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Differences in diagnoses between non-western immigrants and native Dutch in GP practices: interaction with deprivation

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Background

Differences in health needs between immigrants and natives are associated with ethnicity as well as with socio-economical characteristics. To what extent do non-Western immigrants (including descendants) and native Dutch in deprived areas and non-deprived urban areas vary in terms of health problems presented to their GP?

Methods

Data collected in 74 GP practices through their electronic patient records are linked with data from Statistics Netherlands. 80% of the records were linked. Western migrants were excluded. ICPC codes were clustered into disease chapters. A disease was prevalent if during a period of

one year at least one consult mentioned one of the codes from a cluster. Logistic regression was used to study differences in disease prevalence between non-western immigrants/descendants and native Dutch, controlled for age, gender, socio-economic background and interaction with deprivation.

Results

We analysed data from 61,503 native listed in the practices and 13,628 with a migrant background. 10,169 lived in deprived areas. Significant interaction with deprivation was found in the differences in prevalences of diseases related to blood (OR 1.1 in deprived areas, OR 1.8 in non-deprived), tractus digestivus (OR 1.8 vs 1.5), eye (OR 1.8 vs 1.4), ear (OR 0.9 vs 0.7), psychic problems (OR 0.6 vs 0.96), tractus respiratorius (OR 1.5 vs 1.2) and social problems (OR 0.5 vs 1.4).

Conclusion

Differences in health problems presented to GPs between non-western migrants and native Dutch remain after controlling for socio-economic status and interact for many disease groups with deprivation. Differences in both directions between natives and immigrants are often bigger in deprived areas.