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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

General practitioners' use of aspirin

Welton *et al* note that aspirin has been shown to significantly reduce mortality when taken by patients with vascular disease. In this study using postal questionnaires, the authors attempted to determine the use of aspirin by GPs in preventing vascular events, and to identify factors influencing use. From the results they found that there is an unwillingness of GPs to advise aspirin prophylaxis even when it is clearly indicated. The authors suggest that further education is required to reduce uncertainty about which formulation and dose of aspirin to use.

Motivational consulting versus brief advice for smokers

Theoretical and clinical developments suggest that opportunistic interventions could be developed that are more effective and satisfying to use than brief advice to quit smoking. To compare the clinical and cost-effectiveness of motivational consulting with brief advice, Butler *et al* carried out a pragmatic randomized trial in general practices in South Wales. They conclude that motivational consulting produces better outcomes, especially among those who are not ready to change their smoking habits. However, few patients quit smoking and motivational consulting was not cost-effective.

Lay referral networks

Cornford and Cornford note that only small numbers of people with symptoms decide to consult their GP, and when they do consult it is as a result of discussions held with family and friends. To describe these conversations, their importance or otherwise in the decision to consult, to compare the relative importance of conversations with partners with non partners in deciding to consult, and to investigate whether patients with a worse perceived health status are less likely to use lay referral networks, the authors interviewed patients consulting with new symptoms and measured their perceived health status using the SF-36. The results describe how illness is socially constituted through these conversations.

The place of home visiting in family practice

Nakar *et al* note that, even though there is a worldwide trend towards a reduction in the number of house calls made by family physicians, they are still the essence of good family practice. To investigate the reasons why patients asked for home visits, and to look at the therapeutic procedures used and the diagnostic conclusions made in urban and rural settings, the authors analysed details of home visits made in Israel. The results suggest that home visiting in rural practice involves more active intervention on the part of the doctor, whereas, in urban practices, visits to chronically housebound patients predominate.

The search for an alternative medicine

At a time of great scientific advance and a culture of evidence-based health care, there is increasing referral to and use of complementary therapies. To investigate the reasons why people attend complementary practitioners, Paterson and Britten carried out semi-structured interviews with a purposive sample of people currently attending a variety of complementary practitioners. They found that these people were seeking out holistic and patient-centred health care and were making their own judgements about what constituted an acceptable level of risk from medication use. The advances of scientific medicine and expert evidence-based medicine were not relevant to these patients.

Pre-school child health surveillance

Hampshire *et al* note that the effectiveness of child health surveillance (CHS) screening is still being questioned. To determine the effectiveness of primary care CHS screening for five specific physical conditions, the authors carried out a prospective study of children aged 15 to 18 months who were referred to hospital for these conditions. The results show that the majority of children presenting with problems during the first 18 months of life are detected by CHS.

The impact of a printed summary of research findings in general practice

To investigate the impact of the distribution of a printed summary of research findings on GPs' self-reported management of peptic ulcer disease and dyspepsia, Parry *et al* carried out a randomized controlled trial incorporating before and after measurements in GPs within two health regions. The results of the study show that the distribution of a single, printed summary of research findings in isolation from other interventions is unlikely to impact on patient management.

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