institutions continue to have a major interest in molecular biology and laboratory-based research, so it is likely that the disparity between what patients say they want and what research produces, will continue.

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# Low breastfeeding rates and milk insufficiency

Muirhead *et al* have conducted a study which has shown that peer support does not increase breastfeeding rates.[1]

The Department of Health recommends exclusive breastfeeding for the first 6 months of life.[2] In Muirhead's study, the median duration of breastfeeding (in primigravidae) was only 7 days. This is so far short of Department of Health recommendations that we suggest thought should be given to pursuing an alternative approach.

The reason most frequently given by mothers for discontinuation of breastfeeding is milk insufficiency.[3] It is clear therefore that advice to mothers should ensure the prevention (and if necessary treatment) of milk insufficiency.

Weight gain is likely to be the easiest practical way to assess milk sufficiency; weighing babies has been shown not to reduce breastfeeding rates (in fact, it may improve them).[4]

We suggest that interventions to increase breastfeeding rates should be targeted at the prevention (and if necessary treatment) of milk insufficiency, and milk production should be confirmed by regular weighing.

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# Business management in general practice should feature in the nMRCGP

Having completed my registrar training in September 2005, an area that I believe needs to feature clearly in the nMRCGP is business management related to general practice.

The existing examination comprehensively addresses knowledge base (MCQ); the ability to integrate and apply theoretical knowledge and professional values (written paper); decision making (oral); and the assessment of consulting skills (video). Having completed the MRCGP, I feel the exam has provided me with greater skills and confidence in many aspects of my life as a GP.

However, the existing exam does not focus enough on business management within general practice. Arguably, the oral component could explore this, but in my experience did not. During my registrar training, I learned a limited amount about business aspects through attending practice meetings, the occasional tutorial and reading through the weekly rags.

What I feel would be invaluable to all registrars would be to incorporate business management in the nMRCGP. This may take the form of an OSCE or viva station exploring common business dilemmas within the clinical skills assessment (CSA) component or integrated into the workplace based assessment (WPBA).

Making GP registrars more aware of business aspects within general practice will make them better prepared as they begin life as a GP, particularly with the evolving nature of the new contract and the underlying political forces that continually shape the future of general practice.

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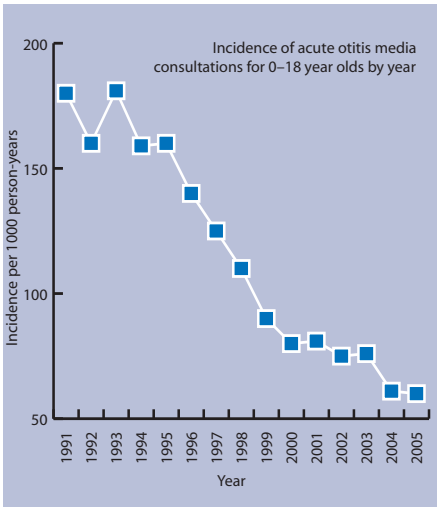
# Up-to-date findings show change in acute otitis media consultation trend

We write in reference to the paper by Williamson *et al*,[1] which reported that total consultations for acute otitis media (AOM) have fallen between 1991 and 2001.

We conducted a similar study using the most up-to-date General Practice Research Database. Data were extracted for all AOM consultations for 0–18 year olds between 1 January 1991 and 31 December 2005.

We found a similar decline in paediatric AOM consultations between 1991 and 2001 (177.3 to 80.5 per 1000 person-years). However, with the inclusion of more recent data (2002–2005), we can see that the trend for the incidence of paediatric AOM consultations has actually stabilised since the year 2000.

This change in the incidence of AOM consultations may now suggest that the




government initiatives to reduce unnecessary antibiotic prescribing,[2,3] and to decrease the number of consultations by encouraging the self-treatment of minor ailments[4] has now reached its peak effect, and is no longer influencing patient behaviour. Thus, continued surveillance of this trend is warranted to establish whether this is a long-lasting effect in patient behavioural change.

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**Competing interests**
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# Polycystic ovary syndrome

One of the laser treatments offered under the NHS in our region is facial hair removal in patients who are diagnosed with hormonal disorders such as polycystic ovary syndrome (PCOS).

PCOS affects 5–10% of women and symptoms may include infrequent or absent menses, infertility, weight gain, excessive hair growth and acne. Obtaining a diagnosis of PCOS can be a difficult and lengthy process. In this centre alone we have seen several patients in whom PCOS was suspected clinically, but not diagnosed, thereby precluding these patients from treatment with NHS funding. In one instance, a patient was forced to seek private consultation from a specialist who was able to confirm the diagnosis of PCOS. Uncertainties in the diagnosis arise largely from the wide diagnostic criteria described by a consensus in 2003 of the European and American societies for Human Reproduction and Embryology.[1] These guidelines state that PCOS can be diagnosed when two out of three criteria are satisfied; these being, evidence of infrequent or absent ovulation, ultrasonic evidence of polycystic ovaries (>12 cysts of 2–9 mm diameter), and biochemical or clinical evidence of hyperandrogenism. We suspect that patients who are eligible for NHS treatment of the symptoms of PCOS may be being denied laser or other treatment if they fail to meet just one of the diagnostic criteria. Where this is the case and there is clinical suspicion of PCOS, benefit may be gained from referral to a specialist team with a particular interest in PCOS. According to the criteria, a diagnosis of PCOS is still a possibility even in the face of normal biochemical and radiological tests that may have already been carried out by the GP.

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# Genetic epidemiology and primary care

As a retired dinosaur and occasional locum, I read with great interest Blair Smith's paper.[1] I would certainly welcome improvement of my own genetic literacy, but I fear that with the present trend towards larger and more specialised general practice the doctor–patient relationships in primary care are being eroded at an alarming rate. The average patient repeatedly complains that 'I never seem to see my own doctor' and this situation will only deteriorate further with the ideas of dual registration and encroachment from the private sector. As he says, this is all very much in the future at the present time, so perhaps there will still be time to reverse some of the present trends and possibly even have the national database as a functional entity, but not, I think until a long time after I have dropped off my branch.

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