Table 1. Parents' reported use of paracetamol in specific conditions in their children.

	% of respondents indicating paracetamol		
Symptom	Would be given	Would be given only on a GP's advice	Would never be given
Earache (*n* = 66)	80	15	5
Headache (*n* = 66)	82	12	6
Sore throat (*n* = 59)	71	19	10
Fever (*n* = 66)	91	8	2
Vomiting (*n* = 53)	11	30	58
Diarrhoea (*n* = 54)	7	30	63
Screaming/crying (*n* = 53)	26	19	55
Stomach ache (*n* = 55)	45	25	29
Cough/cold (*n* = 59)	78	12	10

n = number of respondents to question on specific condition.

on a doctor's advice. Most parents did not see a role for paracetamol in the treatment of diarrhoea or vomiting and there is no evidence that this view should be changed unless the symptoms are associated with fever when the child probably ought to be assessed before further treatment. Holme found that the majority of parents did not seek a consultation when their infant had diarrhoea or vomiting. Screaming, especially in infants, can be a worrying symptom particularly if it is persistent and the infant is inconsolable. Most parents said they would not give paracetamol for this condition.

Van de Kar and colleagues showed that when patients felt able to treat a complaint at home without the help of a general practitioner, they were less likely to consult.[3] Specific parental management of childhood illness was beyond the remit of the present survey. Holme did not look at the method of treatment of non-specific symptoms by parents but the results of the present survey showed that the majority of parents would use paracetamol appropriately in common childhood complaints. This may result in fewer medical consultations, including home visits, by the general practitioner.

Health care workers including health visitors, practice nurses and general practitioners, must continue to give advice and information to parents about how to manage childhood illness including the use of paracetamol. Emphasis on correct dosage and secure storage will reduce potential hazards. Use of the drug in the absence of specific symptoms of illness should be discouraged.

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References

1. Joint working group of the research unit of the Royal College of Physicians and British Paediatric Association. Guidelines for the management of convulsions with fever. *BMJ* 1991; **303:** 634.
2. van Buchan FL, Peters MF, van Hof MA. Acute otitis media: a new treatment strategy. *BMJ* 1985; **290:** 1033-1037.
3. van de Kar A, Knotterus A, Meertens R, *et al.* Why do patients consult the general practitioner? Determinants of their decision. *Br J Gen Pract* 1992; **42:** 313-316.

Outcome measure for parkinsons disease

Sir,

In her excellent editorial, Leone Ridsdale highlights the lack of systematic evidence for many current interventions for patients with parkinsons disease (May *Journal*, p.226). She also draws attention to the lack of appropriate outcome measures. From content analysis of indepth interviews with patients with parkinsons disease, we have developed a simple, self-completion questionnaire. It contains 39 questions assessing eight dimensions of function and well-being: mobility, activities of daily living, emotional well-being, stigma, social support, cognitions, communications, and bodily discomfort.

The instrument has been shown to have good internal and test–retest reliability and validity.[1,2] In a series of 131 patients with parkinsons disease presenting at a hospital neurological outpatient clinic, the agreement between scale scores for the 39-item parkinsons disease questionnaire and a standard assessment of disease severity performed by the neurologist (the Columbia scale[3]) was significant for seven of the eight scales (correlation coefficients varying from 0.54 for mobility to 0.19 for bodily discomfort, $P<0.05$).[2]

A further survey has been conducted using the 39-item parkinsons disease questionnaire to examine health-related quality of life in a defined general practice sample. Patients with parkinsons disease were identified by general practitioners and by Northampton District Health Authority hospital records. All patients were examined by a geriatrician to confirm the clinical diagnosis and to assess symptoms. A total of 185 out of 255 patients (72.5% response rate) completed the questionnaire. The most common experiences reported by this group (reported as often or always being a problem) were problems with handwriting (66.5%), difficulties undertaking leisure activities (63.2%), difficulties looking after the home (63.2%) and problems walking half a mile (61.1%). The issue of stigma in parkinsons disease has recently been highlighted[4] and this was also a central finding of our survey in which 23.8% of patients with parkinsons disease reported that they often or always felt the need to conceal their condition in public.

Instruments such as the 39-item parkinsons disease questionnaire should be used as outcome measures to evaluate the impact of current management strategies upon the diverse aspects of parkinsons disease.

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References

1. Peto V, Jenkinson C, Fitzpatrick R, Greenhall R. The development and validation of a short measure of functioning and well-being for individuals with Parkinsons disease. *Qual Life Res* 1995; **4:** 241-248.
2. Jenkinson C, Peto V, Fitzpatrick R, *et al.* Self reported functioning and well-being in patients with Parkinsons disease: comparison of the short form health survey (SF-36) and the Parkinsons disease questionnaire. *Age Ageing*, 1995; in press.
3. Hely M, Wilson A, Williamson P, *et al.* Reliability of the Columbia scale for assessing signs of Parkinsons disease. *Mov Disord* 1993; **8:** 466-474.
4. Nijhof G. Parkinsons disease as a problem of shame in public appearance. *Sociol Health Illness* 1995; **17:** 193-205.

Clinician involvement in commissioning

Sir,

Sir Roy Griffiths' introduction of general management into the National Health Service 10 years ago appeared to relegate consensus decision making to the methodological dustbin, the lid being firmly closed by the introduction of the internal market. Not so, according to the minister of state for health. He urged delegates attending a conference on 28 November