homosexual men and two homosexual women.

Most of the patients (85%) were well informed about AIDS and its methods of transmission; only 6% appeared to have little understanding of the disease.

Of the 101 heterosexuals 70 were worried about AIDS. Fifty three of those worried indicated that they did not have a monogamous relationship and 28 of these patients never used a condom. Of the 31 heterosexuals not worried about AIDS 18 stated that it was because they had a stable partner. Among the 13 patients without a stable partner nine never used a condom. The homosexual men always used condoms, but the bisexual men only used them occasionally.

The group of patients in this study were attending a venereal diseases clinic suggesting that they are a relatively high risk group for AIDS. It is worrying that 37 of the 66 heterosexuals not in a monogamous relationship never used condoms.

This data suggests that while overall the group are well informed about the disease and its method of transmission, most do not regard themselves sufficiently at risk to use a condom. Health education must therefore extend beyond a simple factual account of the risks. General practitioners should reinforce the importance of modifying sexual behaviour and attitudes not only in patients with a history of sexually transmitted disease but also in the sexually active patient who may, for example, be presenting for contraception.

W.L. CLARKE
H.A. CURTIS

12 Nurseries Close
Topsham
Exeter
Devon EX3 0NE

Reference

1. Mills S. Public knowledge of AIDS and the DHSS advertisement campaign. *Br Med J* 1986; **293**: 1089-1090.

AIDS, HIV and general practice

Sir,

Following the recent editorial on the acquired immune deficiency syndrome (July *Journal,* p.289) we would like to draw attention to the St Stephen's Hospital two day course on AIDS which provides just the educational forum described. The next course takes place on 3–4 December 1987.

The importance of specialist units in providing 'accurate and up-to-date information about the clinical features of the syndrome caused by HIV' cannot be underestimated, and our courses are open to both general practitioners and hospital doctors. The course is funded by the DHSS and there is no course fee. We have been asked to pay particular attention to the training needs of general practitioners, to whom priority will be accorded should they wish to attend.

BRIAN GAZZARD
DAVID HAWKINS

John Hunter Clinic
St Stephens Hospital
Fulham Road
Chelsea SW10 9TH

General practitioners' responses to government proposals

Sir,

The government's recent green paper[1] has generated considerable debate and lengthy written responses from the representative bodies.[2,3] A discussion during a half-day trainee release course stimulated my investigation of local general practitioners' views. A questionnaire was sent to 173 general practitioners; 115 replied (66%). Their responses are given in Table 1.

The responses of the general practitioners and their comments suggest a high level of concern within the profession about many of the government's proposals. It is important that such opinions be communicated to those representatives of the profession who may directly influence government policy. Only by such communication can we hope to direct the government towards making the changes in primary health care which we would like to see for the benefit of our patients.

Table 1. Responses of 115 doctors to questionnaire.

	Percentage responding positively
Average list size should be reduced to 1700	71
Appropriate criteria for 'good practice allowance' are:	
Personal availability to patients	78
Wide range of services	93
Certain services for an agreed proportion of patients	78
Attendance at postgraduate education courses	73
Retirement at 70 years should be compulsory	82
Paediatric surveillance would be better carried out by GPs than by community medical officers	64
'Health care shops' should be introduced	18
Neighbourhood nursing should be introduced	29
Nurse practitioners should undertake limited prescribing	86
Nurse practitioners should make decisions about the timing and dosage of drugs prescribed by doctors for pain relief	82

STEPHEN VERCOE

35 Sandford Walk
Newtown
Exeter
Devon EX1 2ET

References

1. Secretary of State for Social Services, Wales, Northern Ireland and Scotland. *Primary health care — an agenda for discussion (Cmnd 9771).* London: HMSO, 1986.
2. Royal College of General Practitioners. *The front line of the health service. Report from general practice 25.* London: RCGP, 1987.
3. General Medical Services Committee. *Report to special conference of representatives of local medical committees.* London: GMSC, 1986.

The DRAMS scheme in general practice

Sir,

The paper by Heather and colleagues (August *Journal,* p.358) reports an evaluation of a controlled drinking minimal intervention for problem drinkers in general practice (the DRAMS scheme). The authors conclude that the results provide little support for the hypothesis that the DRAMS scheme is superior to simple advice, and to no intervention, in helping problem drinkers seen in general practice to reduce alcohol consumption. However, I believe that the correct conclusion should have been that the study failed to detect any difference in outcome between the groups.

The main reason that the study failed to demonstrate any effectiveness of the DRAMS scheme is that it was too small. In a study based in Oxford, looking at the effectiveness of general practitioners' advice to heavy drinkers to cut down on their drinking, we have calculated that we would need at least 200 individuals at follow-up to have a 95% chance of detecting a 10% difference between the groups at the 5% level of significance. In the Dundee study there were only 29 to 32 patients in the groups at follow-up. Thus, the study was of insufficient size to detect a difference in outcome between the three groups. As the authors conclude, in any future evaluation it will be necessary to collect a much larger sample of patients.

PETER ANDERSON

Department of Community Medicine
Manor House
Headley Way
Headington
Oxford OX3 9DZ