

and to offer a comprehensive approach to management.

Low back pain is a common condition in general practice, and therefore general practitioners need help to be more sensitive and positive in their management. This help could come from patients themselves, from educational materials, and from paramedical and complementary therapists. This study has demonstrated patient expectations that it may not be possible to meet in general practice alone. This analysis is offered as a stimulus to further investigations involving larger samples of consulting and non-consulting low back pain sufferers, which would permit generalization to a wider population of sufferers.

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Acknowledgements

We thank colleagues in the Department of General Practice at the University of Nottingham for their contributions to our work and also the patients and general practitioners who participated in the study. The research reported here was supported by an educational grant from the Arthritis and Rheumatism Council.

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Evidence-based medicine

You can take a horse to the water but you cannot make him drink.' That ancient English proverb sums up the problem of evidence-based medicine and the implementation of clinical guidelines. This paper from Denmark illustrates just how difficult it is to change clinical practice in the face of almost incontrovertible evidence that can reduce dramatically the incidence of stroke in patients with atrial fibrillation.

The paper quotes five large randomized placebo-controlled studies, all of which revealed a convincing primary preventive effect of anticoagulant therapy with warfarin on the incidence of strokes in patients with non-valvular atrial fibrillation. The number of strokes was reduced by more than two-thirds, even by low-intensity anticoagulant treatment, with an international normalized ratio (INR) in the interval 1.4-2.8, by which serious haemorrhagic episodes could be kept at 1.3% per year compared with 0.9% in the placebo groups. These papers showed that aspirin is less effective than warfarin in reducing the risk of stroke in patients with non-valvular atrial fibrillation.

The purpose of the study was to investigate whether these well-documented scientific findings were sufficient to make doctors accept the proposed criteria for good clinical practice. These Danish investigators distributed an anonymous questionnaire with six standardized case stories to 315 general practitioners and 89 specialists across Denmark. The answers to the questionnaire showed that the Danish doctors recommended anticoagulant therapy only to a low extent (14-57% for general practitioners and 42-89% for the specialists). The best agreement in both groups appeared to be in the classic patient with mitral stenosis.

The reasons for not choosing anticoagulant therapy are given as being lack of knowledge concerning the increased risk of stroke associated with non-valvular atrial fibrillation, worries about the disadvantages, haemorrhagic complications of anticoagulant treatment and lack of knowledge of its benefits. Interestingly, the authors do not comment on the possibility that general practitioners are reluctant to introduce anticoagulant therapy because of the workload imposed by checking the INR at regular intervals for the rest of the patient's life.

This paper confirms experience in the UK where the implementation of clinical guidelines poses immense problems to those who wish to raise the standards of clinical practice in the light of evidence-based medicine.

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Source: Steffensen FH, Olesen F, Sørensen HT. Implementation of evidence on stroke prevention. *Fam Pract* 1995; **12**: 269-273.

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