Psychological distress and the help-seeking behaviour

IT is often assumed that patients who are psychologically distressed use general practitioner services more often and less appropriately than the rest of the population, but this may not be true. In a one year prospective study of 1000 adults chosen randomly in Los Angeles, with follow-up interviews every six weeks, it was found that those who were rated as highly psychologically distressed experienced more physical illness both prospectively and retrospectively than a low distress group: 68% experienced at least one illness during the study period compared with 46% of the low distress group. But an equal number of those illnesses were rated as not needed by a panel of physicians blind to the rating of distress and 37% of visits from both high and low distress groups were rated as inappropriate. Furthermore, the mean time spent in bed per illness episode was 1.3 days for all groups and the level of distress did not affect the percentage of individuals seeking medical care.

The results question the commonly held belief that people who visit their general practitioner for so-called 'trivia' are wasting the doctor's time. However, since these emotionally distressed people suffer more illness, they may have become accustomed to packaging their distress in physical symptoms. Or perhaps they are more distressed because they are more unwell.

The paper raises some important questions about the nature of distress and its associations with help-seeking behaviour. The conclusions cannot be taken as cast iron because the criteria and measures of stress are created by a combination of two distinct measures which could affect the results. It may be that the measures of distress did not measure distress itself but rather psychological strain. However interesting questions have been raised by this paper. (J.A.)

Berkanovic E, Hurwicz ML, Landsverk J. Psychological distress and the decision to seek medical care. *Soc Sci Med* 1988; **27:** 1215-1221.

Violence against GPs

VIOLENCE against the general practitioner has caught the attention of the media in recent months to such an extent that family practitioner committees have gathered information on the subject and are issuing guidelines to doctors. A postal questionnaire sent to general practitioners in the Birmingham area gathered information on verbal abuse and physical injury as well as the number of aggressive attacks, the role of drugs or alcohol, the location and timing, the person responsible, and the times when the general practitioners felt that they were under threat.

Although only a small number of questionnaires were sent, 83 in all, it was shown that significantly more inner city than suburban doctors had suffered attempted injury and that more aggressive incidents occurred within the surgery. Twenty four per cent of doctors had felt under the threat in surgery hours and during evenings on call and 39% had felt under threat when on call at night. Both alcohol and drugs were reported as precipitating factors.

Doctors certainly appear an easy and accessible target and the authors suggest that general practitioners need to plan their services to reduce the risk of violence. (M.K.)

Source: D'Urso P, Hobbs R. Aggression and the general practitioner. *Br Med J* 1989; **298:** 97-98.

INFECTIOUS DISEASES UPDATE

Salmonella in eggs

In 1988 over 13 000 cases of infection by *Salmonella enteritidis* were reported in the UK, two thirds of which were due to phage type 4, a strain which has become endemic in many poultry broiler and egg-laying flocks in the past two to three years. Whereas surveys have shown a salmonella contamination rate of approximately 60% in retail chilled and frozen poultry carcases, it is much more difficult to quantify the extent of infection in shell eggs. More specific research is required concerning the distribution of infection among layer flocks, the incidence of infected birds within flocks, the frequency with which infected birds lay infected eggs as well as the numbers of salmonella organisms present in such eggs.

While it is anticipated that the measures recently announced by the Ministry of Agriculture and Fisheries will make a contribution towards the control of infected flocks, these will take considerable time to take effect. Among other possible control methods, research has shown that irradiating eggs is a feasible proposition in the future, although at present it is illegal to sell irradiated food in the UK.

Meanwhile, the recommendations advising against the consumption of foods to be served cold with raw egg as an ingredient, along with the need to maintain proper standards of kitchen hygiene and good temperature control throughout food preparation, should be followed.

(J.C.M.S.)

Yellow fever

Trinidad and Tobago have recently confirmed the presence of yellow fever in mosquitoes in the south east of the island. There have been no human cases there since 1979. Vaccination is recommended for those travelling to rural parts of the country and for those going from Trinidad and Tobago directly to countries asking for certificates of vaccination from travellers recently in infected areas.

(E.W.)

Malaria prevention

Advice on preventing malaria can be confusing. There are, however, certain principles upon which most experts agree.

1. Avoiding mosquito bites is the first line of defence and is increasingly important as resistance to drugs spreads. Clothing worn in the evenings should cover as much of the body as possible. Exposed areas can be protected by insect repellent ointments or lotions, applied regularly according to manufacturers' instructions. Netting over windows and beds can help and a portable mosquito net has recently become available. (Approximately £25.00 from Bimoz, tel: 0909 720582.)

2. Prophylactic tablets should be continued throughout exposure and for at least four weeks afterwards, in order to cover the incubation period of *Plasmodium falciparum,* the most dangerous form of the disease. In areas where resistance to drugs is absent or minimal a single drug such as chloroquine or proguanil is normally used. When resistance is well established two drugs are used together, usually chloroquine and proguanil or chloroquine and maloprim. There are inevitably differences of opinion over which is the best combination because precise information on resistance patterns is not available.

3. The third line of defence is to rely on early treatment. Together with avoiding mosquito bites this is sometimes the best approach for those going to areas where the risk of malaria is small and thus the risk of side effects from the drugs may outweigh the risk of the disease. Prophylaxis can fail, and early treatment here again is essential. (E.W.)

Contributed by Dr E. Walker and Dr J.C.M. Sharp, Communicable Diseases (Scotland) Unit, Ruchill Hospital, Glasgow G20 9NB (041-946-7120). Suggestions for topics to include in future updates are welcomed and should be passed to Dr E. Walker from whom further information about the current topics can be obtained.