● digest ● digest ● digest ● digest ● digest ●

Breast screening uptake

THIS article is based on the experience of a group of family practitioners in the United States of America. Recognizing that preventive medical care is an important part of family medicine, this group looked at various ways to increase the uptake of breast screening by mammography in their women patients aged between 50 and 59 years. It is recommended by the USA preventative services task force that mammography is carried out every two years for women in this age group.

Of the 918 women identified in their practice population in this age group, 56% had recently had a mammogram compared with 40% in the general population. This was a result of various local factors which had encouraged a higher uptake. However, it was felt that this uptake rate could be improved and four methods of attempting this were assessed for effectiveness in terms of uptake and cost. The four groups were: physician telephone call group; medical assistant telephone call group; physician letter group; and control group. Of the two methods involving physicians, the patient's own physician either made the telephone call or signed the patient's letter. All doctors in the group were men. The medical assistant was a woman, non-medical in her background, college educated and had worked in the practice for 10 years.

The control group and those sent a physician's letter produced approximately the same response: four of the 38 women in the control group and seven of the 38 women in the physician's letter group accepted the invitation for mammography. The uptake rate of women who received a telephone call from either a medical assistant (16 of 37 women) or a physician (11 of 38 women) was significantly better than of those in the control group. Interestingly, none of the 10 widows who were approached accepted the invitation for mammography, no matter by which method they were contacted. The subset that produced the greatest response was the separated/divorced group of women.

In terms of cost-effectiveness, it was found that the medical assistant produced the best overall response. Bearing in mind the cost implications relating to medical care in the USA, this proved not to be a factor relevant in the overall response.

In conclusion it was felt that the interactive element of the telephone contact was an important positive factor in producing the improved uptake rate.

JANETTE M CLINKENBEARD
General practitioner, Edinburgh

Source: Mohler PJ. Enhancing compliance with screening mammography recommendations: a clinical trial in a primary care office. *Fam Med* 1995; **27:** 117-121.

● digest ● digest ● digest ● digest ● digest ●

Vaccine storage

THIS valuable and interesting paper has great relevance to some of the working practices of general practitioners in the United Kingdom. The authors examined the effectiveness of the cold chain in vaccine storage in 26 physicians' offices in the United States of America. They looked at the effectiveness of refrigeration and used a maximum–minimum thermometer to check the temperature variation throughout the day. Of the 27 sites inspected only two had refrigerator temperatures that fell within the acceptable range of 2–8°C. In all, 93% fell either into temperature ranges higher or lower than the acceptable range.

If the UK experience is similar to these findings they have considerable practical significance. Thanks largely to the hard work of general practitioners and practice nurses, high levels of target immunization are now being achieved; most practitioners achieve levels above 90%. However, raising this level will become incrementally more difficult. If a large proportion of the vaccine administrators are perhaps working below optimal efficacy as a result of a defective cold chain storage programme, this needs to be addressed urgently.

The authors conclude with a nine-point protocol for the storage of vaccines; this could well be implemented with benefit in the UK:

- Designate a cold chain monitor and a deputy.
- Place a maximum–minimum thermometer in centre of refrigerators and freezers.
- Record refrigerator and freezer temperatures daily on a graph (correct temperatures are 2–8°C in refrigerator and <0°C in freezer).
- Check freezer weekly for excessive ice buildup; store vaccines properly when defrosting freezer.
- Monitor vaccine expiration dates monthly; discard expired/damaged vaccines.
- Check all vaccines on arrival for evidence of heat damage or freezing; ask supplier to include a temperature indicator in shipment packing.
- Do not use refrigerator to store items other than vaccines/medications.
- Provide refrigerator with a permanent electrical connection.
- Close refrigerator door promptly.

PAUL R GROB
Professor, Department of General Practice, Surrey Technology Centre, Guildford

Source: Woodyard E, Woodyard L, Alto WA. Vaccine storage in the physician's office: a community study. *J Am Board Fam Pract* 1995; **8:** 91-94.

● digest ● digest ● digest ● digest ● digest ●

Family practice bashing

THIS study from the United States of America is very relevant in the light of current general practice recruitment problems in the United Kingdom. Research from Glasgow has shown that general practice was the most popular career option among medical students immediately after a general practice attachment but subsequent follow up showed less interest; this is confirmed by the recent decrease in the number of applications to vocational training schemes (Morrison J M. *Development and evaluation of four-week attachments in general practice at the University of Glasgow [PhD thesis],* 1994).

A family practice study was carried out at the University of California in San Francisco to examine feedback given to medical students who had expressed an interest in family practice. Students who had attended the university's family practice interest group (a group that provides information about family practice career opportunities) were sent a questionnaire. Of 160 students in student years one to four who were sent a questionnaire, 144 (90%) responded.

