# 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**

● Shanks *et al* discuss the possibility of primary care providing specialist procedures such as vasectomy and endoscopy. Maclean *et al* look at telemedicine: what it is and what its role is likely to be in the future. Booy examines the best ways that doctors can reduce the mortality from meningococcal disease and keep the meningococcus out of the media headlines.

**GPs as providers of minor surgery**

● John Stuart Brown *et al* demonstrate how GPs with a particular interest in minor surgery can offer an expanded service both to their own patients and to the patients of neighbouring colleagues. Their study showed that no complications were recorded and that the satisfaction of patients and referring doctors was high. Overall, the scheme was judged to have been a success.

**GP attendance rates by suicide cases**

● It is often assumed that a reduction in suicide deaths can be effected by increasing the detection in primary care of patients at risk. In their paper, Power *et al* compare the characteristics of those who commit suicide with an age- and sex-matched control group in terms of GP attendance. They found that for those people committing suicide who do not have a psychiatric history, and whose consultation patterns do not differ from the norm, it is difficult to suggest how GPs might improve the detection of relevant suicide risk factors.

**Influenza and influenza-like illness in general practice**

● The aim of Carrat *et al*'s study was to evaluate the feasibility of a rapid influenza diagnosis in ambulatory conditions, and to investigate the therapeutic outcomes of patients suffering from influenza-like illness in relation to the virological diagnosis. From their results, they conclude that the only way to estimate the true impact of influenza is to carry out a systematic virological sampling based on a sensitive clinical definition and using sensitive laboratory methods.

**OTC drugs and prescribing in general practice**

● Both the government and the pharmaceutical industry are interested in increasing the use of over-the-counter (OTC) medicines. In their paper, Baines and Whynes investigate whether certain factors influence the behaviour of GPs with respect to prescribing preparations otherwise available OTC. Their results show that the prescription of OTC medicines is less likely when the practice is fundholding, and more likely when the practice has dispensing status. The prescription of such medicines also increases with the proportion of patients exempt from prescription charges or whose charges are prepaid.

**Mental health care training priorities in general practice**

● In this study, Kerwick *et al*'s main concern is that GPs are responsible for managing the spectrum of psychological and psychiatric problems without the necessary skills. Through a questionnaire survey, they found that GPs reinforced this concern by recognizing the priority for further training in this area. Both the authors and the GPs agree that a needs-led approach to continuing medical education of this kind will help to plan programmes relevant to GPs' needs.


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**Clinical advice sought by GPs from a medical consultant in clinical biochemistry**

● Clinical biochemistry departments can be a valuable source of clinical advice for further investigations and the need for referral to specialist clinics. Bhatnager carried out a study to determine the pattern and the nature of clinical contact between GPs and a consultant in clinical biochemistry. The results suggest that GPs found it useful to seek telephone advice, especially to confirm or clarify the interpretation of laboratory results for their patient's particular circumstance, to enquire about the possibility of further tests or the need for referral.

**Knowledge about folic acid and the prevention of neural tube defect**

● Although the knowledge that folic acid supplementation in pregnancy can prevent neural tube defects is not new, the debate on how best to implement this knowledge is still unresolved. In this paper, Krischer observes that the results of her questionnaire survey contribute to the growing body of opinion that the fortification of flour is the only policy likely to have sufficient impact to rectify this, and to ensure the greatest coverage of the population.

**Long-term treatment of depression and the extent of recovery in general practice**

● The optimum outcome in treating depression is to achieve and maintain remission. In this study, Hawley *et al* aimed to assess the symptoms of depression in patients on long-term treatment and to determine the proportion of patients receiving adequate doses of antidepressants. The emphasis is on improving the diagnosis, but the results suggest that there is little point in making a diagnosis if a desirable outcome cannot be effected.

**Benign prostatic hyperplasia**

● In his review article, Simpson observes that the benign prostatic hyperplasia is known to adversely affect the quality of life of around one man in three over the age of 50. Simpson looks at the epidemiology, symptoms and signs, and complications that can occur as a result of this disease before commencing with a discussion about the current pathways to diagnosis and tests, and the various treatments available.

**Giving feedback to questionnaire responders**

● Michael Whitfield discusses the view that giving feedback to responders of questionnaires, indicating how responders' views are similar to or different from the views expressed by their peers, could be considered good practice. He argues that producing this type of feedback is likely to increase respondent's involvement in a project and may even improve the quality of response.

**Shaping our ends — the ethics of respect in a well-led NHS**

● In his James Mackenzie lecture, Roger Higgs discusses the partnership between ethics and clinical medicine and the dilemmas that are faced by doctors.

**Letters to the editor**

● Letters this month include correspondence concerning the debate surrounding resuscitation being carried out by GPs, whether GPs agree with the "old" sensible drinking limits, and GP training in dermatology.

**Book reviews**

● Books reviewed this month comprise a guide to postgraduate medical education, an introduction to project management in health, and the mystery of general practice.

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Original articles should normally be no longer than 2500 words, arranged in the usual order of summary, introduction, method, results, discussion and references. Letters to the editor should be brief — 400 words maximum — and should be typed in double spacing.

Illustrations should be used only when data cannot be expressed clearly in any other way. Graphs and other line drawings need not be submitted as finished artwork — rough drawings are sufficient, pro-vided they are clear and adequately annotated.

Metric units, SI units and the 24-hour clock are preferred. Numerals up to nine should be spelt, 10 and over as figures. One decimal place should be given for percentages where baselines are 100 or greater. Use the approved names of drugs, though proprietary names may follow in brackets. Avoid abbreviations.

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