

The British Journal of General Practice

The Journal of The Royal College of General Practitioners

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In the *Journal* this month:

Editorial

Peter Orton discusses the rapidly developing problem of bacterial resistance to antibiotics and looks at the dilemma this presents for primary care.

Aspirin use in middle-aged men with CVD

Since the 1980s, clinical trial evidence has supported aspirin use in the secondary prevention of cardiovascular disease. In this study, McCallum *et al* examined reported aspirin use in British middle-aged men who had a history of CVD documented by their GP during the previous 12–14 years. The influence of potential contraindications to aspirin use was also examined. Their results show that, despite strong evidence of its effectiveness, many patients were not receiving aspirin.

Assessing practice management of asthma

Since the introduction of the 1990 contract, GPs have had to record information about chronic disease management (CDM) and send it to the health authorities. Aveyard analysed these records and obtained data for all emergency asthma admissions to discover the relationship between practice emergency admission rates and the characteristics of the patients and CDM programme. The results suggest that these annual reports from the practice to the health authority are unhelpful in monitoring practice performance, although it is important to use these routinely collected data despite the drawbacks.

Older people's perceptions about symptoms

Ill health in old age and its resource implications have become matters of much public policy debate. Older people often rate their health as being good despite the fact that they may carry a substantial 'disease burden'. Morgan *et al* investigate the perceptions older people have of the significance of symptoms and what action they would take. They conclude that doctors working with elderly people need to consider how beliefs about health and disease might affect what is reported to them, and suggest that there is a case for increased health education at retirement age.

Health effects of betel quid and cigarettes among Bangladeshis

Betel quid chewing, often combined with tobacco chewing, is a common habit in the Indian subcontinent. It is associated with the development of malignancy of the oral mucosa and foregut. In this paper, Ahmed *et al* examine the prevalence of betel quid chewing, smoking, and the knowledge of health hazards associated with these habits among the Bangladeshi population in an east London practice. The findings indicate that the majority are unaware of the health risks of betel quid, but are well informed about smoking risks.

Dog bites in Bosnia

Croft and Archer describe the British Army's experience of animal bites and rabies prevention in Bosnia during the first six months of the current peace enforcement mission, and make recommendations on the good management of any rabies hazard at a primary care level. They found that the prevention of rabies has major human and resource implications, and primary care staff involved in post-exposure management need to be well supported in their clinical decision-making.

Clinical data on acute hospital admissions

Despite the rapid growth in routine computerized data collection in the National Health

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Service, few validation studies have been made to assess their effectiveness. This study by Hobbs *et al* revealed numerous and systematic inaccuracies in one hospital's data for acute medical admissions. The authors suggest that standard NHS practice should include data validation, staff training and data entry protocols.

HELLP syndrome

HELLP syndrome is a rare and potentially dangerous obstetric problem characterized by haemolysis, elevated liver enzymes, and a low platelet count. Only about one in 22 000 women with normal blood pressure antenatally would be expected to develop the syndrome. In this case report, Esan *et al* recount a particular case to remind practitioners of the unusual manner in which some problems may present.

The grieving patient and the general practitioner

In part one of this two-part review of the literature on bereavement (part 2 will appear in next month's issue), Woof and Carter look at the psychological theories that help to explain the grieving process and consider the health consequences experienced by the bereaved. The authors attempt to balance both the practical interests of the GP and the academic requirement for systematic review methodology. They conclude that bereavement may be understood in psychological terms that can be of practical use to GPs.

EBM and general practice

Jacobson *et al* discuss the tenets and merits of evidence-based medicine and its applicability to primary care. They find that the advocates of EBM recognize that it does not provide answers to all problems, as research provides imperfect evidence for each unique scenario, and therefore should not be over-relied upon. They call for continued attention to the philosophy of general practice and the triple stage diagnosis, to patient participation in care, and to the appropriate use of principles of evidence-based medicine.

Training for systemic general practice

In this discussion paper, Launer and Lindsey report on a new course that offers GPs and primary care nurses a training based on family therapy principles but directed at developing skills and conceptualization across a whole range of general practice work. They suggest that the course may point to a new way forward for postgraduate training in general practice, creating links with the social sciences and giving doctors and nurses appropriate training for the 'postmodern' world.

Towards effective mentoring in general practice

In South Thames, a three-year feasibility study was designed to explore the potential contribution of mentors in furthering the professional development and increasing the sense of well-being among GPs. In this paper, Freeman outlines the structure and administration of the project, the concept of the holistic mentor model, and the issues relevant to the future of mentoring. The findings from the evaluation of the study illustrate the doctors' responses to their mentor training, their early experience of being a mentor, and their reporting of the experience of those being mentored.

Letters to the editor

Letters this month includes correspondence on hormone replacement therapy for osteoporosis prevention, OTC prescribing, the additional services offered by general practices, and ethnicity and paediatric referral in Amsterdam.

International digests

This month's digest items, compiled by Douglas Garvie, comment on exercise and fibrinolysis, death and religion, and prophylaxis after HIV exposure.

INFORMATION FOR AUTHORS AND READERS

Papers submitted for publication should not have been published before or be currently submitted to any other journal. They should be typed, on one side of the paper only, in double spacing and with generous margins. A4 is the preferred paper size. The first page should contain the title only. To assist in sending out papers blind to referees, the name(s) of author(s) (maximum of eight), degrees, position, town of residence, address for correspondence and acknowledgements should be on a sheet separate from the main text.

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, provided 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.

References should be in the Vancouver style as used in the *Journal*. Their accuracy must be checked before submission. The figures, tables, legends and references should be on separate sheets of paper. If a questionnaire has been used in the study, a copy of it should be enclosed.

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