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## Temporary residents

Sir,  
Temporary residents constitute a large additional workload for general practitioners, and many practices use assistants or locums during holiday seasons. The role of nurses in primary care has expanded over the past 10 years and yet best use is not always made of their skills.<sup>1</sup> As well as practice nurses, holiday camp nurses employed by some doctors and camps offer valuable advice and medical care to many holidaymakers and may help to alleviate some of the workload of medical practitioners.

The reasons for temporary resident consultations and the type of problems seen by practice or holiday camp nurses and general practitioners were assessed in a pilot study carried out by one practice in August 1992 in a semi-rural, holiday area. Over one week 80% of the 210 consultations with 195 patients were for acute problems which developed while the patient was on holiday. Of these 167 consultations, 78% were with a doctor; most consultations were for minor respiratory tract infections or minor skin or gastrointestinal complaints. The other consultations for acute conditions (22%) were dealt with by nursing staff and were mainly cases of trauma or miscellaneous problems for which patients themselves requested nurse attention. Twenty eight consultations (13%) were for chronic, ongoing illnesses, mostly related to cardiovascular, respiratory or genitourinary problems and 7% were for repeat prescriptions of drugs lost, left at home or depleted.

The consultations with nurses in this study were deemed appropriate to the skills available. Many nurses would like to extend their role and, with appropriate support and training, it should be possible for practice nurses to manage more conditions independently.<sup>2</sup> The report of the community nurse review recommended introducing nurse practitioners into primary care.<sup>3</sup> Training in history taking, diagnosis and treatment of specific conditions

according to set protocols has been advocated<sup>3</sup> and such key tasks would provide a challenging and expanded new role for many nurses and enable them to manage far more consultations independently. Adequate training is mandatory but some general practitioners are reluctant to encourage their nurses in this direction.<sup>4</sup>

Nurse stations in holiday camps or on surgery premises for use by temporary residents may help to encourage patients to seek advice initially with a nurse practitioner who would either manage the patient or refer on to a doctor where appropriate. Use of protocols for the management of specific conditions such as gastroenteritis and upper respiratory tract infections as well as for the treatment of various problems such as sunburn, hay fever and insect bites would enable nurses to utilize their individual skills and should serve to limit the number of temporary resident consultations with medical practitioners.

Practice and holiday camp nurses provide a valuable service to holidaymakers and their roles should be encouraged and extended. Resources for further training, commensurate salary increases and extended medical insurance cover, as well as the support and cooperation of general practitioners who would themselves benefit must be provided before such changes can be considered.

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## References

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## Hypnotherapy

Sir,  
It has been suggested that credible clinical trials of complementary medicine would carry weight in justifying meeting the costs of treatment from practice funds.

There is a considerable amount of literature on trials of hypnotherapy, particularly in stress related disorders. Perhaps the best documented area is in the treatment of gastrointestinal disease; in a series of papers on controlled trials of hypnotherapy in the treatment of irritable bowel syndrome both the efficacy and mechanism have been clearly demonstrated in severe, intractable cases.<sup>1-4</sup> At the end of treatment the symptoms of all 15 hypnotherapy patients were mild or absent in comparison with the control group who showed only a small although statistically significant ( $P < 0.05$ ) improvement. Three years later these same authors reported on an 18 month follow up of the 15 patients, all of whom remained in remission, although two had required an additional session of hypnotherapy for a single relapse.<sup>2</sup>

In a trial of hypnotherapy in rapidly relapsing duodenal ulcer 30 patients were randomly allocated to treatment groups of ranitidine with and without hypnotherapy.<sup>5</sup> Twelve months after cessation of drug therapy only 53% of the hypnotherapy group had relapsed in comparison with 100% of the group not receiving hypno-therapy.

In a study of 30 patients with ulcerative colitis of more than five years' duration homogeneous groups were allocated to drug only and drug plus hypnotherapy treatment groups.<sup>6</sup> All of the patients in the hypnotherapy group were relapse-free over a period of 50 months while none of the control group showed any improvement. Inflammatory activity, number of stools and drug therapy were all reduced in the hypnotherapy group but not in the control group in which five surgical interventions were necessary.

Similar results have been demonstrated among patients with asthma, atopic eczema and psoriasis and in pain relief,<sup>7-10</sup> quite apart from hypnotherapy's applica-