Lothian Hypertension Group Guidelines

Sir.

I was interested to note the inclusion of serum urate measurements for hypertensives (July *Journal*, p 406). A high serum urate is a common association with hypertension but what of its significance?

A recent study from Birmingham University¹ stated that hyperuricaemia is a benign biochemical abnormality which does not often warrant therapeutic interference — indications being renal calculi and recurrent gout. Perhaps the authors would qualify this point.

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Reference

Bayliss R, Clarke C. Whitehead TP, et al.
 The management of hyperuricaemia. JR Coll Physicians Lond 1984; 18: 144-146.

Outcome of otitis media in children.

Sir.

We wish to report some results similar to those of Barritt and Darbyshire (February *Journal* pp. 92-94). We also followed up children aged under 10 years in one practice who had acute otitis media. Our study, however, was restricted to those with a bulging eardrum or a perulent discharge, and incorporated examinations at intervals over one year by a general practitioner and an ENT surgeon.

The otologist found evidence of middle ear effusion, on clinical and tympanometric grounds, in nine children out of 28, three months or more after the original acute episode. Seven of these children were also deaf (defined as a loss of 20dB or greater under soundproof conditions, at frequencies of 1 kHz or lower, or repeated clinical evidence in two children under two years). The general practitioner found eight of these nine children to have abnormal eardrums at an examination between four and six weeks after the attack; he made similar observations in four children who were later regarded as normal. Of 16 children considered by the practitioner to have 'normal' or 'equivocal' eardrums at this stage, only one was found to have an effusion at later hospital visits.

If such an examination by the general practitioner is considered as a screening test, the sensitivity is 8/9 (88.9 per cent) and the specificity is 12/16 (75 per cent). In other words, most of those with an abnormal outcome can be detected but at a cost of some false positives. The difference in later outcome between children 'abnormal' and 'equivocal or normal' at the four to six week stage is statistically significant (P = 0.001,

Fisher's exact test). As regards similar examination at the traditional 10-14 days after an attack, the specificity was lower, only 50 per cent, and differences in outcome were not statistically significant. Clinical and audiometric testing of hearing in general practice was useful in detecting deafness but did not add to the predictive value of ear examination.

These preliminary results lead us to support the recommendation of Barritt and Darbyshire that general practitioners should examine the eardrums of children six weeks after an episode of acute otitis media. Those with abnormal findings should be followed up further, and their hearing should be tested.

Further studies are needed both to attempt replication of these results and to assess the feasibility of our recommendations.

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Care in the community

Sir,

'Community care means grinding female relations into the ground.' The definition is my wife's: it has a certain horrid truth about it.

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Cancer survival rates

The most recent statistics on five-year cancer survival rates show that survival from the most common causes of cancer varies considerably for different sites, with the chances of survival from cancer of the skin other than melanoma being particularly good (although there may well be considerable under-registration of non-melanoma skin cancers and the figures should be interpreted with care). Five-year relative survival for cancer of the breast (the most common cause for women), bladder, and other malignant neoplasm of the uterus and cervix uteri is reasonably good, but survival for cancer of the lung (the most common cause in men), stomach, pancreas and oesophagus is poor.

Source: Office of Population Census and Surveys. Cancer survival 1976-78. OPCS Monitor ref MB1 84/1. London: OPCS, 1984.