duced as individual tests in the universal form used now.

The number of new diabetics detected, the ramifications of the glucose tolerance test results and their significance, and the number of diabetics who emerged from those who initially tested negative, have all been extensively reported in the publications of the Working Party.

The data from these studies, particularly those from the reviews over the following 10 years, contributed to the national debates on an agreed set of criteria for glucose intolerance.[7]

The study highlighted the importance if a multi-disciplinary approach. Although initiated and coordinated by a working party of the Birmingham Research Unit of the College of General Practitioners, it would not have been possible without the equal involvement of local consultants and laboratory-based colleagues, the GPs from the practices involved, local nurses and health visitors, and the pharmaceutical industry.

It is ironic that our main finding at that time[2,8,9,10] was the inefficiency of mass screening of urine for presence of glucose as a method for uncovering previously undiagnosed diabetes. The best approach, as now, was one based on constant awareness by the GP of the possibility of diabetic risk, where age, being overweight, family history, and the presence of cardinal symptoms, physical signs, and other commonly associated pathology might indicate an increased likelihood.

Studies of the family history of diabetes,[11] diabetes as a community health problem,[12] and disease concurrence in diabetes[13] were also carried out. The diabetic syndrome[14,15] and the use of disease registers[16] were evaluated.

Bullimore and Keyworth would have done well to take note of this earlier work on the subject of screening for diabetes by urinanalysis. The passing years have not lessened the value of one of the earliest pieces of cooperative research by a College working party consisting of GPs, diabetologists, and statisticians.

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Sir,

By recording the extent of negative attitudes to the diagnosis of type 2 diabetes in a screening programme, Bullimore and Keyworth (June *Journal*) have made a valuable contribution to a very limited literature.[1] However, they also present but do not comment on the significance of data that suggest they may have encountered a much more serious type of resistance to accepting the diagnosis of diabetes. This needs to be addressed if calls for wider screening are to be implemented[2] in view of the uncertainty about the long-term impact of screening, both on those who test positive and are subsequently followed up, and also on those who are told they are not at risk.[3]

Fifteen of the 32 individuals who originally recorded their urine test as positive subsequently said that they had made a mistake and that their test had been negative. Although it is possible that this was the result of a mistake in completing the return slips, the change in response may also represent a form of denial of being at risk of diabetes, which could obstruct necessary immediate follow-up and subsequent attempts to carry out further screening or encourage lifestyle modification.

Perhaps explanations for the positive test other than the onset of diabetes had become more convincing to the subjects before they were followed up, leading them to doubt the validity of their self-administered screening tests. For example, students offered tests for a fictitious risk factor subsequently rated the test as being less accurate if they were diagnosed as being at risk rather than testing negative. The tendency to denigrate the test accuracy was even more marked when told that they alone had tested positive out of the group.[4] The explanation offered for these findings was that more thought is given to undesirable than desirable facts. In other words, if it is good news, then relatively little further attention is offered. If it is bad news, then a complex set of thoughts is triggered in which alternative (and perhaps more acceptable) explanations might be uncovered.

Reluctance to acknowledge a diagnosis of diabetes is only one of a number of social and psychological issues that need to be addressed through further research alongside current work to establish whether screening for type 2 diabetes is likely to be effective.

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Sir,

In their study on postal screening for diabetes (June *Journal*), Dr Bullimore *et al* express surprise at finding that some patients 'showed surprisingly negative attitudes to the diagnosis of an illness, and