

LETTERS

The new H ₂ -antagonists — are we prescribing them? <i>Andrew Gilliland, et al.</i> 387	Screening and the new contract <i>C.G. Gunstone</i> 389	Practice annual reports <i>R.P. Bentley</i> 391
<i>Enterobius vermicularis</i> : a possible cause of intestinal colic? <i>David H. Brewster</i> 387	Screening: the case against <i>C.L. Manning</i> 389	Working for patients <i>Stuart Handysides</i> 392
Effectiveness of anti-smoking advice from doctors who smoke <i>Philip A. Wilson</i> 388	Asthma — still a challenge for general practice <i>D.G. Swain; R.M. Jenkins; Christopher F. Brogan</i> 390	Christian approach to whole-person medicine <i>H.N. Grahame-Smith</i> 392
'Patient care' and patient benefit <i>William G. Pickering</i> 388	Effect of small group education on the outcome of chronic asthma <i>Declan Fox</i> 391	Value of MRCGP <i>Steven Ford</i> 392
Breast self examination <i>Alwyn Smith and Patricia Hobbs; Martyn Regan and John Hunt</i> 389	GPs' use of hospital investigative facilities <i>J.R.Y. Ross and P.J. Martin</i> 391	Note to authors of letters: Please note that all letters submitted for publication should be typed with <i>double spacing</i> . Failure to comply with this may lead to delay in publication.

The new H₂-antagonists — are we prescribing them?

Sir,

Two new H₂-receptor antagonists — nizatidine and famotidine — have been available since autumn 1987. Do these new drugs offer any real benefit over their established rivals cimetidine and ranitidine? In August 1988 an article in the *Drug and Therapeutics Bulletin*¹ concluded that the new H₂-receptor antagonists do not offer any important clinical advantage over cimetidine or ranitidine. It advised using cimetidine on the basis of cost and ranitidine when avoidance of anti-androgenic effects or drug interaction was required.

We would like to report the results of a questionnaire sent to all 349 general practitioners in the greater Belfast and North Down area to determine to what extent they were prescribing nizatidine and famotidine and why they had chosen to prescribe these newer drugs.

Of the 349 questionnaires sent out 231 (66%) were completed and returned. Only 66 (29%) of the 231 general practitioners had prescribed nizatidine, famotidine or both — 37 at the request of the hospital, 18 on their own initiative and 11 under both circumstances. Of the 231 doctors 113 (49%) were aged 40 years or under and 131 (57%) were vocationally trained. Among the 29 general practitioners who initiated prescribing of nizatidine and/or famotidine 20 (69%) were aged 40 years or under and 20 (69%) were vocationally trained, suggesting that it is younger doctors who are more willing to alter their prescribing habits.

The most frequent reason for prescribing nizatidine or famotidine was that there had been no improvement when a patient was prescribed cimetidine or ranitidine (21 doctors). Other reasons included side effects with cimetidine and/or ranitidine (three doctors) and the availability of a calendar pack (two doctors). Three doctors had tablets available in their bag when

called out at night and three wished to try out the new drug(s). Some doctors gave more than one reason. None of the general practitioners felt that the smaller size of the famotidine tablet (40 mg) compared with the equivalent cimetidine (800 mg) and ranitidine (300 mg) tablets had influenced their prescribing.

Table 1 shows how the general practitioners received information about the new drugs. The majority learnt about the drugs by direct information from the pharmaceutical companies. Twenty eight of the 29 doctors who initiated prescribing of these new H₂-antagonists had received information about them from meetings with pharmaceutical representatives.

Table 1. Sources of information about nizatidine and famotidine.

Source	Number (%) of GPs (n = 231)
Medical mailings	183 (79)
Advertisements in journals	176 (76)
Pharmaceutical representatives	171 (74)
Published research work	59 (26)
Hospital/lecture	40 (17)
GP colleagues	19 (8)

n = total number of GPs.

The approximate costs of 28 days' treatment for once daily dosage are cimetidine (800 mg) £17, ranitidine (300 mg) £26, nizatidine (300 mg) £26 and famotidine (40 mg) £27. Two hundred and four doctors (88%) knew that ranitidine is more expensive than cimetidine. When asked to rank all four H₂-antagonists in order of cost for daily maintenance therapy 66 (29%) put ranitidine as the most expensive, 47 (20%) nizatidine, 84 (36%) famotidine and 17 (7%) cimetidine (the remaining 17 were not able to answer this question). The newer drugs cost no more than ranitidine yet 56% of the general practitioners considered them to be more

expensive. This misapprehension might well contribute to a lower prescribing level.

It can be concluded that the two established H₂-antagonists, despite the disadvantages of side effects (cimetidine) and cost (ranitidine), are still popular with general practitioners and that the two newer drugs are trying to compete for a limited share of the market.

ANDREW GILLILAND
KAREN MILLS
KEITH STEELE

Department of General Practice
The Queen's University Belfast
Dunluce Health Centre
1 Dunluce Avenue
Belfast BT9 7HR

Reference

1. Anonymous. New H₂-blockers: does more choice help? *Drug Ther Bull* 1988; 26: 65-66.

Enterobius vermicularis: a possible cause of intestinal colic?

Sir,

I believe it is still a common assertion in many textbooks that infestation with threadworms is a relatively benign affliction causing no symptoms beyond, in some instances, pruritis ani. Apart from its postulated role in the aetiology of appendicitis,^{1,2} it is uncommon to find a reference to the threadworm as a cause of abdominal pain — indeed some authors clearly doubt that even vague abdominal discomfort can be attributed to infestation.³

Recently, I have seen two children who presented with colicky abdominal pain in the absence of an obvious cause. The first, a 15-year-old boy, had recurring bouts of pain over a four-month period until he was observed to have, and treated for, threadworms. His symptoms resolved immediately after treatment and have not recurred. The second child, a boy of 20