PARKINSON’S DISEASE:
Demographic and Geographic Distribution of ICD-9 Code 332.0 within the VHA
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OBJECTIVE
To describe the demographic and geographic distribution of veterans with an ICD-9 diagnostic code for Parkinson’s Disease (332.0) within the VA Health Care System

METHODS
ICD-9 diagnostic code 332.0 was used to approximate the occurrence of Parkinson’s disease (PD) nationally among VHA patients. VA Medical SAS databases were queried to find patients within the VHA with a primary or secondary diagnosis code of 332.0, retaining one record for each unique individual. Demographic variables such as age, race/ethnicity, and period of service were collected along with geographic variables such as VISN, county and station. Information on the number of VA patients seen per VISN and per county was derived from datasets available on the web site for the Planning Systems and Support Group. After the PD patient information was merged with VA facility geographic information, ArcGIS software was used to create the maps. The maps display color shading to show differences in the distribution of PD patients per thousand patients seen by both VISN and county. Graduated size symbols represent the differing number of patients seen per VA facility.

RESULTS
A total of 42,513 unique patients with at least one occurrence of ICD-9 code 332.0 were seen nationally during FY2002. Patients were 98.5% male and their mean age was 74.9. Although information on race was missing for 36.7% of the records, geographic information was relatively complete. The average age per VISN was 74.7 and the average rate of PD patients seen per 1,000 VA patients was 95.9. Age and rate were correlated (r = 0.65), with patients in VISNs with a higher rate tending to be slightly older.

CONCLUSIONS
A substantial number of veterans with Parkinson’s disease (PD) seek medical care through the VHA. The combined use of VA national databases with GIS mapping provides additional information on the location and regional characteristics of veterans with Parkinson’s disease. Each PADRECC is assigned a sphere of responsibility encompassing several VISNs, thus, further research into regional differences will aid in planning the treatment and care of this veteran population.

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