Clinical Needs of Patients Attending a Women’s Health Center in Japan

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Abstract

Background  Many women’s health centers (WHC) in Japan use female obstetrician-gynecologists, not trained in primary care medicine, as providers. It is not known whether the clinical needs of patients at WHC are met by these providers.

Objective  To identify the clinical needs of patients attending a WHC in Japan by examining their presenting problems and diagnoses.

Methods  We performed a case-series study of 53 patients at a WHC in a public medical center in Chiba Prefecture, Japan. Charts were reviewed for the presenting problems and diagnoses.

Results  The most common presenting complaints were related to the female genital system or the breast (42%) and psychological problems (13%). At discharge, the most common diagnoses were psychological (42%). The next most common diagnoses were related to the female genital system or the breast (36%). The remainder (22%) were related to a variety of organ systems.

Conclusion  Patients at the WHC presented with not only gynecological but also general medical and psychological problems and had discharge diagnoses involving a variety of organ systems. Physicians at WHCs should be trained in primary care medicine to meet the clinical needs of patients.

Key words: women’s health clinic, primary care provider, patients’ needs

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Background

Modeled upon women’s health centers in the U.S. (1, 2), the first women’s health center (WHC) in Japan was established in a public hospital in 2001. Despite the recent rapid increase in the number of such centers, their role in Japanese communities has not been systematically studied. Of particular note is the requirement at most centers that the physicians be female. Other potential criteria for physician selection, such as training in primary care medicine, are not clearly defined. As a consequence, many centers hire physicians trained in the specialty of obstetrics and gynecology as primary providers. It is not known whether the needs of patients are being met by physicians who are not well-trained in primary care. As a first step toward addressing this question, we sought to identify the clinical needs of patients attending a WHC in Japan by examining their presenting problems and discharge diagnoses.

Methods

We conducted a case-series study of patients at a WHC at a public medical center in Chiba Prefecture, Japan. The target population was female patients contacting the WHC for the first time. Follow-up visits were scheduled at other sites as appropriate. Medical care was provided by a female obstetrician/gynecologist who had been trained in obstetrics and gynecology but not in comprehensive, primary care medicine.

The first author (SS) observed patient encounters at the WHC from October through November 2003 as a part of her postgraduate training. The author accompanied the provider but did not participate in patient care. The author

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kept a record of demographic characteristics, presenting problems, and medical histories for 53 of the 62 patients who visited the WHC during the period. Of the 9 patients who were excluded, 8 presented only for osteoporosis screening and 1 was missed by the author.

Both authors (SS, KM) independently reviewed the first author’s (SS) notes, selected the most important problem, and assigned a likely diagnosis for each patient, and categorized the presenting problem and the likely diagnosis using the International Classification of Primary Care, second edition (ICPC-2) (3). Disagreements in categorization were resolved by discussion.

## Results

All 53 women were Japanese, aged 17 to 79 years (median 48 years). Forty-two percent were postmenopausal. Seventy-four percent were married.

As shown in Table 1, patients presented with problems related to the female genital system or the breast (42%), psychological problems (13%), and various other health problems.

The most common diagnoses as assigned by the authors were psychological (42%), including depression and anxiety disorders. The next common diagnoses were related to the female genital system or the breast (36%). The remainder (22%) were related to a variety of other organ systems.

### Discussion

We found that patients attending the WHC presented with not only gynecological but also general medical and psychological problems and had discharge diagnoses involving a variety of organ systems. This finding indicates that physicians working at WHCs should be competent not only in common gynecological problems but also in comprehensive primary care medicine. In order to promote such competence, it is necessary to establish primary care curriculum for Japanese obstetricians and gynecologists who wish to work at WHCs, perhaps modelled after the curricula in the United States (4, 5).

One limitation of this study is that the number of patients was too few to make general conclusions. Second, since the authors, rather than the patients themselves, assigned the presenting problems, we might have misrepresented the patients’ clinical needs. Third, we attempted to identify our patients’ needs by looking at their ‘clinical’ needs, i.e., presenting problems and discharge diagnoses. We did not specifically ask about their expectations for their visits (6). It would have been useful to ask the patients after their visits.
whether they felt their expectations had been met.

In conclusion, physicians working in WHCs may need training in primary care medicine to meet the clinical needs of patients not only for common gynecological problems, but also for general medical and psychosocial problems.

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References