

LETTERS

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Perceived underprescription of topical therapy

Sir,
Patients with eczema may require treatment with emollients and topical steroids. In our experience many patients with chronic eczema who attend hospital dermatology outpatient clinics complain of underprescription of topical therapy by their general practitioners. This perceived underprescription may be because the doctor has difficulty in assessing or is unfamiliar with the amounts of topical therapy required to treat the affected areas, it may be due to the doctor's concern over the potential side effects of topical steroids, or it may relate to a misunderstanding by the patient of how much treatment should be applied.

In order to assess the extent of any underprescription we surveyed consecutive patients aged over 16 years attending our dermatology department throughout 1992. Adult patients with chronic eczema of greater than one year's duration, which affected an area of greater than the equivalent of the flat of four hands (approximately 4% of total body surface area) were asked to complete a questionnaire.

Eighty three patients (39 men, mean age 44 years; 44 women, mean age 35.5 years) completed the questionnaire. The mean duration of their eczema was 17.8 years. Of the 83 patients, 21 (25%) felt that their general practitioner prescribed insufficient quantities of topical steroids, while 24 (29%) felt that insufficient quantities of at least one form of emollient (moisturizer, bath oil, soap substitute) were prescribed. Thirteen of the 21 patients (62%) who received insufficient quantities of topical steroids also received inadequate amounts of emollients. Only 43 of the 83 patients (52%) claimed to have ever received advice on how much topical therapy they should use. Sixteen of the 21 patients who received insufficient amounts of topical steroids (76%), and 21 of the 24 who received inadequate amounts of at least one form of emollient (88%) felt that their general practitioners

did not realize how much treatment they needed. The majority of those who felt they were not prescribed sufficient topical steroids or emollients were reluctant to attend for a further prescription — 15/21 (71%) and 18/24 (75%), respectively. Most of the patients in these two groups felt that their eczema suffered because of underprescription — 19/21 (90%) and 21/24 (88%), respectively.

The results of this survey suggest that while the majority of patients with chronic widespread eczema are supplied with adequate amounts of topical therapy more than one in four are not. Underprescription can have several disadvantages: patients may be unable to treat their eczema long enough for the treatment to be effective; treatment may be discontinued and the condition deteriorate when supplies run out; and patients may feel that treatments (and particularly topical steroids) are ineffective if their eczema has failed to respond.

We would urge all doctors to become familiar with the amounts of topical therapy that patients require,^{1,2} so that the problems of underprescription can be avoided.

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References

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GPs as participants in scientific research

Sir,
One of the conclusions of Murphy and colleagues in their article on gaining access to primary care settings and subjects was that if inadequate information is

given by the researcher to general practitioners before the study the project may get underway, but participants may well withdraw once the implications of the project become clear.¹

The department of general practice at the University of Limburg in the Netherlands is steadily increasing its research activities, and the success of this research programme depends on the cooperation between the department and general practitioners. In order to obtain more insight into this collaboration a study was carried out in May 1989.

A self-administered questionnaire was posted to 150 general practitioners familiar with scientific research and 200 general practitioners who had never participated in one of our research projects. With a total response rate of 60% we came to the following conclusions. The most important factors for general practitioners in deciding whether or not to participate in research were an interest in the topic concerned and the burden for patients and for the general practitioners themselves. Like Murphy and colleagues we found that the provision of information was an important factor influencing general practitioners' participation in research. The information provided in advance was often considered insufficient. Sixty per cent of the general practitioners considered it very important that they receive the final results of the study in which they had participated, while 37% felt the final results should be presented at a meeting. Approximately half of the general practitioners (46%) thought that reasonable remuneration for the extra work involved would be £15.00-30.00 per hour.

In conclusion, we agreed with Murphy and colleagues that more attention should be paid to communication between the researcher and the general practitioner involved in the study. Cooperation between research institutes and general practitioners demands a professional approach.

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