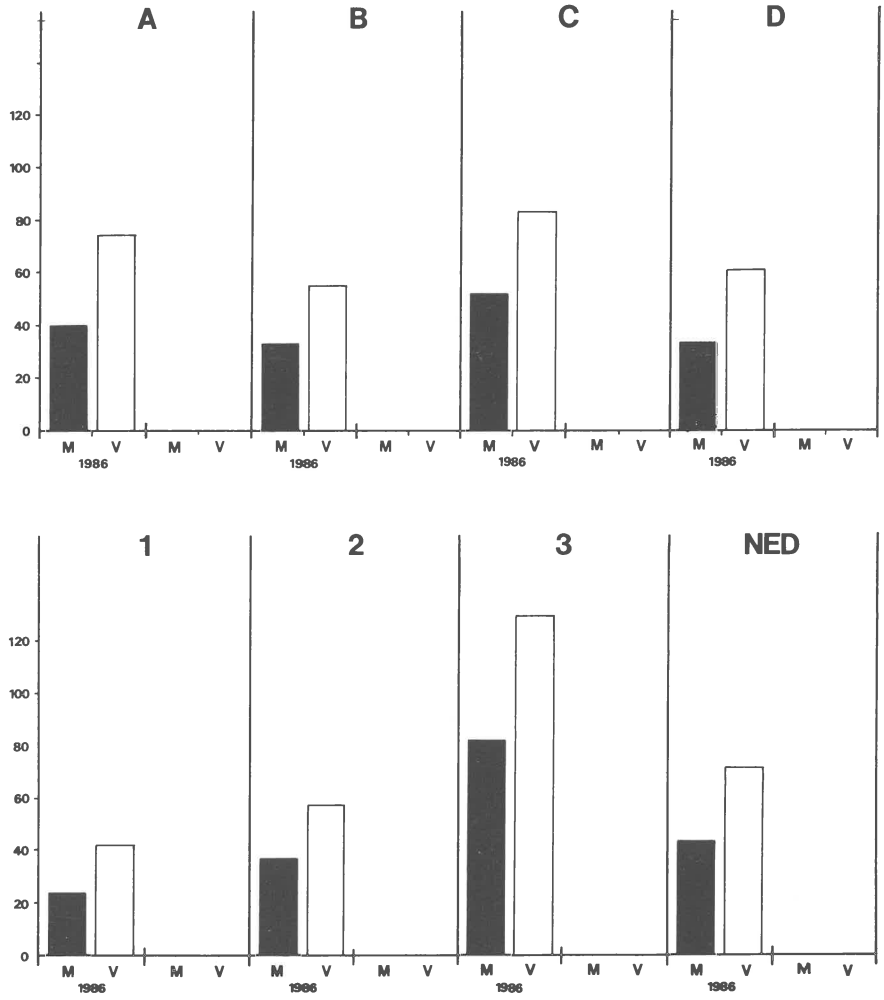
Figuur 22
Aantal patiënten met een nieuw cerebrovasculair accident, per provincie- en urbanisatiegroep en voor Nederland, per 10.000 mannen en 10.000 vrouwen, voor 1986



