

about the most appropriate management of urinary tract infection.

Table 1 summarizes the main findings of the study regarding the need for laboratory investigations, the drug of choice and the duration of therapy. Twenty four physicians (48%) stated that they prescribed the same drugs and recommended the same length of therapy in male and female patients. When asked about antibiotic prophylaxis for urinary tract infection in females, 33 (66%) physicians would start prophylaxis after three or four episodes of urinary tract infection occurring during the previous three to six months. The remaining physicians had no definite answer to these questions, mainly owing to lack of experience with this particular problem. Only 26 (52%) physicians indicated a specific drug of choice for prophylaxis — cotrimoxazole (12 doctors), nitrofurantoin (10) and hexamine hippurate (four). Twenty four physicians did not consider that there should be any difference between prophylactic treatment in males and females.

Table 1. Physicians' opinions about the management of urinary tract infection (UTI).

	% of physicians answering yes (n = 50)
<i>Laboratory investigations</i>	
Urinalysis before therapy	70
Urine culture before therapy	54
Urine culture after therapy	70
<i>Optimal time from the end of therapy to reculture</i>	
5-10 days	42
2-4 days	44
0-1 day	10
<i>Drug of choice</i>	
Cotrimoxazole	60
Nitrofurantoin	16
Cephalexin	10
Nalidixic acid	4
Amoxicillin	4
Norfloxacin	2
Ofloxacin	2
Doxycycline	2
<i>Optimal duration of therapy</i>	
7-10 days	82
>10 days	14
Single dose	2

n = number of respondents.

Recent recommendations suggest that urinalysis is not cost effective in the initial evaluation of patients with urinary tract infection,^{1,2} but 70% of the physicians in this study felt that it should be performed. Over half of the physicians interviewed would perform urine culture but during the last decade, several articles have shown that urine cultures are unhelpful and unnecessary.^{1,3} Follow-up cultures have been shown to be of value in the dif-

ferential diagnosis of lower versus upper urinary tract infection and the appropriate timing appears to be between two and four days after completion of therapy.^{4,5} In this survey more than half of the physicians stated a longer or shorter interval. Many recent clinical trials have supported the use of short courses of therapy for urinary tract infection in women, ranging from a single dose to three or four days.^{1,2,6} In this survey most of the physicians proposed longer periods of antibacterial therapy. Surprisingly, almost half of the physicians interviewed indicated that their management of urinary tract infection would be essentially the same for male and female patients.

This study indicates that the actual management of urinary tract infection, as reflected by the opinion of family physicians, differs from that recommended in the literature.

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Knowledge of common inherited disorders among family planning clinic attenders

Sir,

The awareness of common inherited disorders (for example, sickle cell disease) among the population has implications for general practitioners involved in antenatal care. Haemoglobinopathies are usually detected antenatally by electrophoresis in the parents and by chorionic villus sampling or amniocentesis in the first and second trimesters of pregnancy. Increasing knowledge among the population of these conditions would allow pre-pregnancy screening tests to be carried out, and avoid the occurrence of late termination of pregnancy or missed

diagnosis.

We studied the awareness of three inherited disorders among women attending the family planning clinics at the Royal Free Hospital in London. A total of 293 women were asked about their understanding of cystic fibrosis, sickle cell disease and thalassaemia and from where they obtained most of their information — school, family doctor, books, television or radio, friends, or from a sufferer.

The average age of the women was 32 years (range 17-50 years), and based on the occupation of their husband or partner, 70% were in social class 1, 2 or 3. Fifty per cent were of northern European ethnic origin and the rest were of mixed ethnic groups. Two thirds of the group had heard of cystic fibrosis and sickle cell disease but less than one quarter had heard of thalassaemia. Less than one quarter of the women who had heard of cystic fibrosis and sickle cell disease understood it could be diagnosed before birth and only 10% of those women who had heard of thalassaemia understood it could be diagnosed before birth.

Of those who had heard of one or more of these conditions, 51% had obtained their information from books, television or radio, 15% from friends, 13% from their family doctor, 11% from school, and 8% from a sufferer.

Genetic counselling does affect reproductive behaviour. This was demonstrated in a study¹ where Cypriot patients were asked when they thought people should be counselled regarding thalassaemia. Nearly all felt that counselling should be given prior to marriage, so that decisions about marriage and reproduction could be made responsibly.

Despite the benefits to be obtained from prenatal screening this study shows that many people still have a poor understanding of common inherited illnesses. Women obtain most of their information about these conditions from non-medical sources, and although this results in a high rate of awareness, their detailed knowledge of the conditions is poor. We feel that more information needs to be disseminated in general practitioners' surgeries and family planning clinics to increase patients' understanding of these conditions.

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