

# The General Practitioner Research Club, Leicester, 4 April 1981

**T**HIS was the fifteenth meeting of the club, the first since it was reconvened this year.

### 1. Practical examples of sampling methods

Speaker and reporter: Professor Michael Clarke, Department of Epidemiology, University of Leicester.

#### *Partial samples*

The appropriateness of any sample depends upon the reason for which it has been drawn. In some administrative studies, for example of all attendances, partial samples will be the appropriate method. Such samples are best drawn in a random fashion, otherwise unforeseen biases may well arise. In many clinical studies partial samples are inappropriate, usually because the number of cases is too small. The way to overcome such problems is to review the literature adequately and to undertake pilot surveys.

#### *Prevalence, prospective and case control studies*

The particular problems of sample maintenance were considered. In prevalence studies the importance of total enumeration of the sample population and the problem of non-responders were stressed. Non-responders are likely to be quite different from responders, so it is important to find out as much about them as possible. With prospective studies the problem is losing some of the study population over time. Case control studies present particular problems in that cases and controls may be unrepresentative of the populations from which they are drawn. A final recommendation was that researchers would be wise, once they have written their research protocols, to discuss the sample and future methods of analysis with a statistician.

### 2. Negative audit of hypertension

Speaker and reporter: Dr H. R. Patterson, General Practitioner, Leicester.

This presentation described a system for detecting and supervising the hypertensive patient which is designed to bring to the attention of doctors working in two large practices those cases which failed to meet defined criteria. These were, firstly, those patients between the ages of 40 and 65 and who had not had a

blood pressure recorded within five years, and secondly, those patients in the same age-range who were receiving treatment for a raised blood pressure but whose diastolic readings were, nevertheless, above 100 and 110 mmHg. The former were regarded as borderline levels and the latter as raised. The performance of practices was compared over an 18-month period.

The interim results presented to the Research Club showed a rapid fall in the number of patients who did not have a blood pressure recorded. This aspect of the project was very satisfactory. However, the performance of the practices in managing hypertension was disappointing. One third of those patients attending surgery and ostensibly receiving treatment for hypertension had recorded diastolic pressures over 110 mmHg. There was a brisk debate about the reasons for this state of affairs and many of the suggestions made by members of the club will now be incorporated in the second half of the project.

### 3. The reliability and validity of the age-sex register

### 4. The consequences of low immunization rates in whooping cough

Reports of 3 and 4 above are published respectively in the July (pp. 410-419) and the present issue (pp. 470-472) of the *Journal*.

### 5. Yet another look at sore throats

Speaker and reporter: Dr M. J. Whitfield, General Practitioner, Bristol.

A double-blind trial of penicillin versus placebo in patients presenting with a sore throat was reported. Nearly 50 general practitioners were included in the study. The results were recorded by the patients themselves. No clinical pattern of sore throat got significantly better any more quickly when treated by penicillin than by placebo. The doctors' usual prescribing patterns for sore throats were also examined; they varied considerably.

In his summing up, Dr Fry expressed the delight of the old members of the club that the presentations, interventions from the floor and general discussion maintained the previous high standard of Research Club meetings. It was decided to hold the next meeting in Oxford on 26 September 1981.