

The Hidden Alcoholic in General Practice (1974).
R. H. WILKINS. Pp. 204. London: Elek
Science. Price: £5.95.

Current epidemiological studies suggest that general practitioners detect only a tenth of the alcoholics in their practices. Even then it is rarely the doctor and hardly ever the patient concerned who provides the first clue to the diagnosis. The informant is much more likely the spouse, a probation officer, the police station or a casualty doctor.

Our diagnostic ignorance is no longer justified, as more medical and biochemical aspects of alcoholism are brought to light. For instance, hyperuricaemia and hypercholesterolaemia may be alcohol induced. Except for diabetes, alcoholism is now the most common cause of secondary hypertriglyceridaemia. Not being aware of such facts will lead to wrong diagnosis and defeat suitable treatment.

Dr Wilkins has just published an interesting study showing how to spot the hidden problem drinker in general practice. It is based on a successful M.D. thesis submitted to the University of Manchester. Working in a group practice in Manchester he compiled an alcoholic at-risk register from a wide variety of medical, social and psychological factors known to be associated with alcohol abuse. They included cirrhosis, peptic ulcer, fits, male obesity, anxiety, depression, attempted suicide, accidents, criminal offences, family and marital problems, obvious alcoholic symptoms such as shakes, blackouts, D.T.s, smelling of alcohol and others; a total of 64 factors.

Any patient, aged 15 to 65, who came to the surgery during the survey year was then screened

by the practice doctors for risk factors, and, if positive, the patient was asked to complete a prepared questionnaire, the doctor asking the questions—carefully designed to provide useful data on abnormal drinking and its sequelae.

There were 564 patients with risk factors in a practice population of about 12,000. By using the questionnaire as a screening system Dr Wilkins was left with 155 alcoholics or problem drinkers, 28.4 per cent of the at-risk group. A separate reliability study in which 41 patients were presented again with the questionnaire after a variable time interval showed that in many cases the replies given were at variance with those given in the original interview—a well known hazard of any research based solely on the use of questionnaires. On the other hand, a control group of 179 patients without apparent risk factors showed on the same questionnaire only 2.8 per cent of alcoholics.

Some risk factors were found to be more significant than others. Dr Wilkins, for instance, observed that there was a 75 per cent probability of alcoholism where the patient emanated a definite aroma of alcohol against a 25 per cent probability rate in cases of anxiety and depression. Although this study must remain primarily of interest to the student of alcoholism (there are 442 useful references), it provides many useful tips for the general practitioner in search of his hidden alcoholics.

It is a pity the author kept himself so rigidly to the outline of his research. I would have welcomed a separate chapter on the practical applicability of his findings towards diagnosis and management of alcoholics within general practice.

B. POLLASK

THE COMMON COLD AND VITAMIN C

This article describes a study of the effect of the daily administration of placebo or instead 200 or 500 mg tablets of vitamin C on symptom association and the incidence, duration severity and total intensity of the symptoms in the common cold. Cold symptoms tend to dissociate into toxic and catarrhal complexes, the frequency and complexity of which differ between boys and girls. Vitamin C reduces symptom association and alters the frequency of toxic and catarrhal complexes. It significantly reduces the severity and total intensity of colds in girls but does not benefit cold symptoms in boys at a daily dosage of 500 mg. During colds, especially of the catarrhal variety, ascorbic acid is transferred out of the leucocytes into the plasma where it is rapidly metabolised in both sexes but this effect is more pronounced in females. There is a significant correlation between metabolic use of ascorbic acid during colds and the intensity of cold symptoms.

REFERENCE

Wilson, C. W. M. & Loh, H. S. (1973). *Lancet*, 1, 638-641.