‘brown–yellow dot inhaler’ regularly.

Colour has always been used to aid recognition, this convention is not new in medicine. A standardised colour code for user-applied syringe labels for anaesthetic drugs exist in the US, Australia, New Zealand, South Africa, and Canada. A single standard system for syringe labelling in critical care areas has been adopted in the UK as well.6

There is always a problem in reading the labels as instructions are often written at a level too complex for low literacy patients.6,6 Adequate literacy, without any doubt, is a barrier to asthma knowledge and proper self-care.6,7 Moreover, patients who have a different first language than the healthcare provider can raise additional issues.

So there will be a large group of patients who can identify their inhalers only by the colour. Older people who have difficulty identifying colours will have difficulty reading fine print as well and will need assistance. People who are colour blind should continue to read the labels or identify their inhalers by the design or size. We, therefore, believe that adding universal colour dots to the current system will only do good in creating uniformity without causing any additional limitations.

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DOI: 10.3399/bjgp10X539001

The physician assistant

In answer to Olumide Elegbe’s question ‘is there a role for physician assistants (PAs) in routine care?’ my answer, currently, would be no. I would much prefer an experienced nurse or even, dare I suggest it, another doctor. Mr Elegbe obviously has confidence in the evidence he has referenced, however, the majority of this is from the US and given the differences between our two healthcare systems and respective primary care, I would not rush to apply the same conclusions from the data collected there, to here.

A pilot of PAs has already been undertaken in Scotland2 and this highlighted some important points. The PAs involved felt that they were unable to demonstrate their full capacity within primary care and this was attributed to the fact that there was no identifiable gap in the care of patients for them to fill, presumably this was because the pre-existing primary care team was already sufficient and as the PAs put it ‘family medicine/general practice differed from the US to Scotland’.

Any issue regarding the cost-effectiveness of PAs was also underlined by the study, reporting that within the primary care setting, an individual PA would cost approximately £15 000 more to employ than a practice nurse (PA salary defined as Agenda for Change Band 7, £29 091–£38 353).

I remain unconvinced that a science graduate with 2 years training would complement the current primary care team, at least not for that price.

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DOI: 10.3399/bjgp10X539344

Antidepressant prescribing

The appropriateness of antidepressant