

## LETTERS

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**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.

### Endocervical sampling devices

Sir,

As a trainee I recently completed a study on the quality of cervical smears taken using either the Aylesbury spatula or the Cervex® brush (Vernacare), and obtained similar results to the Cumbrian Practice Research Group.<sup>1</sup> However, unlike their study and that of Vooijs,<sup>2</sup> my study was a retrospective analysis of only those smears taken by a practice nurse. By this method, differences in sampling techniques were avoided.

Between April 1990 and October 1990, inclusive, the Aylesbury spatula was used and between November 1990 and February 1991 the Cervex brush was used. A total of 125 smears were obtained. Four smears, three of them using the Aylesbury spatula and one using the Cervex brush, were reported as unsatisfactory as they had excess pus cells, excess red blood cells or suffered excessive drying during the fixing process. Six smears, two in the spatula group and four in the Cervex group were from patients who had had previous treatment to the cervix. The numbers in these groups were too small to analyse further.

Excluding these two groups, 115 smears were studied; 60 taken using the Aylesbury spatula and 55 using the Cervex brush. The quality of the sample was determined by the presence of columnar endocervical cells, as this reflects adequate sampling of the squamocolumnar junction.<sup>3</sup> This transformation zone is the biologically active site at which most metaplastic processes occur. Therefore it is clearly important to identify such endocervical cells in screening for cervical cancer.<sup>4</sup>

There was no statistical difference in the numbers of smears from post-menopausal women in the two groups. Thirty six smears (60.0%) using the spatula showed

the presence of endocervical cells and 47 (85.5%) with the Cervex brush. The relative chance of endocervical cells being present using the Cervex brush versus the spatula is therefore 1.42 (95% confidence interval 1.13 to 1.79), chi square and Yates' correction factor,  $P < 0.01$ .

This study confirms findings by other authors<sup>1,2</sup> of the superiority of the Cervex brush over the traditional Aylesbury spatula in terms of the quality of the smear obtained.

The chance of missing an abnormal epithelial change is increased in smears without endocervical cells. Repeated smears for women whose previous smear did not contain endocervical cells showed a significantly higher number of abnormal epithelial cells.<sup>5</sup>

In the light of ethical and medicolegal concerns alone, clinicians should consider routine use of a brush device to improve the quality of smears taken and to reduce to a minimum the risk of a false negative smear. The cost-benefit argument put forward by Bishop and Watney (letters, August *Journal*, p.346) is, I feel, false economy.

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#### References

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### Assessment of sodium and potassium intake by 24-hour recall

Sir,

The growing interest in non-pharmacological treatment of essential hypertension in general practice creates the need for feasible and reliable methods to assess the intake of dietary constituents such as salt and potassium. In order to determine whether patients recalling their consumption of food and drink over the previous 24 hours is an appropriate method of assessing their compliance with dietary instructions, sodium and potassium intake were estimated by 24-hour recall and compared with urinary excretion over 24 hours. This was carried out before and after one year of dietary counselling, and after a further six months.

The 24-hour recall was obtained by a dietitian. Patients were asked to recall the types and amounts of food and beverages they had consumed from the time they got up on the previous day until the time they got up the day of the interview. A 24-hour urine collection was analysed for sodium, potassium and creatinine. Patients received both oral and written instructions for urine collection. The collection was considered to be complete if the creatinine concentration was within 20% of the mean concentration for all urine samples that had been obtained from that patient. If the creatinine concentration was outside this range urinary sodium and potassium concentrations were corrected for the creatinine concentration.

Pearson correlation coefficients for linear relationships were computed and their one-tailed significance was evaluated. Means were compared by Students' paired *t*-test with two tailed 90% confidence interval.

Thirty five patients entered the study. Seven patients discontinued the study: five