history of decreased vision and bilateral floaters. Visual acuity was 6/18-2 in the left eye and 6/60 in the right. Dilated fundus examination showed bilateral vitreous haemorrhages, with neovascularisation at the disc and elsewhere, and tractional retinal detachments. Non-fasting pinprick blood glucose was 20.3 mmol/L and blood pressure was 140/100 mmHg.

The patient denied weight loss (BMI 18 kg/m^2) or polydipsia, although detailed questioning revealed a 20-year history of approximately 5 litres of fluid intake daily, predominantly sugary drinks. Three years before, he experienced slurred speech and pins and needles in his right arm, which was attributed to a viral infection and no investigations were done.

He was diagnosed with type 2 diabetes mellitus (negative anti-GAD antibodies and anti-IA-2 antibodies). Oral hypoglycaemics were commenced. He underwent urgent bilateral pan-retinal photocoagulation, then sequential vitrectomies with membrane dissection, endolaser, and gas tamponade. Visual acuity at the last clinic visit was 6/9 in the left and 6/36 in the right, attributable to diabetic macular oedema.

This unusual case highlights the importance of investigating neurovascular signs and symptoms, to include blood glucose measurement, as diabetes is increasingly seen in young working-age patients who neither report their longstanding diabetic symptoms nor conform to the 'metabolic syndrome'. The potential morbidity and mortality impact of undiagnosed diabetes underscores the importance of campaigns focusing on improving patient awareness of diabetic symptoms.

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Patient consent

The patient has consented to publication of this letter.

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Non-contact infrared thermometers

I wrote a letter to the *BMJ* last year setting out the evidence for non-contact infrared thermometry in adults.[1] Unlike paediatric use,[2] my conclusion was that these devices are not reliable in adults, largely because vasoconstriction of the blood supply to their foreheads and perspiration leading to a dangerously high false negative rate. A similar conclusion has been reached by the Scottish Health Technology Group, advising against their use for adults in Scottish NHS hospitals.[3]

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Headaches in the absence of other signs do not require imaging by GPs

Taylor *et al* provide an interesting review on the timeless conundrum of headaches and brain tumours.[1] Among the discussion they seem to advocate easier access to brain imaging in primary care. This is a shame, especially since the question was answered by a well-written study (by two of the same authors) in the *BJGP* 7 years ago.[2] I use that paper to teach medical students and GP trainees that the positive predictive value of a headache, for a brain tumour, is 0.09%. (In other words, if you have a headache there's only a 0.09% chance of it being a brain tumour). A new onset seizure, on the other hand, has a PPV of 1.2% for a brain tumour. The problem with imaging people's brains 'just to make sure' is, as the authors rightly point out, an incidental finding. A well carried out study showed 0.47% of healthy young men have an intracranial tumour,[3] which is slightly more than the positive predictive value of a headache anyway. Taylor *et al* also, erroneously, remark 'the commonest symptom' of a brain tumour is headache, but in fact only 10% of people with a brain tumour ever report a headache before the diagnosis. Easier access to brain imaging for GPs will only mean one thing: more brain scans. And more brain scans means only one thing: more incidental findings.

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Competing interests

The author missed a brain tumour 3 years ago in a young woman presenting with headaches (the patient is now well). He has seen a similar patient have a meningioma, erroneously attributed to the patient's headaches, resected; the headaches persisted despite the surgery and abated once the patient's emotional state had improved.

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Family and Friends Test

The NHS Family and Friends Test (FFT) will be implemented into general practice in December 2014[1] and The NHS Strategic Projects Team is supporting this implementation across the Midlands and East region.

In our workshops, GPs and managers initially considered FFT another mechanism for complaints' generation; but training has demonstrated that FFT can promote a better relationship between