

identify families in which affected males have been born so that the carrier females may be offered counselling and amniocentesis at the appropriate stage.

I would be interested to hear from practitioners who have affected families in their care.

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### Smoking and Health

Sir,  
Since I retired from the DHSS I have involved myself in the counselling activities of the National Society of Non-Smokers and have joined its committee. During the first twelve months of operation of the Society's walk-in Advisory Centre at Latimer House, we have been approached, either personally, by telephone or by letter, by over 10,000 people wishing to give up smoking. Many did not look upon their family doctor as a likely source of assistance; others, although often motivated to stop smoking by medical advice, received little help in doing so. I doubt that the proportion of general practitioners in London who feel that they should have a major

involvement in efforts to curb smoking approaches the 74 per cent found in Oxfordshire (March *Journal*, pp. 179-183), although their number may have been increased by the recent distribution of 'GUS' kits prepared by the Health Education Council.

To quote the College's Working Party on Prevention, "Smoking may require the taking of a careful history, like any other complex and important disorder whose course one wished to change." (RCGP, 1981). Our clients vary widely in the amount of support they need. The General Household Survey in 1980 found 28 per cent of men and 14 per cent of women to be "irregular smokers" (OPCS, 1981); many must have stopped without outside help. For some a 30-minute interview and one of the HEC's excellent booklets have sufficed but others have relapsed even after a structured course such as the "5-Day Plan" first developed in the UK by the British Temperance Society. Our experience convinces us of the need not only for weekly smoking advisory clinics of the kind so far run by a minority of Health Authorities but also for walk-in centres, manned by volunteer ex-smokers and open during normal working hours, such as we are pioneering here.

More research is needed into methods of helping people to give up smoking and on how to match the method to the person. The Society is planning a 12-month follow-up of its clients in co-operation with a research team from a London teaching hospital; dare I hope that a College Faculty will turn its attention to a similar investigation?

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Sir,  
Further to Dr Cooperstock and Dr Thom's article on health, smoking and doctors' advice (March *Journal*, pp. 174-183), I feel that the authors have missed out a very common cause for not giving up smoking. This is that patients are very concerned about putting on weight. This is particularly so

with female patients. On asking them, many women have at one stage given up smoking only to find that they put on pounds. I think the only way to combat this is that dietary advice must always be given when counselling female patients to give up the evils of tobacco.

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### Hypertensive Drugs and the Quality of Life

Sir,  
The article by Dr Jachuck and his colleagues in the February *Journal* (p. 103), in which they report the more unfavourable assessment by relatives of the quality of life of a patient on hypertensive drugs than that given by either the patient or the physician, will be of concern to all those interested in screening for hypertension and the management of hypertensive patients.

It would be very interesting to know whether this observation is specific for patients being treated with hypertensive drugs or whether patients with a number of conditions give a less favourable impression to their families than they do to their physician.

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*Dr Jachuck replies as follows:*

To the best of my knowledge, a three-dimensional assessment involving clinicians, patients and relatives to evaluate the effect of therapy on quality of life had not been reported before. However, in our article we did mention that the QLIS was used in a group of patients following neurosurgery. We have completed a similar study in patients after certain clinical interventions (to be published) and the pattern of response is different to that of the hypertensive patients.

### Primary Care Around the World

Sir,  
Dr C. A. Pearson's letter in the December *Journal* (p.761) interested me greatly and I want to support his plea for