Most students in each of the four years had received positive feedback about their expressed interest in family practice; about one third of students in their first year had received negative feedback. However, the proportion receiving negative feedback increased steadily each year and almost all had received negative feedback by their fourth year.

Positive feedback was received most commonly from family physicians. Overall faculty reaction to students' interest in family practice was perceived as much more negative by third- and fourth-year students than by first- and second-year students.

For many students it was found that the negative feedback regarding family practice seemed to outweigh the positive. The researchers found that of the large group of students interested in family practice in the first two years of their medical education, the majority chose other specialties. The researchers suggest that structural changes are needed in medical schools in order to increase the proportion of students choosing family practice as a career.

T Stuart Murray
Adviser in general practice,
Department of Postgraduate Medical Education,
University of Glasgow

Source: Hearst N, Shore WB, Hudes ES, French L. Family practice bashing as perceived by students at a university medical center. *Fam Med* 1995; **27:** 366-370.

● digest ● digest ● digest ● digest ● digest ●

Diabetes

This study from a community health centre in Illinois, United States of America, tests the premise that success in medical management of diabetes could be increased if doctors and other health care providers had a better understanding of their patients' beliefs about and attitudes towards their condition.

This research paper reports the study of two groups of diabetic patients deemed to be either compliant or non-compliant with the medical management of their condition. Unfortunately, the two groups were not comparable in age or sex distribution or duration of condition.

Following interviews with the patients, seven areas were identified as being important for health professionals to consider: the meaning of diabetes for and its impact upon patients; patient understanding of the condition; patient compliance with care and treatment; the positive effects of diabetes upon a patient's lifestyle; patients' feelings of frustration; the serious nature of diabetes; and the eventual outcome of the condition. Differences between the two groups studied in respect of these areas were discussed.

The findings suggested that diabetes was an intrusive condition causing strong feelings of frustration among patients, but that it had positive effects on patients' lifestyles with regard to diet and exercise. However, most patients thought that they were doing well and were unprepared to change their behaviour. It was felt that exploration of these feelings by health professionals might help educate patients about their condition and increase compliance. Different strategies were needed for enhancing management of diabetes, possibly through greater self management.

This is an interesting paper that analyses beliefs that most general practitioners have probably identified in their diabetic patients. No real answers were provided in the paper about how to increase patient compliance with medical management. Perhaps a strategy that I have developed with my diabetic patients could be used, namely that of having workshops. These are small group sessions run by a nurse specialist in which matched groups of non-insulin and insulin dependent diabetic patients participate. Added input is provided by a health visitor, dietitian and chiropodist.

R J Tucker
General practitioner and clinical assistant in diabetes,
North Staffordshire Hospital Trust, Stoke-on-Trent

Source: McCord EC, Brandenburg C. Beliefs and attitudes of persons with diabetes. *Fam Med* 1995; **27:** 267-271.

● digest ● digest ● digest ● digest ● digest ●

Helping doctors in distress: report from Canada

This paper describes a 'physician assessment and referral service' set up in 1987 in a large hospital in Montreal, Canada to provide confidential help for about 100 family doctors employed on its staff. This voluntary service was one of the first of its kind in the world to recognize and try to overcome the constraints on doctors in seeking help for their own problems of psychological ill health. The service's goal was to help family doctors early in the development of their problems before their careers were in jeopardy and before they harmed themselves or their patients.

The authors rated service uptake as relatively low – in five years of the study 20 doctors had been seen by a psychologist and 12 other doctors had been given telephone advice. The authors do not state the denominator but if most of the family doctors remained at the hospital for the five years during which the service was evaluated, then a sizeable proportion (approximately one third) contacted the scheme at some time. All contacts with the service were self-referrals, most of whom were young men; no contacts were made by doctors' spouses. As with other, similar schemes outcomes of referrals and follow up were difficult to assess because of the organizers' concerns about confidentiality.

This review of the service hails it as a success but focuses on the need to develop schemes offering help and support for stressed doctors that link in with the continuing medical education network. It highlights the challenge of making such a service doctor-friendly and the importance of reducing the stigma associated with doctors seeking assistance for their psychological problems. These lessons can be generalized to family doctors in the United Kingdom and should inform those presently engaged in experimenting with providing specialized services to help 'sick' doctors.

Ruth Chambers
General practitioner, Stone and
Royal College of General Practitioners/
Department of Health joint general
practitioner stress fellow

Source: Fish J, Steinert Y. Helping physicians in distress. *Can Fam Physician* 1995; **11:** 249-255.

● digest ● digest ● digest ● digest ● digest ●