

Hepatitis B transmission within families <i>Nigel Masters</i>	301	Quality or inequality in health care? <i>William W Fulton</i>	303	GPs' response to request for information <i>Caroline Whitehead and Lalage D Sanders</i>	305
Failure to keep primary care appointments in Saudi Arabia <i>Sulaiman Al-Shammari</i>	301	Standardized patients in general practice <i>Ross J Taylor</i>	303	Reports from inner city practices <i>Stefan Cembrowicz</i>	305
Assessment of cognitive impairment in the elderly <i>Graham Worrall</i>	302	General practitioners and work in the third world <i>C Andrew Pearson; C E Morris</i>	304	Request for back issues of the <i>Journal</i> <i>G K Prusty</i>	305
Which antidepressant? <i>P Freeling, et al.</i>	302	Cryptorchidism — a significant risk factor for testicular cancer <i>Nicholas Brown</i>	305		

Note to authors of letters: Please note that all letters submitted for publication should be typed with *double spacing*. Failure to comply with this may lead to delay in publication.

Hepatitis B transmission within families

Sir,
Hepatitis B virus carriage is prevalent in certain groups in the UK.¹ At our health centre hepatitis B carriage has been opportunistically screened in Asian patients both at the dental and medical clinics over the last five years. This has resulted in the testing of 307 of the 565 Vietnamese refugees registered with the practice. Of those treated 49 (17%) were carriers of the hepatitis B virus; 21 (6%) had high infectivity levels.

Family spread of hepatitis B virus disease has been described² but the Department of Health guidelines for administering hepatitis B vaccine do not directly address this important area of potential disease transmission. The family tree shown in Figure 1 illustrates that individuals can be at risk despite the hospital based perinatal intervention programme. The mother eventually cleared the disease but she had already infected her first three children at their birth. Her youngest son should be offered active immunization to protect against the small risk of intrafamilial spread. The route of family transmission is uncertain but exudative skin lesions and nail biting have been implicated in one detailed study.³

Such family tree serology testing can be time consuming and difficult in primary care but it can lead to the rational use of hepatitis B vaccine for individuals at risk.

NIGEL MASTERS

84 Kidbrooke Grove
Blackheath
London SE3 0LG

References

1. Masters NJ, Livingston A, Cencora V. Hepatitis B: prevention in primary care. *BMJ* 1989; **298**: 908.
2. Nordenfelt E, Dahlquist E. HBsAg positive adopted children as a cause of intrafamilial spread of hepatitis B. *Scand J Infect Dis* 1978; **10**: 161-163.
3. Bernier RH, Sampliner R, Gerety R, et al. Hepatitis B infection in households of chronic carriers of hepatitis B surface antigen. *Am J Epidemiol* 1982; **116**: 199-211.

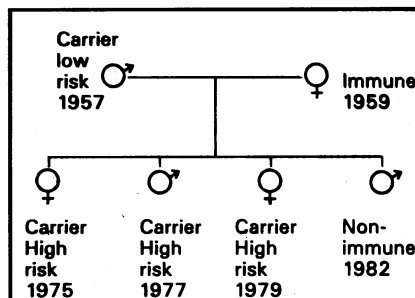


Figure 1. Example of a hepatitis B family tree, showing date of birth and current status.

Failure to keep primary care appointments in Saudi Arabia

Sir,
Patients who fail to keep their appointments at clinics are a source of puzzlement and frustration to doctors. This behaviour may also lead to inefficient utilization of public health facilities and unnecessary delays in assessing patients.

An audit of defaulters at primary care clinics in Saudi Arabia was carried out at King Khalid and King Abdulaziz University Hospitals. These clinics work five days each week and are open to citizens of all nationalities. An average of 600 patients are seen daily of whom only 25–30% are seen by appointment. All patients aged over 12 years who were given appointments over a period of four weeks were included in the study and followed up for three months after the first visit. A data form was used to collect information on the characteristics of the patient and the appointment. The form was completed at the end of the three month study (March–June 1990). A random sample of defaulters were selected and their reasons for defaulting determined by telephone. The significance of the various factors governing default was determined by the Chi-squared test.

A total of 3292 patients were included

in the study and among these patients the default rate was 29.5%. Morning appointments were better kept than those in the afternoon (non-attendance rate 26.3% versus 31.8%, $P<0.01$) and poor attendance was more common towards the weekend (27.4% on day one versus 34.0% on day five, $P<0.01$). The defaulters were more likely to be aged over 65 years (31.0% versus 27.6%, $P<0.001$), and highly educated (31.6% versus 23.9%, $P<0.001$). The main reasons for defaulting among 150 defaulters were transport difficulties particularly among women who were not allowed to drive, unclear appointment details and forgetfulness. The patients' sex, nationality, marital status, the distance travelled to the clinics, the severity of the initial diagnosis or the time interval between follow-up appointments had no significant effect on whether or not patients defaulted.

The results of this audit show that primary care clinics in Saudi Arabia are different from British or American primary care. Only 25–30% of the patients were seen by appointment and of these nearly a third failed to attend. One aspect of the service which may reinforce this high default rate is that patients who do not have an appointment simply turn up and wait their turn, thereby causing delays for those with genuine appointments who do not get preference. This shortcoming has now been corrected. It is of interest to note that the characteristics of the defaulters in the present study, such as age and ethnicity corroborated some previous studies among Caucasians,^{1,2} though not all.^{3,4}

In order to reduce the default rate of patients in Saudi Arabia, public health awareness must be improved, with the emphasis on the advantages of keeping appointments with primary care doctors. Special education is required, particularly among elderly people and those who have a hearing disability. Communication skills, teaching and training have been added to the continuing education programme of the medical team but it is too