

# 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

Hobbs and Fitzmaurice discuss whether oral anticoagulation monitoring should be hospital- or primary care-based, or a combination of the two. They conclude that, wherever monitoring takes place, rigorous performance review is essential.

### Service profiles of GPs in Europe

General practice is the focal point of primary care; however, in countries where access to health is controlled by GPs, there is some evidence of better health levels and lower costs. The concern of Boerma *et al's* study was to describe and examine the range of services offered by GPs in European countries, and their relationship to health care systems. They discovered that general practice was more comprehensive where the doctors had a gatekeeping role.

### Testing bronchial hyper-responsiveness

Assessing bronchial hyper-responsiveness (BHR) is a main diagnostic criterion to distinguish between healthy subjects and subjects with respiratory diseases such as asthma. BHR can be assessed by bronchial provocation testing or by measuring peak expiratory flow (PEF) variability. In this study, den Otter *et al* focus on the value of PEF variability in assessing BHR, using a histamine provocation test as a reference. Their results show that PEF variability cannot replace bronchial provocation testing, thus indicating that PEF variability and bronchial provocation do not measure the same aspects of BHR.

### Getting to the bottom of nappy rash

Nappy rash accounts for 20% of dermatology consultations; however, the causes of nappy rash are poorly understood and a diagnosis encompasses several different diseases. In this paper, Phillip *et al* aimed to determine the incidence of nappy rash in children during the first four weeks of life, and to study the factors associated with developing nappy rash. The results show that for many babies the causes of this skin problem remain unknown, although the likelihood of nappy rash does increase with intercurrent illness and an early introduction of cereals into the diet.

### Case-finding incontinence in the over-75s

Prosser and Dobbs note that incontinence frequently influences decisions concerning the institutionalization of the elderly. As a result, there is a well-known under-reporting of incontinence in older people owing to their reluctance to discuss the problem. Using a two-part questionnaire, the authors examined the knowledge of Irish GPs regarding incontinence in patients aged over-75, and the relationship between incontinence and level of cognitive function in this age group. They conclude that GPs should be highly wary of the probability of incontinence in these patients, and recommend a thorough history-taking, physical examination, and examination of therapeutic options for individual cases.

### Services to treat patients with low back pain

Low back pain (LBP) is an important medical and social problem with an increasing economic cost. Guidelines for the management of this condition were published in 1994 and 1996, and recommend that simple, acute LBP should be treated early in order to prevent chronic disability. This national survey, conducted by Underwood *et al*, examined the availability of eight services recommended by the Clinical Standards Advisory Group for acute LBP patients, and showed that the availability of services for GPs to treat the problem fell short of the guideline conditions.

### Referrals to a community team for mental health in the elderly

Much research has been undertaken into the referral of those with mental health problems from primary into secondary care; however, little work has been done on the influence of the mode of communication of the referral, i.e. letter or telephone. Ball and Box used a pro forma designed in

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1990 for the staff of the community team for mental health in the elderly (CTMHE), outlining the basic information to be collected from the referrer, as a basis to measure the information available to team members. Results from a random sample of case notes showed that telephone referrals gave significantly more information than letter referrals.

#### **Prolonged cough and lung cancer**

Some signs and symptoms are believed to indicate a high likelihood of a disease. For example, prolonged cough is considered to be a key symptom indicating an increased likelihood of lung cancer. Liederkerken *et al* point out that the impact of signs and symptoms can be studied in the same way that diagnostic tests results are evaluated. Within a framework of a larger study on the diagnostic value of key symptoms, they performed a meta-analysis on the diagnostic value of prolonged cough for the subsequent diagnosis of lung cancer. They found that no general practice-based study could be obtained that reported the basic, necessary data.

#### **Chronic bullous disease of childhood**

Coleman and Shrubbs note that, with the increased public awareness of child sex abuse, more potential cases are being referred to paediatricians. However, there have been a number of reports of dermatological conditions being mistaken for child abuse, both physical and sexual. In this case report, the authors relate two cases of an unusual skin condition which produces genital lesions that could lead to mistaken diagnosis of sexual abuse, and urge doctors working with children to consider these conditions in the differential diagnosis.

#### **The grieving patient and the general practitioner**

In part 2 of this two-part review of the literature on bereavement (part 1 was featured in July's issue), Woof and Carter build on part one to outline the debate surrounding the characteristics of abnormal bereavement, while also focusing on the risk factors for this morbidity. A summary of the literature on bereavement care is included, particularly from a general practice point of view. Areas for further research are also highlighted.

#### **The primary care of patients with schizophrenia**

The GP is the health professional most likely to remain in contact with patients suffering from schizophrenia; the flexibility, availability, and non-stigmatizing nature of general practice consultations is particularly suited to maintaining long-term contact with such patients. In this article, Burns and Kendrick review the literature concerning the primary care of patients with schizophrenia. They find that the role of primary care in these patients is now being recognized; however, much practice has not been subject to careful evaluation or research. The need for a real commitment to such research is necessary if patients are to be properly served.

#### **Compassion: its neglect and importance**

This discussion paper by Michael Taylor argues the weakening, yet the desirability and usefulness, of compassion as a necessary value for GPs. He begins by dissecting and discussing the work of the GP in four parts: the business component, the preventive component, the biomechanical component, and the biographical component, and argues that the emphasis in general practice is no longer on the doctors, the patients and their illnesses, but on the practice, the population, and its morbidity. To conclude, Taylor calls for the resuscitation of the 'Personal Doctor'.

#### **Letters to the editor**

Letters this month include correspondence on nutrition training in primary care, exercise prescription in primary care, peer-supported learning, and keeping the meningococcus out of the media.

#### **Book reviews**

This month's reviews assess books on the subjects of health outcome measures in primary and outpatient care, and research methods in primary care.

#### **International digests**

This month's digest items, compiled by Douglas Garvie, comment on irritable bowel syndrome, the link between low back pain and oral contra-

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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, provided they are clear and adequately annotated.

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