

# Poor access to primary care results in poorer health for deaf people

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Deaf people who sign have poorer health than the general population, according to a study led by researchers from the School for Social and Community Medicine at the University of Bristol, UK.

The study, the largest of its kind in the world, compared the health of Deaf people with the hearing population and found that Deaf adults have high levels of risk factors for common conditions, such as heart disease, high [blood pressure](#) and diabetes.

The research, which is published in *BMJ Open*, showed that Deaf people had high rates of raised blood pressure at assessment, which could reflect undetected hypertension and poorly controlled hypertension. Half of Deaf people reporting [heart disease](#) appeared to not be on appropriate treatment. One-third of Deaf participants had high cholesterol but treatment rates were half that of the general population rate. Overall, Deaf adults had similar rates of diabetes to the [general population](#), but were less likely to be aware of problems with glucose tolerance and more likely to have inadequate control when they have been diagnosed with diabetes.

According to the charity SignHealth, which commissioned the work, the study "revealed shocking inequality in treatment, which means that some Deaf people are at risk of reduced life expectancy".

SignHealth claims the causes of this inequality include a lack of interpreters at consultations, inadequate booking procedures, and almost non-existent health information in [sign language](#). The charity claims poor communication is leading to missed diagnoses and ineffective treatment.

"This is unintentional neglect, likely to lead to shortened lives," says Steve Powell, Chief Executive of the Deaf Health Charity SignHealth.

"A basic lack of knowledge on the part of health professionals is leaving a vulnerable community with inadequate healthcare."

In a related analysis article for the *British Journal of General Practice*, the authors give recommendations on how GP practices can improve access and communication with Deaf patients. These include: organise a Deaf awareness training session for all staff including receptionists; promote online booking of appointments and requesting of repeat prescriptions and ensure a system is in place for booking sign language interpreters.

**More information:** *BMJ Open* 2015;5:e006668  
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Provided by University of Bristol

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