

The British Journal of General Practice

The Journal of The Royal College of General Practitioners

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In the *Journal* this month:

Editorials

● Sackin *et al* discuss the importance of a mentor for GPs undertaking training courses. Norman Beale looks at the health issues of holidaying abroad and comments on the study by McIntosh *et al*, also published in this issue. Jillian Morrison examines the role of the GP in the management of involuntary childlessness and comments on the findings of Ittner *et al* also published this month.

Pre-travel health advice

● Ascertaining the attack rates of illness in people travelling abroad is of limited value if the underlying prevalence of illness is not known. In their study, McIntosh *et al* endeavour to confirm and quantify the true attack rate of travellers' diarrhoea in a general practice population. They look at the value of pre-travel health advice and find that it reduces the need for medical assistance while abroad and post-travel care on return.

Women's views of the place of confinement

● Simon Fordham's study examines women's beliefs concerning the advantages and disadvantages of giving birth in hospital or at home, the choices of place of birth open to them, and the information required to enable an informed choice. He found a wide range of opinion on the idea of giving birth at home, with most women believing that a hospital was safer for both mothers and babies. Only a minority of women were in favour of giving birth at home.

Research general practices

● By the Autumn of 1995, 14 research general practices in the UK had obtained funding. Lindsay F P Smith sought to discover the characteristics of these practices, the effect the process had on them, and the advice they would offer future applicants and funding bodies. The results of the survey revealed that these practices are atypical. Smith concludes that research general practices are the ideal place to integrate teaching, clinical provision, and general practice research.

The effect of financial inducements on response rates

● Low response rates have been acknowledged as potential sources of bias upon survey results, making generalization difficult. Deehan *et al*'s study aimed to increase the response rate to a national study of GPs, and to explore the effects of varied inducements. They found that response increased with cash inducements and that low rates were probably due to an increase in GP workload. Knowledge of GPs' attitudes, beliefs and behaviour is essential for the effectiveness of future public health policies. To achieve reasonable response rates from questions designed to gain this knowledge, consideration must be given to the option of financial inducements.

Evidence-based medicine and health economics

● In this study, Kernick reviews the effectiveness of an evidence-based approach combined with health economics in deciding whether a TCA or SSRI should be used to treat depression in general practice. He found that, although both drugs were equally efficacious, their relative effectiveness and monetary value could not be accurately defined, and suggests that research questions arising from general practice should support a more pragmatic system of medicine rather than seek to direct it.

Over-the-counter availability of H₂-antagonists

● Recently there has been a trend towards increasing the availability of drugs over the counter (OTC). Simultaneously, pharmacists have been encouraged to develop and extend their role. Erwin *et al*'s postal questionnaire survey showed that there has been an increase in support for OTC availability of certain drugs by GPs, although the reclassification of H₂-antagonists has not altered prescribing behaviour.

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Health and safety at work

● To evaluate GPs' knowledge of and compliance with health and safety legislation, Sen and Osborne established a cross-sectional study of practices in the UK using a telephone questionnaire. The questionnaire determined a demographic profile and then checked for the presence of such items as a practice safety policy and first aid box. The authors found the results disappointing, although the GPs appeared keen to receive information and training in this area.

Management of involuntary childlessness — patients' and doctors' views

● In Germany, the management of infertility is not a routine task for GPs. To determine whether GPs are interested in infertility counselling and whether infertile patients seek help from their family doctors, Ittner *et al* discovered that most GPs were uncertain whether involuntary childlessness is within the scope of family medicine and therefore did not routinely ask childless patients of their desire to have children. However, half the male patients would have preferred their doctor to initiate the discussion of infertility. Female patients were more likely to consult their gynaecologist.

Referral letters versus form letters

● Referral letters are an essential mode of communication between GPs and their hospital colleagues. But can a more structured, standardized letter (form letter) improve this vital link? Jenkins *et al* addressed this question by carrying out a retrospective audit of 100 consecutive letters of referral for paediatric heart murmurs to a hospital in New Zealand. The form letters were found to provide more information than the traditional referral letter, with no increase in length.

Adolescents' attitudes to general practice

● Adolescents have been shown to have more serious and more diverse health concerns than expected. It is also known that adolescents like to discuss health issues with an adult, such as a GP, but adults usually underestimate their concerns. Kari *et al* distributed questionnaires to 12- to 18-year-olds asking about their perceptions of health care delivery, and sex and health education. The results suggest that adolescents don't know how to make maximum use of the system, and that a review of present arrangements seems necessary.

Management of involuntary childlessness

● Any definition of involuntary childlessness has to consider the difference between sterility and subfertility. As the latter affects almost a third of all couples at some time in their lives, the GP may be the first to be confronted with this problem. In this review paper, Himmel *et al* note that it is the common belief that the GP's role is merely to refer childless couples to fertility clinics as soon as possible. However, the authors argue that the management of childlessness is not so simple. They offer information about the prevalence of the problem, the diagnostic and therapeutic options, and the risks and benefits associated with them.

Promoting healthy exercise among older people

● Physical activity is good for health, and GPs may be well placed to promote healthy exercise to their patients, especially middle-aged and older people. This discussion paper by Tai *et al* looks at the issues involved in promoting physical activity among older people, and in recruiting older patients to exercise trials.

Letters to the editor

● Letters this month include correspondence concerning the prevention of neural tube defects, the use of nappy pads to collect urine samples, occupational medicine, and mental health social work.

Book reviews

● Books reviewed this month comprise a GP's guide to genitourinary medicine, how to get into medical school, a summary of statistical methods used in medical research and the *Oxford Textbook of Medicine* on CD.

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