

**Editor**

Alastair F Wright, MBE, MD, FRCGP,  
FRCPsych (Hon)  
Glenrothes

**Deputy Editor**

Alec Logan, FRCGP  
Motherwell

**Senior Assistant Editor**

Lorraine Schembri, BSc

**Assistant Editor**

Clare Williams, BA

**Editorial Board**

Tom Fahey, MD, MSc, MFPHM, MRCGP  
Bristol

David R Hannay, MD, PhD, FRCGP,  
FFPHM  
Newton Stewart

Michael B King, MD, PhD, MRCP,  
FRCGP, MRCPsych  
London

Ann-Louise Kinmonth, MSc, MD,  
FRCP, FRCGP  
Cambridge

Tom C O'Dowd, MD, FRCGP  
Dublin

Denis J Pereira Gray, OBE, MA, FRCGP  
Exeter

Surinder Singh, BM, MSc, MRCGP  
London

Blair Smith, MBChB, MEd, MRCGP  
Aberdeen

Lindsay F P Smith, MCLinSci, MD, MRCP,  
FRCGP  
Ilchester

Ross J Taylor, MD, FRCGP  
Aberdeen

Colin Waine, OBE, FRCGP, FRCPath  
Bishop Auckland

John F Wilmot, FRCGP  
Warwick

**Statistical Adviser**

Editorial Office: 14 Princes Gate,  
London SW7 1PU (Tel: 0171-581 3232,  
Fax: 0171-584 6716).  
E-mail: [Journal@rcgp.org.uk](mailto:Journal@rcgp.org.uk)  
Internet home page:  
<http://www.rcgp.org.uk>

Published by The Royal College of  
General Practitioners, 14 Princes Gate,  
London SW7 1PU.  
Printed in Great Britain by  
Hillprint Ltd, Bishop Auckland,  
Co Durham DL14 6JQ.

## Research papers this month

### Guideline development for diagnosis and management of hypertension

Adams *et al* note that there are large numbers of clinical guidelines available covering many clinical areas. In this study they developed a guideline that was researched from existing evidence-based guidelines in order to ensure good quality. The authors conclude that the techniques they used could provide a framework for practitioners to adapt national and international guidelines for use at a local level.

### Commissioning of services

General practitioners have become more responsible for budget allocation over the years. To examine the different commissioning priorities within the primary health care team, Barclay *et al* ascertained the views of GPs and district nurses (DNs) concerning the adequacy and priorities for the future planning of local palliative care services. They found that the views of GPs and DNs differed significantly. However, both professional groups give high priority to the further development of quick-response clinical services.

### Health promotion and lifestyle counselling

The Green Paper, *Our Healthier Nation*, identifies professional advice on healthier living as a key component of the national contract for health. McAvoy *et al* developed a postal questionnaire to survey GPs' current attitudes towards and involvement in health promotion and lifestyle counselling. The results show that, despite an increasing workload, GPs remain positive about these areas. The authors also discovered that, over the past 10 years, there has been an increase in routine enquiries about lifestyle behaviour, but confidence about effectiveness in helping patients make the appropriate changes remains low.

### Nurse-assisted strategies for smoking cessation in primary care

Brief advice from GPs given to patients who wish to stop smoking has repeatedly been shown to increase smoking cessation; however, the aim of this randomized trial by Lancaster *et al* was to determine whether brief advice from a GP combined with counselling and follow-up from a trained practice nurse is more effective than advice alone. The authors found that this combination is no more effective than brief advice alone.

### Polypharmacy in general practice

Major polypharmacy is the simultaneous use of five or more drugs and is associated with significant risk of adverse drug reaction. Using prescription data, Bjerrum *et al* analysed the interpractice variation in the prevalence of polypharmacy. The results show that predictors related to structure, workload, clinical work profile, and the practice prescribing profile could explain variation between practices.

### Moles and melanomas

Jackson *et al* note that knowledge and attitudes regarding malignant melanoma play an important part in the early detection of this skin cancer. Using a prospective questionnaire, the authors assessed adults' knowledge, risk perception, and intended behaviour related to melanoma compared with actual risk status. They conclude that young people and the professional social class are more at risk from developing melanoma, and consideration should be given to targeting primary prevention and selective screening in general practice towards this high-risk group.

