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# *Research papers this month*

### Attitudes to the use of health outcome questionnaires

In response to the largely anecdotal information that Meadows *et al* note exists on the subject of health outcome questionnaires and their use in evaluating the effectiveness of health care, their study aimed to investigate the attitudes and behaviour of general practitioners and practice nurses regarding the use of health outcome data in the routine care of patients with diabetes. Their findings reflect a favourable view towards the use of health outcome data in this area; however, a number of important barriers to their implementation were identified.

### Bereavement care in general practice

Harris and Kendrick observe that little is known about the routine care currently provided by GPs and primary health care teams to support their bereaved patients. This study was conducted to explore GPs' perceptions of patient death notification by hospitals and hospices, and to describe practice policies relating to patient deaths and the provision of bereavement support. The authors conclude that GPs are divided over whether bereavement support should be proactive or reactive.

### The role of the general health questionnaire in consultations

The patient self-rating questionnaire is commonly used as a research tool to identify patients with 'unrecognized' depression. The aim of Patricia Smith's study was to determine whether it is a practical means of increasing identification of 'new' episodes of emotional distress among patients consulting with their GP. The results showed that the general health questionnaire can increase identification of this problem; however, the large amount of questionnaires that were ignored raises concerns both for doctor and patient acceptability.

### The use and overlap of AEDs by patients

Rising attendance rates at accident and emergency departments (AEDs) in the UK have been investigated in a study by Sally Hull *et al*, who set out to examine the overlap of services between general practice and AEDs, and the characteristics of patients who attend both, in East London. They found that AED attendance rates were actually below the national average; the reduction in case follow-up within the AED must be supported by improved communication with GPs, with important implications for resource allocation in primary care.

### Are spouses of hypertensive patients at increased risk of hypertension?

Renewed interest in the contribution of environmental factors to hypertension encouraged Hippisley-Cox and Pringle to carry out a case-control study of couples in which one spouse had hypertension. Taking into account age, body-mass index, diabetes, and blood pressure, they discovered that there was a significant increased risk of the spouse of a hypertensive partner developing hypertension, which, the authors conclude, could have far reaching implications for the screening and treatment of hypertension in primary care.

### Patient self-measurements are more reliable than APBM

In response to studies reporting overdiagnosis and overtreatment of hypertensive patients, especially in borderline hypertensives, Brueren *et al* carried out comparative prospective study to find a blood pressure level that reduces the risk of misclassification. Systolic and diastolic blood pressure measurements made by practice nurses, GPs, and patients were compared. The authors concluded that patients' self-measurements seemed a reliable alternative to ambulatory blood pressure measurement (ABPM), when using a valid self-measuring device.

### Learners' experience of CME

Attendance at CME events since the introduction of PGEA have increased overall, but little was known of doctors' perceptions of continuing medical education and how it affected their day-to-day work in the practice. Campion-Smith *et al*'s qualitative study, using in-depth semi-structured interviews, revealed that GPs perceived CME events as beneficial and confidence-boosting, but were rarely relevant to their own practices. The authors argue that GP educators should provide relevant CME, and recognize the value of peer contact.

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