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Research papers this month

GP frequent attendance in Liverpool and Granada: the impact of depressive symptoms

Frequent attendance in general practice increases workload and affects doctor-patient relationships. Dowrick *et al* set out to assess whether frequent attendance is more likely to be associated with depressive symptoms than with physical health problems. By comparing two general practices — one in Liverpool and one in Granada — they discovered that depressive symptoms are the major predictor of frequent attendance.

Fatal toxicity associated with antidepressant use in primary care

Mason *et al* point out that new selective serotonin reuptake inhibitors are perceived to be much safer in use than older tricyclic antidepressants. However, they believe that previous safety assessments were made too soon after the introduction of the new drugs to permit accurate estimation. In determining the level of association of antidepressant drugs with fatal poisoning in the treatment of depression they found that estimated death rates associated with specific antidepressants should be compared with caution.

Practical aspects of conducting a pragmatic randomised trial in primary care

Conducting a pragmatic randomised trial in primary care is often accompanied by practical problems, which are seldom reported and may constitute useful lessons for researchers planning future trials. Van der Windt *et al* address the difficulties involved in patient recruitment and present measures to minimise bias during outcome assessment.

Health status and management of chronic non-specific abdominal complaints

Janssen *et al* argue that while chronic non-specific abdominal complaints are common in general practice, data on patients' perspective and management of these complaints are lacking. A retrospective study involving 644 patients and 16 general practices resulted in a comprehensive picture of chronic non-specific abdominal complaints in general practice, including volume, patients' perspective, and health care involvement. They found that once non-specific abdominal complaints have become chronic they are mainly managed by GPs and, given the considerable variation in GP approaches, research into the evidence base of management strategies is recommended.

GP referral to eating disorder service

Despite the fact that early detection and management of patients with eating disorders is thought to improve prognosis, Hugo *et al* point out that little is known about the factors associated with referral of these patients to treatment centres. By calculating GP referral rates to a specialist eating disorder service and determining the association between referral rate and general practice and practitioner factors, they found a wide variation of factors that influenced referrals. They believe that patients with eating disorders may be at a disadvantage in certain practices and educational interventions could be targeted towards low referrals.

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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.

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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.

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