

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 (Hons)

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, PRCP
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

Graham Dunn, MA, MSc, PhD



Editorial Office: 14 Princes Gate,
London SW7 1PU (Tel: 0171-581 3232,
Fax: 0171-584 6716).
E-mail: 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

Repeat prescribing management

McGavock *et al*, concerned at the lack of an adequate study examining repeat prescribing management in the UK, sent a semi-structured questionnaire to 60 practices in Northern Ireland. They determine that quality assurance procedures are often overlooked in most practices, with some over-prescribing and others allowing too great a time between review consultations. They also conclude that the management of repeat prescribing could be improved by the better use of computers.

Anxiety among women with mild dyskaryosis

There is always a great deal of uncertainty and distress among women following an abnormal test for mild dyskaryosis. Peters *et al* set out to determine whether an education programme would benefit them. By comparing groups of women who had received 'standard care' with those who had also received an educational package, they conclude that education has little effect on the large prevalence of sustained anxiety among women with mild dyskaryosis. They maintain that surveillance remains the preferred option.

Barriers to optimum management of heart failure by general practitioners

There is a great deal of literature advising on the management of heart failure. However, Horne *et al* believe that this is not reflected in actual practice. In a study of English and Welsh GPs, they surmise that better training is needed in diagnostic skills and in the use of diuretics and angiotensin-converting enzyme inhibitors (ACE-I). Along with improved communication between GPs and hospitals, this could aid GPs in implementing the advice offered in the results of clinical trials.

Is chronic non-specific low back pain chronic?

Chronic low back pain (LBP) accounts of the majority of symptoms for LBP, itself a major reason for consultations. Despite this, definition is unclear. Semi-structured interviews led to Cedraschi *et al* believing there to be a variance between the theory and literature concerning LBP and actual clinical practice.

Someone to talk to?

To determine whether or not loneliness is related to frequency of consultations, Ellaway *et al* conducted face-to-face interviews as part of a survey in the West of Scotland. They found loneliness to be a significant determinant of the number of consultations among members of the group, but not of home visits. Their results also indicate that social support networks play an important role, and that this is not, as previously believed, a problem unique to the very old.

Attitudes towards, and utility of, an integrated medical-dental patient-held record

Recognizing the need for improved relations between primary care medical and dental services, Jones *et al* carried out a three-phase study of general medical practitioners (GMPs), general dental practitioners (GDPs), and patients. They surmise that among those surveyed there was a positive attitude towards the idea of an integrated medical-dental patient-held record (IMDPHR).

Collation and comparison of multi-practice audit data

Khunti *et al* argue that until now the large number of studies of the prevalence and treatment of diabetes have only been carried out on a small number of patients and practices. They believe that the data collected from their multi-practice audits reduce the bias inherent in other smaller studies and could improve GPs' management of the disease.

© British Journal of General Practice, 1999, 49, 425-430.

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.

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.