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Headache: an ophthalmological problem?

Sir,
Headache is a common symptom in the general population^{1,2} and accounts for between 1% and 3% of all attendances at primary care facilities.³ Patients complaining of headaches are often regarded by doctors in accident and emergency departments as inconvenient and inappropriate referrals, in view of the amount of time spent assessing them and the large percentage of cases where no definite or treatable diagnosis is made. There are no previous studies considering patients who present with headache to a hospital ophthalmic casualty department which, in view of the association between headaches and eye disease, may be a more appropriate referral destination than general accident and emergency departments.

All new patients who presented at Liverpool's St Paul's Eye Hospital casualty department over an eight-week period were studied prospectively. Full ophthalmic examination was undertaken. The general practitioners of patients who did not have a diagnosis made at initial presentation were contacted six months after the patients' casualty visit in order to gain further information.

A total of 63 patients with headache as the main presenting symptom were identified out of 986 new patients (6%). Thirty one patients were self-referrals (49%), 29 had been referred by general practitioners (46%) and three by opticians (5%). Symptoms had been present for less than one week in 38% of patients. Twenty patients had associated ocular symptoms, for example diplopia and decreased vision (32%).

A definite diagnosis was made at the initial visit for 30 patients (48%); Table 1. In a further 14 patients (22%) a diagnosis had been made by the end of the study, six months following presentation: 11 patients had tension headaches and three had migraines. An ocular cause for the headache was found in 12 patients (19%); all these patients presented with ocular symptoms accompanying their headaches. The incidence of serious pathology (any condition that if left undetected or untreated may be life- or sight-threatening) was found to be 19% (12 patients; Table 1).

The proportion of patients presenting at the eye hospital casualty department complaining of headaches (6%) was much higher than the 1% to 3% which has been found previously.³ The incidence of serious pathology found in the present study (19%) was also much higher than the 0.3% to 5% reported previously.⁴ In the present study, ocular disease was not a cause of headache in any patient who did not have ocular symptoms at presentation. We suggest that any patient who presents in general practice with headache and ocular symptoms should be referred to an ophthalmologist as the underlying cause will, in a large percentage of cases (60%), be ophthalmologically related. All patients with serious conditions had ophthalmic symptoms and therefore a referral to a hospital eye casualty department was more appropriate than patients waiting for a hospital ophthalmology outpatient appointment. Patients with headache alone are inappropriate referrals to an ophthalmic casualty department as their underlying pathology, if any, is likely to be non-ophthalmological and a referral to another specialty, for example neurology, may be more beneficial.

N P O'DONNELL

Ward 8z Link
Ophthalmology Department
Royal Liverpool University Hospital
Prescot Street
Liverpool L7 8XT

Table 1. Main diagnosis made at initial hospital visit for 30 patients, and conditions considered to be serious.

Diagnosis	No. of patients
Migraine	6
Convergence insufficiency	5
Cranial nerve palsies ^a	5
Systemic hypertension ^b	3
Sinusitis	3
Retrolubar neuritis ^a	2
Decompensated exophoria	1
Episcleritis	1
Iritis ^a	1
Propine related	1
Raised intraocular pressure ^a	1
Temporal arteritis ^a	1

^aCondition considered to be serious. ^bTwo of these cases considered to be serious.

References

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2. Hasotia P. Evaluation and treatment of headache. Practical approach to a common symptom. *Postgrad Med* 1986; **79**: 75-84.
3. Fodden DI, Peatfield RC, Milson PC. Beware of the patient with headache in the accident and emergency department. *Arch Emerg Med* 1989; **6**: 7-12.
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Hormone replacement therapy

Sir,
Hormone replacement therapy is under-used in the United Kingdom despite its known benefits,¹ and despite the development of hormone replacement therapy clinics in general practice.^{2,3} A study was undertaken to investigate women's use of hormone replacement therapy in a general practice setting in which women could attend their own general practitioner or a practice-based clinic.

The study took place in 1993 in a four-partner practice serving 6849 patients. All 171 women in the practice who were currently using hormone replacement therapy, or who had used it during the 12 months before the study, were sent a questionnaire and an explanatory letter. Their ages ranged from 34 years to 82 years. In total, 137 women (80.1%) returned completed questionnaires: 59.9% of these women had attended the hormone replacement therapy clinic, the other 40.1% had obtained therapy from their own general practitioners.

The women's most frequently cited initial source of information about therapy (some women gave more than one response) had been the media (56.2%), followed by the general practitioner (49.6%) and family and/or friends (38.0%). This confirms previous findings that the media is the most common source of information about hormone replacement therapy.^{4,5} The treatment of vasomotor and/or psychological symptoms was stated as the main reason for starting hormone replacement therapy by 75.2% of women. The use of hormone replacement therapy mainly to treat menopausal symptoms has been found elsewhere.^{4,7}