### Clinical practice guidelines for the management of depression

In this study, Littlejohns *et al* carried out a survey to identify the number of UK clinical guidelines for the management of depression in primary care and to describe their quality and clinical content. They discovered that a 'national template' was the starting place for most guidelines, and conclude that steps need to be taken to ensure that these templates are based on the best possible research evidence and professional opinion. Finally, the authors suggest that local clinicians should concentrate on effective dissemination and implementation strategies rather than creating new guidelines.

© British Journal of General Practice, 1999, 49, 169-173.

---

---

## INFORMATION FOR AUTHORS AND READERS

Papers submitted for publication should not have been published before or be currently submitted to any other publisher. They should be typed, on one side of the paper only, in double spacing and with generous margins. A4 is the preferred paper size. The first page should contain the title only. To assist in sending out papers blind to referees, the name(s) of author(s) (maximum of eight), degrees, position, town of residence, address for correspondence and acknowledgements should be on a sheet separate from the main text.

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.

Metric units, SI units and the 24-hour clock are preferred. Numerals up to nine should be spelt, 10 and over as figures. One decimal place should be given for percentages where baselines are 100 or greater. Use the approved names of drugs, though proprietary names may follow in brackets. Avoid abbreviations.

References should be in the Vancouver style as used in the Journal. Their accuracy must be checked before submission. The figures, tables, legends and references should be on separate sheets of paper. If a questionnaire has been used in the study, a copy of it should be enclosed.

Four copies of each article should be submitted and the author should keep a copy. Rejected manuscripts will be discarded after three months. Two copies of revised articles are sufficient. A covering letter should make it clear that the final manuscript has been seen and approved by all the authors.

All articles and letters are subject to editing.

Papers are refereed before a decision is made.

Published keywords are produced using the RCGP's own thesaurus.

More detailed instructions are published in the January issue.

### Correspondence and enquiries

All correspondence should be addressed to: The Editor, British Journal of General Practice, Royal College of General Practitioners, 14 Princes Gate, Hyde Park, London SW7 1PU. Telephone (office hours): 0171-581 3232. Fax (24 hours): 0171-584 6716. E-mail: [journal@rcgp.org.uk](mailto:journal@rcgp.org.uk).

### Copyright

Authors of all articles assign copyright to the Journal. However, authors may use minor parts (up to 15%) of their own work after publication without seeking written permission provided they acknowledge the original source. The Journal would, however, be grateful to receive notice of when and where such material has been reproduced. Authors may not reproduce substantial parts of their own material without written consent. However, requests to reproduce material are welcomed and consent is usually given. Individuals may photocopy articles for educational purposes without obtaining permission up to a maximum of 25 copies in total over any period of time. Permission should be sought from the editor to reproduce an article for any other purpose.

### Advertising enquiries

Display and classified advertising enquiries should be addressed to: Advertising Sales Executive, Royal College of General Practitioners, 14 Princes Gate, Hyde Park, London SW7 1PU. Telephone: 0171-581 3232. Fax: 0171-225 3047.

### Circulation and subscriptions

The British Journal of General Practice is published monthly and is circulated to all Fellows, Members and Associates of the Royal College of General Practitioners, and to private subscribers. The 1998 subscription is £130 post free (£147 outside the European Union, £19.50 airmail supplement). Non-members' subscription enquiries should be made to: World Wide Subscription Service Ltd, Unit 4, Gibbs Reed Farm, Ticehurst, East Sussex TN5 7HE. Telephone: 01580 200657, Fax: 01580 200616. Members' enquiries should be made to: The Royal College of General Practitioners, 14 Princes Gate, Hyde Park, London SW7 1PU. Telephone: 0171-581 3232.

### Notice to readers

Opinions expressed in the British Journal of General Practice and the supplements should not be taken to represent the policy of the Royal College of General Practitioners unless this is specifically stated.