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## Research papers this month

### Ten year follow-up of depression

Depression is a serious and potentially life-threatening illness with symptoms that can be severe and persistent and impact greatly on quality of life. In this study, van Weel-Baumgarten *et al* aimed to discover more about the long-term course and outcome of patients with depressive illness over a 10-year period after diagnosis. The results showed that mortality, suicide, and recurrence rates in primary care were lower than in patients receiving psychiatric care. Thus, they conclude that many of the patients diagnosed as depressive can be helped very well by their GP without the need for referral to secondary care.

### Individual and organizational predictors of depression in GPs

High levels of stress and depression have been reported in hospital doctors and GPs, which has implications for patient care as a result of lower job performance. Using a longitudinal questionnaire survey, Firth-Cozens considered the levels and perceived sources of stress in GPs, and compared the relative importance of present work-related factors with individual ones measured 10 years earlier, and with current use of alcohol as a means of coping. She concludes that interventions can be made throughout training by targeting self-criticism and recognizing early depression, while later addressing the organizational stressors.

### The impact of depression on the physical health of family members

Sobieraj *et al* note that depression in one family member is associated with an increased incidence of psychopathology in other family members. In this study, the authors used a comparative follow-up study to compare physical morbidity of family members of depressed patients with that of family members of comparison patients. The results confirm that, before the presentation of depression, subjects in families with a depressed member had no greater incidence of physical illness than comparison families; however, their morbidity scores increased dramatically in the year following.

### Risk of serious illness among oral contraceptive users

Since their introduction, combined oral contraceptives have been implicated with an increased risk of a number of illnesses. By examining data from the RCGP oral contraception study, Hannaford and Kay attempted to determine the rate of such conditions in women who had 'ever' and 'never' used oral contraceptives. The results show that currently available oral contraceptives do not appear to be associated with an increased net risk of serious disease, and that any small increased risk seen during current use does not persist after stopping use.

### Stress and morale in general practice

Gilliland *et al* note that little research has been carried out to study possible differences in morale and stress between two different but geographically similar health care systems. This study compared perceived levels of stress and morale between GPs in Northern Ireland (NI), where the health care system is a state monopoly, and in the Republic of Ireland (ROI), where there is a mixture of private and state funding. The results show that both groups feel highly stressed, but GPs in NI have a poorer outlook on the future. The authors suggest that a system in which doctors have less practice support but more control is good for morale.

### Patient removals from GP lists in Northern Ireland

At present, any GP in the UK can remove any patient from their list without the requirement of giving either the patient or health authority a reason. The aims of this epidemiological study carried out by O'Reilly *et al* were to quantify the numbers of patients removed at a GP's request in Northern Ireland, to describe the characteristics of those removed, and to determine if the rate of removal had increased. The authors conclude that removals are relatively rare events, although they have been increasing in recent years.

### Census-derived socio-economic variables and general practice consultation rates

The relationship between deprivation and consultation rates is important in determining resource allocation to general practices. The aim of this study by Carlisle and Johnstone was to determine this relationship for patients receiving the same primary and secondary care. They found that, even in practices not eligible for deprivation payments, there were appreciable differences in consultation rates between areas with different socio-economic characteristics. The results suggest that the variables used to determine deprivation payments should be reconsidered and introduced at a lower level of deprivation.

### Caring for drug users entirely within general practice

Martin *et al* note that the Government encourages GPs to become involved in caring for drug users, but that secondary care support is often inadequate. This study was carried out to assess the outcome of services and whether these services can be given effectively in general practice, even when unsupported by secondary care services. The authors conclude that long-term care of drug users entirely within general practice is feasible, and that many users had stable lifestyles and a stable job as a result.

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