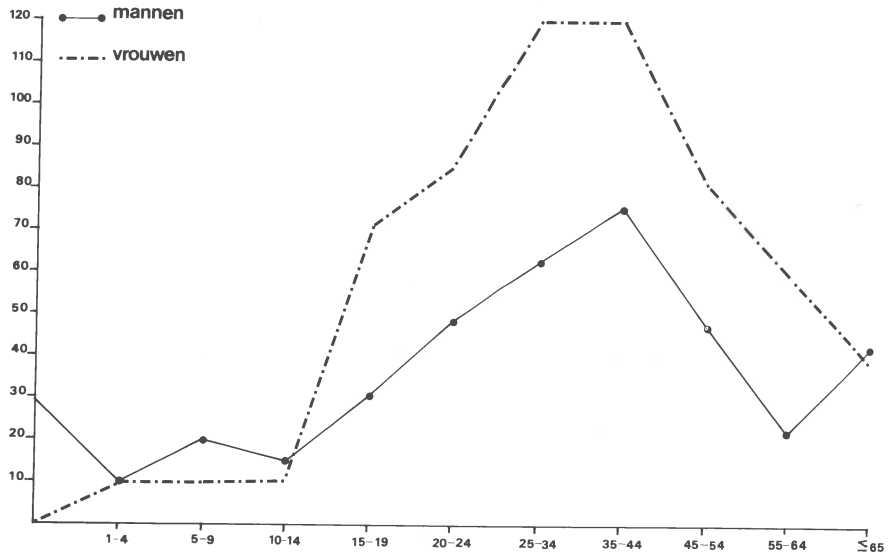
Figuur 23
Aantal patiënten met een nieuw cerebrovasculair accident, naar leeftijdsgroep boven de 50 jaar, per 10.000 mannen en 10.000 vrouwen, voor 1986



Figuur 24
Aantal nieuwe verwijzingen wegens psychosociale problematiek naar provincie- en urbanisatiegroep en voor Nederland, per 10.000 mannen en 10.000 vrouwen, voor 1986



Figuur 25
Aantal verwijzingen wegens psychosociale problematiek, naar leeftijdsgroep, per 10.000 mannen en 10.000 vrouwen, voor 1986



FOOTNOTES

1) Velden, J. van der, Ziekten en Verrichtingen in de huisartspraktijk. Een nationale Studie, Medisch Contact, 41, 1986, 19, 603-606

2) Typology of the Dutch municipalities by degree of urbanization, 1-1-1971 (Central Bureau of Statistics).

3) Figures from the registration of professions in primary health care, Jan. 1986, p. 32, Table 10. Published by NIVEL, Utrecht.

4) The tables indicated only by figures are text tables. The tables indicated by a combination of a figure and a letter are included in the appendices together with the figures at the back of the text. In the discussion of the various topics the latter tables are not repeatedly cited.

5) 1-1-1986, Central Bureau of Statistics. Persons who are entered in the central register of vital statistics have been left out of consideration.

6) Practice Census 1985.

7) In these tables and the tables in the text derived from them frequencies are given in all cases per 10 000 men, women or inhabitants, unless stated otherwise.

8) This must satisfy the following criteria (Pel, 1965):
   a. An acute beginning, i.e. at most a prodromal stage of three to four days (including pre-existent infections of the respiratory organs at a non-pathogenic level);
   b. The infection must be accompanied by a rise in rectal temperature to at least 38°;
   c. At least one of the following symptoms must be present: cough, coryza, sore throat, frontal headache, retrosternal pain, myalgia.

Pel, J.Z.S. (1965) Proefonderzoek naar de frequentie en de aetiologie van griepachtige ziekten in de winter 1963-1964 Huisarts en wetenschap 8, 321

9) Here and elsewhere in the text incidence or frequency means the frequency per 10 000 inhabitants (either men or women).

10) Letter from the Minister of Public Health and Environment to the President of the Second Chamber of the States-General. Second Chamber, 1981-1982 session, 17 100 Chapter XVII, No. 63.

11) Recent demographic developments in the member states of the Council of Europe (CDDE (83)26).

12) Ministry of Public Health and Environment, 1982.

13) The "fertile age group" consists of women between 15 and 49 years. Since men are on average married to women two years younger than themselves, 17-51 years has been adhered here to as age limit for the men.

14) The calculations made in this chapter havew been performed by Dr. E. Ketting, now employed by the Netherlands Centre for Mental Public Health.

15) Huisman, J. Huisdierenbeten in Rotterdam in 1984. Epidemiologisch Bulletin van de GGD Rotterdam 19 (1) 1985, p. 1-2.

