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

Psychological distress and somatisation in musculoskeletal illness

Self-reported musculoskeletal illness accounts for up to 17% of patient contacts in general practice; it is therefore important to know which factors are necessary in improving its treatment and prevention. To determine whether the prognosis of patients referred to physiotherapy from general practice can be predicted by the presence of psychological distress and somatisation, identified by the GP. Jørgensen *et al* used a questionnaire survey to measure health changes, sick leave, patient self-rated improvement, and change in use of medication. They identified psychological distress and somatisation as important factors to consider in the prevention and treatment of musculoskeletal illness in general practice.

Diabetes in general practice in England and Wales

Diabetes care has shifted from hospital clinics to general practice, and is now largely taking place in the community with much of it delivered by practice nurses, according to a national questionnaire survey conducted by Pierce *et al* covering England and Wales. The survey revealed that 96% of responding practices had diabetes registers and that practices provided most of the routine diabetes care for 75% of their diabetic patients. Thus, the organisation infrastructure for delivering good practice is in place; however, there are concerns about the educational needs of those providing care.

Experience of heroin overdose among drug users

The mortality rate among heroin users is thought to be between 13 and 30 per 1000 per year; nearly half of these deaths are from overdose. Cullen *et al* have researched the prevalence of heroin use and mortality from heroin overdose among drug users attending a general practice in Dublin; they found that a significant number of interviewees who were on recognised methadone treatment programmes were still injecting heroin. The interviews also revealed high levels of activity associated with overdose and poor use of preventative measures, making the issue of prevention and management of overdose a priority for the GPs of such patients.

Young teenagers' attitudes towards sexual health care provision

Teenagers' sexual behaviour and attitudes to sexual health are having major repercussions on the health service; this is compounded by their well known reluctance to use the service. Burack's questionnaire-based study of children aged 13 to 15 revealed that over half believed that they had to be over 16 years old to be seen alone by their GP. Responders also expressed concerns over the whether their GP would maintain confidentiality and also whether their GP would have the time or the skills to deal with their problems. Burack suggests in his study that more work is needed to improve access to primary care sexual health services to teenagers.

Dermatology-trained practice nurses and eczema and psoriasis patients

Kernick *et al* demonstrate the difficulties of obtaining useful data to inform decisions on resource allocation. To determine whether a dermatology liaison nurse could be cost-effectively and successfully introduced to the primary care team, a cost consequence study was undertaken which revealed that, although there was no significant improvement in the quality of life index measure, the clinical instrument showed a significant change compared with the control. Nevertheless, the authors conclude that it is may be better to base local resource allocation decisions on partial evidence rather than no evidence at all.

Age and sex differences in the investigation and treatment of heart failure

Hood *et al* point out that, with hospital admissions for heart failure becoming more frequent, primary care has a central role in its early detection and treatment. To determine whether management of heart failure differs by age and sex, they carried out a population-based study in the form of a retrospective case note review. They found that, with increasing age, men and women with heart failure were less likely to have undergone echocardiography or to have received an ACE inhibitor. They argue that the needs of older people in the management of heart failure are being neglected and that the balance should be redressed.

© *British Journal of General Practice*, 2000, **50,** 529-536.

INFORMATION FOR AUTHORS AND READERS

More detailed instructions are published in the January issue.

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, pro-vided 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.

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): 020 7581 3232. Fax (24 hours): 020 7584 6716. E-mail: journal@rcgp.org.uk.

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: 020 7581 3232. Fax: 020 7225 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: 020 7581 3232.