

## LETTERS

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### Osteopathy in general practice

Sir,

As an osteopath and a general practitioner we are writing to report an outcome study of osteopathic services in one general practice.

Leyton Green Neighbourhood Health Service is a collective general practice in east London. It provides care for a mixed urban population of 4000 patients. Since 1989, osteopathy has been an integral and free part of the services offered.

A study was undertaken to look at changes in patients' outcome measures associated with osteopathic treatment. Medical notes were compared for the year before starting osteopathic treatment with the notes one year after completing treatment. The number of consultations for all problems, and medication prescribed likely to be related to osteopathic problems (analgesics, tranquillizers and hypnotics) were examined. The number of days' treatment at full dosage represented by each prescription was estimated, for example, 80 paracetamol tablets represented 10 days' medication. Since the parameters were not normally distributed the difference between 'before' and 'after' was tested using a two sample rank test (Mann-Whitney-Wilcoxon test).

Sixty one patients had completed their treatment between 1 March 1991 and 1 September 1991. However, 10 patients had to be excluded because their notes had been lost, they had left the practice, died, or were too young to have one year's pre-treatment notes. This left a sample of 51 patients.

Consultations in the year before osteopathic treatment ranged from 0 to 29 with a mean of 7.5 consultations. In the year after treatment, they ranged from 0 to 15 with a mean of 4.8 consultations. The mean number of consultations after treatment was therefore 64% of the pre-treatment level (Mann-Whitney test  $P < 0.01$ ).

Prescriptions for analgesics, hypnotics and tranquillizers in the year before treatment ranged from 0 to 231 days' medication, with a mean of 42.7 days. In the year after treatment, the range was from 0 to

255 days' medication, with a mean of 24.9 days. The mean number of days of medication after treatment was 58% of pre-treatment levels (Mann-Whitney test  $P < 0.001$ ).

This study has shown osteopathic treatment in a self-selected population to be associated with a reduced consultation rate and a reduction in the number of days of medication prescribed.

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### Consultations for minor problems

Sir,

At times I find myself regarding consultations for minor, self-limiting illnesses as an inappropriate use of medical skills which also diminish people's self reliance, so I encourage people to cope on their own with these problems in the future. At other times I am aware of the many positive potentials in this type of consultation<sup>1</sup> and am pleased that people attend with these complaints.

In order to explore these contradictory attitudes, I undertook a study while working at Cromwell Place Surgery, St Ives. A questionnaire was sent to every second general practitioner on the Cambridgeshire Family Health Services Authority list.

A total of 182 possible respondents received the questionnaire and 158 replies were returned, a response rate of 86.8%.

With regard to a consultation for an uncomplicated upper respiratory tract infection, 94.9% of respondents stated that they usually gave advice and encouragement as to how patients could cope on their own with similar complaints in the future. Eighty seven respondents (55.1%) said they thought patients consulting for this complaint lacked self reliance, and 32.3% felt that their management contributed significantly to alleviating the presenting symptoms.

Furthermore, 55.7% of respondents indicated they usually spent time on other ongoing problems the patient may have had, 65.2% usually focused on other unrelated aspects of health promotion, and 50.6% usually regarded this type of consultation as an important opportunity to build rapport with their patients.

Almost 80% of respondents (126) thought they usually used time saved by this potentially short consultation to devote to patients with more demanding complaints; 46.8% usually regarded a consultation for an upper respiratory tract infection as a welcome break in what might otherwise be a continuously stressful surgery.

Thus, almost all of the general practitioners in this survey believed they tried to modify help seeking behaviour in patients with an uncomplicated upper respiratory tract infection, and many found other aspects of this consultation to be valuable. If people did not attend for this sort of condition, how would this affect rapport building, management of other ongoing problems, opportunistic health promotion, screening, and doctor's time and stress management? As doctors seek to change people's help seeking behaviour, both at the individual and public level, they should also evaluate the importance of the losses that their possible success implies.

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### Reference

1. Stott NCH, Davis RH. The exceptional potential in each primary care consultation. *J R Coll Gen Pract* 1979; 29: 201-205.

### Alcohol and the GP contract

Sir,

I was interested to read the study comparing the health and lifestyle of general practitioners and teachers (September *Journal*, p.378). I conducted a similar sur-