16) Stichting Consument en Veiligheid: Jaaroverzicht 1984, Privé Ongevallen Registratiesysteem, Amsterdam, May 1985

17) Zelfdoding in Rotterdam, Municipal Medical and Health Service, Information Bureau, Rotterdam 1983.

18) Hoogendoorn, D. "Opmerkelijke verschuivingen in het epidemiologische patroon van het ulcus pepticum", Nederlands Tijdschrift voor Geneeskunde (1984) 128, p. 484-491.

19) Peters, L. Relatie eerstelijnszorg geestelijke gezondheidszorg. Nederlands Huisartsen Instituut 1984, p. 22-23.

20) A euthanasia declaration is a written request for euthanasia on certain conditions.

21) Weeda-Mannak, W.L. Anorexia Nervosa, towards an early indentification. Dissertation 1984, Maastricht.

Explanatory notes pertaining to:

| | |
|---|---|
| Bijlage 1 | |
| Bijlage | - Appendix |
| Continue morbiditeits registratie, peilstations | - Continuous morbidity registration, sentinel stations |
| Deelnemende artsen | - Participating general practitioners |
| Naam | - Name |
| Plaats | - Residence |
| Provincie | - Province |
| Comb.-praktijk | - Group practice |
| Apotheek-houdend | - With dispensary |
| Bijlage 2 | |
| Bijlage | - Appendix |
| Weekstaat t.b.v. centrale registratie | - Weekly return for central registration |
| Continue morbiditeits registratie, peilstations | - Continuous morbidity registration, sentinel stations |
| Proj. no. | - Project number |
| Verslagjaar | - Year under review |
| Week no. | - Number of the week |
| Code peilstations | - Code number sentinel stations |
| Rapport. dagen | - Number of days over which reporting took place |
| Regel no. | - Line number |
| Leeftijdsgroep | - Age group |
| Influenza (-achtig ziektebeeld) | - Influenza (-like illness) |
| Cervixuitstrijkje | - Cervical smear |
| Na 1-1-1984 voor de eerste maal afgenomen op grond van | - Taken for the first time after 1-1-1984 on the ground of |
| Klachten/symptomen | - Complaints/symptoms |
| Louter preventieve overwegingen | - Purely preventive considerations |
| Initiatief huisarts | - General practitioner's initiative |
| Verzoek van de vrouw | - Woman's request |
| Ontslagen psychiatrische patient | - Discharged psychiatric patients |
| Sterilisatie verricht | - Sterilization performed |
| Morning-after-pill voorgeschreven | - Prescription of morning-after-pill |

Huisdierenbeten
honden
overige
Suicide(poging)
Ulcus pepticum
eerste maal
vermoeden
zeker
recidief
vermoeden
zeker
Otitis media
Cerebrovasculair accident
Verwijzingen psychosociale problematiek
M
V
Weeknummer
Opgemaakt d.d.
Aantal dagen gerapporteerd

(Zie voetnoot[1])
Zie ommezijde voor voetnoot

1. Door vakantie, ziekte en andere oorzaken zal deze rapportage zich echter ook over minder dan 5 dagen kunnen uitstrekken. Het wordt van belang geacht om, zo mogelijk, ook tijdens het weekeinde waargenomen patiënten te rapporteren. (M.u.v. influenzapatiënten.)
2. Betreft uitsluitend nieuwe patiënten, ook telefonisch consult melden.
3. Betreft rapportering van vrouwen bij wie na 1-1-1984 om welke reden dan ook een cervixuitstrijkje heeft plaatsgevonden. Indien bij

- Bites by pets
- dog bites
- other bites
- (Attempted)suicide
- Peptic ulcer
- first ulcus
- suspected
- certain
- recurrence
- suspected
- certain
- Otitis media acuta
- Cerebrovascular accident
- Referrals for psycho-social problems
- Male
- Female
- Number of the week
- Completed on
- Number of days over which reporting took place
- (See footnote number[1])
- For footnotes see reverse

