

JOSEPHINE PEARSON

Section of Medical Statistics  
Clinical Research Centre  
Northwick Park Hospital  
Watford Road  
Harrow  
Middlesex HA1 3UJ

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## Nitrite test for bacteriuria detection

Sir,

We were interested to read the letter by Cooper and colleagues (August *Journal*, p.346) which stated that use of nitrite strip testing in general practice detected urinary tract infection with a sensitivity of 33%. In a study involving elderly hospital inpatients and day hospital outpatients, sensitivities of 83% and 90%, respectively, were obtained.<sup>1</sup> A sensitivity of 95% was reported for hospital patients by Flanagan and colleagues,<sup>2</sup> where the nitrite test was used combined with the leucocyte esterase reagent strip test. Three possible explanations may account for the differences in sensitivities.

The timing of obtaining a urine sample can influence the result, as the chance of there being a positive nitrite test in the presence of a urinary tract infection depends in part on the length of time organisms incubate within the bladder. Assessment of urine which has been in the bladder for at least four hours, or ideally early morning specimens, is likely to increase the sensitivity of the test, but this may not be practicable within a general practice setting.<sup>3</sup> A number of the patients described by Cooper and colleagues may have recently passed urine before providing the sample for testing at the surgery, thus decreasing the test's sensitivity.

Secondly, sensitivities may be affected by the type of organism grown. Most pathogens convert urinary nitrate into nitrite. Any study which by chance includes a high prevalence of non-

converting pathogens would result in a reduced sensitivity for nitrite testing. Unfortunately, the authors did not comment on the timing of the urine samples or the organisms grown.

Thirdly, the colour change of nitrite strips in response to a urinary tract infection may affect results. In our experience the colour changes may be subtle when there is a low concentration of urinary nitrite. A positive reaction may therefore be missed unless particular care is taken when interpreting results.

When interpreting the result of nitrite testing, it is important to be aware of the limitations, since we believe the test is likely to be of more use than would be suggested by the results of the report by Cooper and colleagues.

P J EVANS

Ealing Hospital  
Uxbridge Road  
Southall  
Middlesex UB1 3HW

B R LEAKER

Institute of Urology  
Middlesex Hospital  
Mortimer Street  
London W1N 8AA

W R McNABB  
R R LEWIS

Guys Hospital  
St Thomas Street  
London SE1 9RT

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## Mental health care

Sir,

I was encouraged to see that Chris Dowrick's review article emphasized the pivotal position of general practice in the care of people with mental health problems (September *Journal*, p.382). However, in emphasizing the potential for development of services in the future, we should not lose sight of the fact that general practice already provides most of the professional mental care available to patients.<sup>1</sup> Furthermore, it has the advantages of being both accessible, and free of much of the stigma that can be associated with psychiatric services.

Counselling in general practice remains something of a 'trendy panacea'.<sup>2</sup> Formal counselling, as opposed to the use of

counselling skills, remains to be properly evaluated in the context of primary care. For general practitioners to offer formal counselling is not without considerable problems.<sup>3</sup> We should extend the Balint idea<sup>4</sup> of the doctor acting as a drug to counsellors too, and therefore we need to ask what are the potential side effects and dangers associated with the drug's use?

In the Edinburgh primary care depression study, the differences between psychiatrists, clinical psychologists, social workers and general practitioners were minimal in terms of short term outcome for people with depression, but general practitioners were the cheapest option, and also managed to achieve their results in considerably less time than it took the other professions.<sup>5</sup>

The principal initiative, in both research and service development, should be the maximizing of the potential of ordinary general practitioner care for people with mental health problems. This allows readily accessible care for most people and is available long term. For the many people whose mental health problems are ill defined and inseparable from their physical health and the context of their families, general practitioner care will remain the best option.

JOHN HOLDEN

The Health Centre  
Station Road  
Haydock  
St Helens WA11 0JN

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Sir,

In Chris Dowrick's review article (September *Journal*, p.382) it was disappointing to see that the role of the patient with psychosis or schizophrenia in his or her own care was omitted. Patient held records are of considerable value in long term care.<sup>1</sup> They are acceptable to patients with severe mental illnesses, they increase patient autonomy, and improve communication and effectiveness of shared care. Compliance is good, but patient held records seem more acceptable to patients than to psychiatrists.<sup>1</sup> It is important to work with patients, and the pa-