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## Editor's choice

We were interested to read the article by Glew and colleagues on opt-out testing for HIV.<sup>1</sup> In 2009, our team demonstrated the feasibility and acceptability of opt-out point-of-care (POC) HIV testing in general practice. Building on these data we have undertaken a cluster randomised controlled trial of opt-out POC HIV testing in primary care. In the RHIVA2 trial, all general practices in Hackney were invited to take part.<sup>2</sup> Forty of 45 practices were randomised to either intervention (testing) or control (usual care). Intervention practices received education and training to promote and deliver opt-out POC HIV testing to new registrants. The trial data are very encouraging. We observed a POC testing uptake of 45% (4978 of the 11 180 rapid tests offered were accepted). Intervention practices identified more patients with newly diagnosed HIV than control practices. Furthermore, patients in the intervention practices were diagnosed with higher baseline CD4 counts than in the control group.

We recommend that HIV testing be introduced in UK general practices located in high HIV prevalence areas.

Werner Leber, Heather McMullen, Jane Anderson and Chris Griffiths,  
*Queen Mary University of London.*  
*E-mail: werner.leber@nhs.net*

### REFERENCES

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2. Leber W, McMullen H, Marlin N, et al. Point-of-care HIV testing in primary care and early detection of HIV (RHIVA2): a cluster randomised controlled trial [conference abstract]. *Lancet* 2013; 382: S7.

DOI:10.3399/bjgp14X679969

## What did the questionnaire say?

It is a cause for serious concern that many

at-risk patients in Holland use OTC NSAIDs, presumably without knowing the risk they take.<sup>1</sup> However, the authors do not indicate in their paper whether their questionnaire asked only about oral preparations. Topical NSAIDs are very popular in the UK and it is likely that they are much safer (though perhaps also much less effective), and if some of the patients in this survey used these, the results would be less worrying. The wording of the questionnaire is therefore crucial, but is not disclosed even in the online version of the article. Nor do the authors indicate which NSAIDs their sample admitted to using, and there are huge differences in gastrointestinal risk between the different drugs.

Arnold Zermansky,  
*GP, Visiting Senior Research Fellow,  
University of Leeds, Leeds.*  
*E-mail: arnold.zermansky@nhs.net*

### REFERENCE

1. Koffeman AR, Valkhoff VE, Celik S, et al. High-risk use of over-the-counter non-steroidal anti-inflammatory drugs: a population-based cross-sectional study. *Br J Gen Pract* 2014; DOI: 10.3399/bjgp14X677815.

DOI: 10.3399/bjgp14X679981

## Authors' response

In the first questions of our questionnaire we did not make the distinction between oral and topical preparations expressly clear,<sup>1</sup> although the Dutch word for 'painkiller' was used, which would suggest an oral formulation. However, in later questions we explicitly asked participants about the number of tablets/capsules/sachets/suppositories used per day. The use of NSAID gel was not an option. This question was answered by all but one of the 35 OTC NSAID users in the general population, and all but one of the 33 OTC NSAID users in the high-risk sample. It is possible that these two participants failed to complete this question because they had used topical NSAIDs. Even if this were the case, the prevalence of OTC NSAID use would still be 29% in the general population and 12% in the high-risk sample.

With regards to the types of NSAIDs used

by the participants,<sup>1</sup> these are reported in the results section of our paper: 54% concerned ibuprofen, 28% high-dose acetylsalicylic acid, 9% diclofenac, and 9% naproxen. In the high-risk sample, these percentages were: 53% high-dosed acetylsalicylic acid, 29% ibuprofen, 11% diclofenac, and 8% naproxen.

Those interested may contact the corresponding author directly, as we are happy to supply a copy of the original questionnaire and a translation into English.

Aafke Koffeman, Vera Valkhoff  
and Patrick Bindels,  
*Erasmus MC, Rotterdam.*  
*E-mail: a.koffeman@erasmusmc.nl*

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1. Zermansky A. What did the questionnaire say? *Br J Gen Pract* 2014; **64(623)**: 276.

DOI: 10.3399/bjgp14X679993

## Assessment of risk communication

Lyndal Trevena discusses the influence risk communication has on patients' perceptions of risk and the importance of clear, effective communication in order to aid good quality decisions and shared decision making.<sup>1</sup>

Having recently made a successful application for GPVTS, I feel there is a place for assessment of risk communication skills as early as selection into the training programme, as this is such a key competency needed in general practice. Although the selection process effectively assesses both communication skills and clinical problem solving skills separately, the assessments do not integrate these two aspects. Evidence shows that using quantitative information improves the accuracy of risk perception, but there is a delicate balance between presenting this information appropriately to the patient, and overloading them with statistics and jargon that they would find difficult to process.<sup>2</sup> This skill could be assessed, for example, in a simulated scenario where the candidate is given statistics such as Number Needed to Treat for a particular medication. The