1. As a result of vacation, sickness and other causes this reporting may extend over fewer than 5 days. It is considered to be of importance to report, if possible, patients observed during the weekend as well. (Influenza patients excluded.)
2. Relates solely to new patients. Report telephone calls as well.
3. Concerns reporting of women on whom a cervical smear was taken after 1-1-1984 for whatsoever reason. If a cervical smear was taken again of a woman after

een vrouw na 1-1-1984 op nieuw een cervixuitstrijkje wordt gemaakt, dient dit altijd onder de subrubriek 'herhalingsonderzoek' geboekt te worden (zie ook voetnoot 5).

1-1-1984 this should always be entered under the subheading 'Repeat examination' (see also footnote 5).

4. Bijvoorbeeld in het kader van pilcontrole.

4. For example as part of check-up for the pill.

5. Bijvoorbeeld wegens verdacht preparaat of wegens technische onvolkomenheden bij onderzoek vorig preparaat.

5. For example on account of suspect preparation or technical imperfections in the examination of the preparation.

6. S.v.p. apart formulier invullen en bij de weekstaat voegen Code patiënt .....

6. For the supplementary data please complete a separate form and attach to the weekly return. Code patient .....

7. Indien het een patiënt(e) betreft uit een van de leeftijdsgroepen, waarvan het vak gerasterd is, dan tevens exacte leeftijd hierachter vermelden.
Leeftijd:.....

7. If a patient is concerned in one of the age groups whose box is filled in, also give the exact age here.
Age:.....

8. Uitsluitend indien er een directe indicatie is. Indien een recept voor de morning-after-pill wordt afgegeven omdat de betrokkene bijvoorbeeld met vakantie naar het buitenland gaat, dient dit niet te worden gerapporteerd. (Zie ook voetnoot 7).
Naam van de pil.....

8. Solely if there is a direct indication. If a prescription for the morning-after-pill is issued because the patient is for instance going on holiday abroad, this should not be reported. (See also footnote 7).
Name of the pill:.....

9. Uitsluitend eerste contact vermelden.
betreft het meerdere beten bij de patient?
betreft het een beet van een eigen huisdier?
is de beet opgedaan tijdens beroepsuitoefening?

9. State only first contact.

relates to more than one bite of the patient?
relates to a bite by the patient?
is own pet did the bite occu ar during the patients work?

is de patiënt naar een ziekenhuis verwezen?
is deze patiënt dit jaar eerder gebeten?

10. Voor de aanvullende gegevens s.v.p. een apart formuliertje invullen en bij de week staat voegen.
11. Betreft alleen nieuwe patiënten
12. Vermoeden op anamnestische gronden: langer dan één à twee weken maagklachten,nachtelijke pijn verlicht door voedsel, melk of antacida, (zie verder de toelichting op de weekstaat)

13 Code patient
Op welke wijze gesteld?
röntgenologie/gastroscopie/ operatie
reeds eerder vermeld onder vermoeden? neen/ja, in welke week .....

14. Recidief: een nieuwe episode van klachten na een klachtenvrije periode van 3 maanden. Niet registreren indien het een recidief van klachten in 1986 is.
15 Na aankondiging en toezending s.v.p. apart formulier invullen en bij de weekstaat voegen
16. S.v.p. apart formulier invullen en bij de weekstaat voegen Code patient ..... (als op formulier), zie ook de toelichting op de weekstaat

was the patient referred to a hospital?
has the patient been bitten befor this year?

