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Research papers this month

Dietary advice for acute diarrhoea in general practice

Lamers *et al* note that it is common for doctors to give dietary advice for acute diarrhoea sufferers. In this study, Lamers *et al* tested the effects of eating and drinking normally on the duration of acute diarrhoea and on the feeling of well-being. No significant differences between intervention and control groups were found with regard to the duration of watery diarrhoea, or the number of evacuations or vomiting.

Understanding patient-initiated frequent attendance in primary care

Frequent attendance accounts for a high proportion of GP workload. To assess the association and impact of exposure to chronic physical illness, mental disorders, life stress, and sociodemographic factors on the frequent attendance of primary health care services, Báez *et al* carried out a case-control study of general practices in Spain. They concluded that patient-initiated frequent attendance is related to genuine physical and psychosocial needs, and that recognition requires a biopsychosocial approach.

An analysis of referral patterns for dizziness

To discover whether appropriate identification and referral of patients with balance disorders occurs, Bird *et al* carried out a retrospective review of the management of patients visiting their GP and complaining of dizziness, and compared the results with local criteria. The results show that patients with chronic symptoms of dizziness are under-referred and therefore do not have access to appropriate treatment regimes.

Deliberate departures from good general practice

Veldhuis *et al* note that when GPs act contrary to their own standards of good practice, they usually cite patient demands as the reason. To confirm this, the authors requested that GPs in Holland register to what extent they had deviated from their own norms and recorded the motives underlying any deviation. They found that, contrary to common belief, GPs often comply with patient requests because they wish to and not because they feel forced to.

The epidemiology of removal from GP lists in Sheffield

The 1990 Contract and the 1991 fundholding scheme encouraged speculation that GPs may remove patients from their lists for financial reasons. Using a descriptive analysis of routine data relating to all removals of Sheffield residents from GP lists, Munro and Skinner aimed to describe the epidemiology of removals by time, place, and person. They found that a higher rate in removals of the under-fives and younger women are consistent with the possibility that the 1990 target payment scheme may have increased removal rates in these groups.

The effects of detection and treatment on the outcome of major depression

In this study, Goldberg *et al* report the responses of patients with confirmed depressive illness to different treatments in the WHO Mental Disorders in General Health Care Study, conducted in 15 cities around the world. The results show that patients receiving antidepressants were better than those treated with sedatives at three months, but that this advantage does not persist: depression emerges as a chronic disorder at one-year follow-up.

Structured assessments of patients receiving depot antipsychotic drugs

The aim of this study by Burns *et al* was to examine the impact of a structured assessment in the process of care and clinical status of schizophrenia patients by practice nurses who received a one-day training course. The results show that a high rate of clinical need was demonstrated in this patient group, and that structured assessment by practice nurses are feasible but training is necessary if this intervention is to translate into health gain.

The implementation of evidence-based medicine in general practice prescribing

Salisbury *et al* note that in order to understand the barriers and facilitators to implementation of evidence-based medicine, it is also important to determine the relationship between practice and doctor characteristics and the implementation of recommended evidence-based changes in the area of prescribing. They conclude that the emphasis on the need for evidence in medicine needs to be balanced by recognition that most GPs are pragmatic, averse to innovation, and already feel overwhelmed with information.

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