

Endocrinology in a District General Hospital; it's not all thyroid disease.

Dr E Brown, Dr M Shah, Dr S Saunders

AIMS

We set out to dispel the commonly held myth that endocrine practice in district general hospitals is dominated by thyroid disease. A local questionnaire revealed trainees felt thyroid disease made-up >50% of DGH referrals

METHODS

We reviewed consecutive new patient referrals to our endocrine clinic over a two year period. We documented the referral and outcome diagnosis and looked at the distribution of these referrals across the areas of the endocrine system. This was a retrospective electronic case note review. Diagnosis/ referral questions were noted. Concluding diagnosis also noted. The clinic is staffed by one Consultant Endocrinologist and a Specialist Trainee (when available) and runs once weekly.

RESULTS

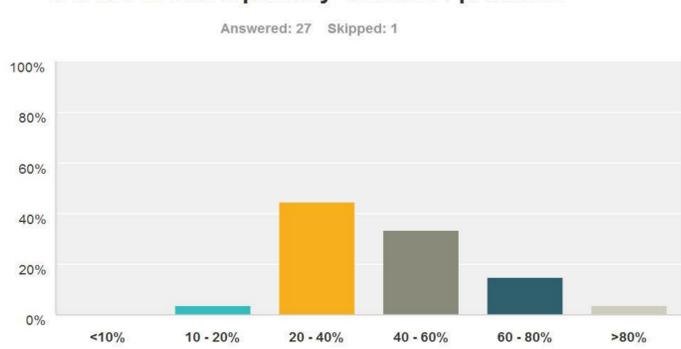
Distribution of referrals

Over two years (May 2009 – April 2011) there were 155 New Patient referrals to 72 clinics. These were classified as follows Thyroid 34% (53/155), Adrenal 4% (6/155), Bone 1% (2/155), Diabetes 4% (6/155), DNA/Failed to attend 7% (11/155), Gonad 15% (23/155), Metabolic 15% (12/155), Other 9% (15/155) Parathyroid 11% (17/155).

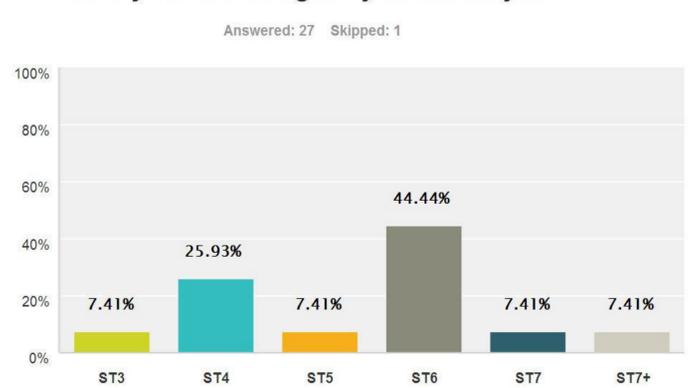
Trainee Survey

A Survey Monkey online survey was sent to all Diabetes + Endocrinology Trainees in the Mersey region, it was also distributed via contacts to trainees in the South West Deanery and the South East Scotland Deanery (Edinburgh). 28 trainees responded to the survey. The key points are high-lighted in the graphs below

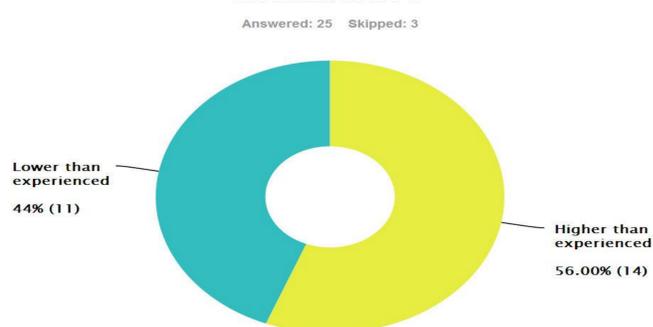
In your experience, what proportion of patients newly referred to the clinic you worked in had a primary THYROID problem?



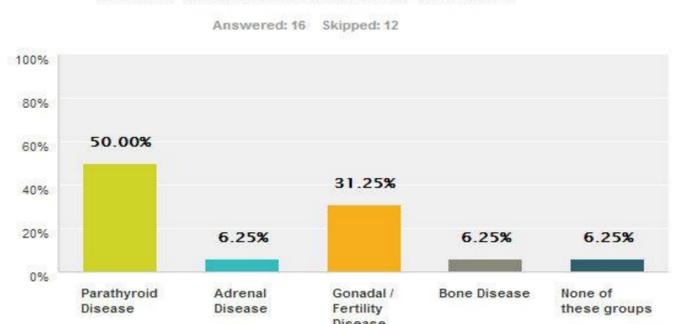
What year of training are you currently in?



Before you worked in this clinic what did you expect the proportion of THYROID referrals to be ?



If Thyroid problems were not the most common newly referred case, which class did the commonest referral fall into?



CONCLUSIONS

Whilst thyroid disease represents the single largest glandular problem of new patient referrals to this endocrine clinic, it still represents only one third of all referrals. Given that thyroid disease is the commonest endocrine abnormality (outside of diabetes) this is not surprising. However, trainees do have a disproportionate view that all DGH endocrine practice is thyroid disease rather than the more diverse mix that is actually seen. In reality most endocrinology in DGH clinics is a predominantly a mix of non-thyroid glandular disease. In this clinic an increasing referral trend in parathyroid disease has been noted.