10. For the supplementary data please complete a separate form and attach it to the weekly return.
11. Relates solely to new patients
12. Suspicion of an ulcus pepticum arises if a patient has stomach complaints for longer than one to two weeks: stomach ache, pain in the night relieved by food, milk or antacids (see also the explanation on the weekly return)
13. Code patient
Diagnosis confirmed by X-ray examination/gastroscopy during operation
Already registered by suspicion of? no/yes, in which week .....
14. Recurrence: a new episode of complaints after a complaint-free period of three monnths. Not to be registered if it con cerns recurrence of complaints in 1986
15. After notification and dispatch please complete a separate form and attach to the weekly return
16. For the supplementary data please complete a separate form and attach to the weekly return Code patient .....
(as on the form), See also the explanation on the weekly return

17. S.v.p. apart formulier invullen en bij de weekstaat voegen

17. For the supplementary data plaese complete a separate form and attach to the weekly return

Tables 1a-3e

| | |
|---|---|
| Continue morbiditeits registratie peilstations | - Continuous morbidity<br>- registration sentinel stations |
| Kwartaal | - Quarter |
| Leeftijdsgroep | - Age group |
| Influenza (-achtig ziekte beeld) | - Influenza (-like illness) |
| Cervixuitstrijkje | - Cervical smear |
| Klacht/symptoom | - Complaint/symptom |
| Initiatief huisarts | - General practitioner's initiative |
| Verzoek vrouw | - Woman's request |
| herhalingsonderzoek | - Repeat smear |
| Ontslagen psychiatrische patiënt | - Discharged psychiatric patients |
| Sterilisatie verricht | - Sterilization performed |
| Morning-after pill voorgeschreven | - Morning-after pill prescribed |
| Huisdierenbeten | - Bites by dogs |
| honden | - dogs bites |
| overige | - other bites |
| Suicide(poging) | - (Attempted) suicide |
| Ulcus pepticum | - Peptic ulcer |
| Eerste maal | - First ulcus |
| vermoeden | - suspected |
| zeker | - certain |
| Recidief | - Recurrence |
| vermoeden | - suspected |
| zeker | - certain |
| Otitis media | - Otitis media acuta |
| Cerbrovasculair accident | - Cerebrovascular accident |
| Verwijzing psychosociale problematiek | - Referrals for psycho-social problems |
| M | - Male |
| V | - Female |

| | |
|---|---|
| Provinciegroepen | - Province groups |
| Gr + Fr + Dr | - Groningen, Friesland, Drenthe |
| Ov + Gld + Zijp | - Overijssel, Gelderland, Southern IJsselmeer Polders |
| Utr + NH + ZH | - Utrecht, North Holland, South Holland |
| Zld + NB + Lim | - Zeeland, North Brabant, Limburg |
| Urbanisatiegroepen | - Urbanization groups |
| $A_1$ - $A_4$ | - Rural municipalities |
| $B_1$ - $B_3$ + $C_1$ - $C_4$ | - Municipalities with urban characteristics and urbanized municipalities |
| $C_5$ | - Municipalities with a population of 100 000 or more |
| Voetnoot | - Footnote |
| N.B. Als gevolg van het af ronden bij het berekenen van de relatieve frequenties kunnen kleine verschillen in de totalen zijn ontstaan | N.B. As a result of the rounding-off when calculati ong relative frequencies, small differences in the totals may have occurred |

Table 4a

| | |
|---|---|
| Aantal patiënten met infuenza (-achtig ziektebeeld) per week en per 10 000 inwoners, 1986 en 1987 (t/m 13e week) | - Number of patients with influenza (-like illness) per week and per 10 000, 1986 and 1987 (up to and including the 13th week) |
| Weeknr. | - Number of the week |
| Aantal patiënten | - Number of patients |
| Provinciegroep | - Province group. See for explanation A, B, C and D under Tables 1-3 |

**Figures**

Figure 1

| | |
|---|---|
| Peilstations | - Sentinel stations |
| Continue morbiditeits registratie | - Continuous morbidity registration |
| Grenslijn provinciegroep | - Boundary of province group |

Figure 2

| | |
|---|---|
| Het percentage dagen dat in 1986 per week is gerapporteerd | - Percentage of days weekly reported in 1986 |
| 1.= Krokusvakantie | - 1.= Spring half-term holiday |
| 2 = Pasen | 2 = Easter |
| 3 = Hemelvaartsdag | 2 = Ascension Day |
| 4 = najaarsvakantie | 4 = Autumn holiday |
| 5 = Kerstmis | 5 = Christmas |

