

## This month ● acute tonsillitis ● tobacco consumption ● steroids for asthma

### Acute tonsillitis

THIS is an assessment by questionnaire of the diagnostic and prescribing habits of general practitioners from 17 European countries for patients with acute tonsillitis. Each country recruited at least 10 doctors. Over a three month period patients who fulfilled the clinical criteria for tonsillitis were enrolled. Details were recorded of length of illness, use of laboratory tests and whether antibiotics were prescribed. A total of 4094 patients were studied; there was an uneven spread of patients between countries, ranging from 23 patients in Austria to 933 in Yugoslavia. This limited the conclusions which could be drawn but the results were nevertheless interesting and showed wide variation in many aspects.

The mean number of days of illness with tonsillitis varied from 2.56 in Turkey to 8.23 in Poland. The mean number of days with fever, however varied little, being between two and three days in almost all the countries. The authors suggest that a subjective feeling of illness will be related to different medical cultures and sick pay systems. Bacteriological tests were rarely used in some countries whereas in others they were used for as many as 96% of the patients. In the majority of the countries 90% or more patients were treated with antibiotics; of the patients prescribed an antibiotic 69% received a prescription for penicillin.

Unfortunately 935 patients were excluded from the study as they did not fulfil the entry criteria, illustrating the logistical difficulties in such multi-national studies. The authors point out the important role of coordinators and monitoring of those coordinators. The real fascination of this work is to see how many different ways we have of doing the 'right thing'. Such international studies become more important as barriers between countries come down.

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*General practitioner, Ilfracombe, Devon*

Source: Touw-Otten FWMM, Johansen KS. Diagnosis, antibiotic treatment and outcome of acute tonsillitis: report of a WHO Regional Office for Europe study in 17 European countries. *Fam Pract* 1992; **9**: 255-262.

dilutes the impact of any health education message. It would be easier to show a cause and effect relationship between advertising and cigarette consumption if there were a single producer in the market. Market competition and brand loyalty among smokers mean that manufacturers use advertising to try and build the image of a brand, both to keep existing consumers and recruit new customers. Another effect of brand advertising may be the encouragement of some people to start smoking: the young are an obvious target as they are likely to smoke for 30 years or more.

Secondly, there is direct evidence from international studies and comparisons. Different countries have different approaches to tobacco advertising and in those with tighter controls there is reduced consumption. There is also year to year variation in consumption according to expenditure on advertising. These relationships are not straightforward, as even after allowing for variations in price and income, it may be argued that social attitudes have more of an effect than advertising. However, if advertising had truly no effect on consumption one would expect some studies to show a negative result; the majority show a positive association, suggesting a direct relationship between advertising and consumption. Furthermore, advertising bans in Norway, Finland, Canada and New Zealand have led to a fall in smoking on a scale not easily attributable to other measures such as restricted sales, increased education and health warnings.

Overall, the evidence linking tobacco advertising with consumption is mainly inconclusive or circumstantial, but the authors conclude that advertising does have a positive effect on smoking and that in a number of countries where advertising has been banned there has been a substantial reduction in consumption.

JUDY RIDD  
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Source: Smee C, Parsonage M, Anderson R, Duckworth S. The effect of tobacco advertising on tobacco consumption. *Health Trends* 1992; **24**: 111-112.

### Effect of advertising on tobacco consumption

AS part of their new contract general practitioners are being asked to identify smokers and introduce advice on how to stop smoking. Some would argue that this leaves less time for looking after sick patients and that banning tobacco advertising would have far more effect. However, is there any evidence to support this claim? This article, by Department of Health economists, summarizes the data from various studies, reviewed in full in a discussion document published in October 1992 (Department of Health). The evidence can be grouped into two categories.

First, there is considerable circumstantial evidence, such as the finding that children who start smoking are more likely to recognize tobacco adverts. Also, a recent survey of smokers found that nearly half agreed with the statement 'Smoking can't be really dangerous or the government would have banned tobacco advertising.' The implication is that tobacco advertising

### Steroids for an acute asthma attack

THE British Thoracic Society guidelines for the management of an acute attack of asthma advise 'prednisolone 30-60 mg daily (60 mg if they are already taking oral steroids) until two days after full recovery, when the drug may be stopped or the dose tapered.' It is customary to taper off the course slowly, to avoid recurrence of the attack. It is thought that oral steroids inhibit the normal endogenous steroid production, and that a tapering course prevents this. However, there is little clinical evidence to support this.

A research article from Manchester describes the results of a double blind trial of tapering off a course of steroids after an asthma attack, compared with an abrupt cessation after 10 days. Patients were given 40 mg prednisolone daily in a single morning dose and were followed up by peak flow measurements three times daily. The patients kept diaries of their symptoms for one month. The results demonstrated no benefit from tapering off the course of steroids.

The 10 day course was adequate for all patients. They were given personal advice on treating their asthma, and an emergency supply of prednisolone at the end of the course. It is important that inhaled steroids, in at least the dose given before the attack, are continued afterwards. A very light patient may need less than 40 mg prednisolone a day, while a heavy patient may require more. Intravenous hydrocortisone or nebulized salbutamol, or both, are usually needed at the onset of the attack.

It is emphasized that tapering off is needed after a prolonged course of oral steroids, but this study has shown conclusively that a short course can be stopped abruptly.

GUS PLAUT

*General practitioner, York*

Source: O'Driscoll BR, Kalra S, Wilson M, *et al.* Double-blind trial of steroid tapering in acute asthma. *Lancet* 1993; **341**: 324-327.

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The University intends to proceed to make an appointment to the Norie-Miller Chair of General Practice which becomes vacant on the retirement of Professor J.H. Barber on 30th September, 1993. As part of this process, applications are invited from medically qualified individuals with experience in general practice and a proven record of excellence in teaching and research. A new medical curriculum is being developed and is likely to include a substantial amount of teaching in the community. The new Professor will be expected to play an important role in the planning of this curriculum as well as in more general terms promoting the progress of academic general practice.

Further particulars may be obtained from the Academic Personnel Office, University of Glasgow, Glasgow G12 8QQ where applications (3 copies; 1 copy in the case of overseas applicants), giving the names and addresses of three referees, should be lodged on or before 14th May, 1993. In reply please quote Ref. No. 7865.

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### CONFERENCES

#### Working Together for Health

A National Conference for Community  
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17-18 July, King's Conference Centre,  
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A PGEA approved conference which aims to bring together community pharmacists and GPs from throughout the UK in order to exchange information and discuss modern approaches to medical and pharmaceutical education, the European perspective, professional collaboration, drug utilisation research, and practice based research situations.

For further details and booking forms contact:

Hazel Sinclair,  
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Foresterhill Health Centre,  
Westburn Road,  
Aberdeen AB9 2AY  
Tel (0224) 663131  
ext. 53912/53993 Fax (0224) 840683

### COURSES

#### EFFECTIVE PERSONNEL MANAGEMENT

Course Director: Sally Irvine & Course Tutor: Hilary Haman  
3/4 June + 12/13 October 1993

This course is designed for members of the practice team whose responsibilities include staff management. The principles of personnel management, and their application in the management of staff whose conduct and performance are problematic, are covered. This two day residential course addresses the contract of employment, the motivation of staff and dealing with disciplinary issues. The fee is £200.00 for members and £250.00 for non-members, 2 days PGEA under Service Management.

For further details please contact RCGP Courses and  
Conferences on 071 823 9703 or Fax 071 225 3047