Figure 3

| | |
|---|---|
| Aantal patiënten met in-influenza (-achtig ziekte beeld) per week, per 10 000 inwoners, 1986-1987 (t/m 13e week) | - Number of patients with in-fluenza (-like illness) per week, per 10 000 inhabitants, 1986-1987 (up to and including the 13th week) |
| Provinciegroep | - Province group |
| Urbanisatiegroep | - Urbanization group |
| Naar leeftijdsgroep en geslacht | - By age group and sex |

Figure 4

| | |
|---|---|
| Hoogste en laagste weekincidenties van influenza (-achtig ziektebeeld) per 10 000 inwoners voor de jaren 1970-1985 en weekincidenties van 1986-1987 (t/m 13e week) | - Highest and lowest weekly incidences of influenza (-like illness) for 1970-1985 and weekly incidences for 1986-1987 (until the 13th week). |

Figures 5 - 8

| | |
|---|---|
| Aantal cervixuitstrijkjes | - Number of cervical smears |
| Indicaties tot het maken van een uitstrijkje | - Indications for taking a smear |
| Klachten en/of symptomen | - Complaints and/or symptoms |
| Preventief | - Preventive |
| Initiatief huisarts | - On initiative of general practitioner |
| Initiatief vrouw | - On initiative of woman |
| Eerste | - First |

Figures 9 and 11

| | |
|---|---|
| Aantal bij mannen verrichte sterilisaties | - Number of sterilizations performed on men |

Figures 10 and 12

| | |
|---|---|
| Aantal bij vrouwen verrichte sterilisaties | - Number of sterilizations performed on women |

Figures 13 and 14

| | |
|---|---|
| Aantal malen, dat de morning-after pil werd voorgeschreven | - Number of prescriptions of the morning-after pill |
| Geografische verdeling | - Geographical distribution |
| Leeftijdsgroep | - Age group |

Figures 15 and 16

| | |
|---|---|
| Aantal patiënten met een hondebeet of een beet van een ander huisdier | - Number of patients with a dog bite or a bite by another pet |

Figure 17

| | |
|---|---|
| Aantal meldingen van een suicide(poging) | - Number of reported (attempted) suicides |

Figures 18 and 19

Aantal patiënten met een eerste ulcus pepticum, vermoed of bevestigd en een recidief ulcus pepticum per provincie- en urbanisatiegroep, per 10.000 mannen resp. vrouwen, 1985-1986

- Number of patients with a first ulcus pepticum, suspected or confirmed, and a recurrent ulcus pepticum, suspected or certain, per province and urbanization group per 10 000 men and women for 1985-1986

Figure 20

Aantal patiënten met een eerste ulcus pepticum, vermoed en bevestigd en met een recidief ulcus pepticum vermoed en bevestigd naar leeftijdsgroep, per leeftijdsgroep, per 10.000 mannen resp. vrouwen, 1985-1986

- Number of patients with a first ulcus pepticum, suspected or confirmed, and a recurrent ulcus pepticum, suspected or certain, by age group, per 10 000 men and per 10 000 women for 1985-1986

Figure 21

Aantal door de huisarts vastgestelde acute middenoorontsteking naar leeftijdsgroep per 10 000 mannen en vrouwen, 1986

- Number of cases of otitis media acuta by age group per 10 000 men and women for 1986

Figures 22 and 23

Aantal patiënten met een nieuw cerebrovasculair accident voor, 1986

- Number of patients with a new cerebrovascular accident for 1986

Figures 24 and 25

Aantal nieuwe verwijzingen wegens psychosociale problematiek, naar leeftijdsgroep, per 10 000 mannen en vrouwen voor 1986

- Number of new referrals for psychosocial problems, bij age group per 10 000 men and women for 1986