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# *Research papers this month*

### *Helicobacter pylori* infection and dyspeptic symptoms

To date, although there have been several studies assessing the relationship between *Helicobacter pylori* infection and dyspeptic symptoms, they have only produced inconsistent conclusions. Bode *et al* set out to investigate the relationship between current *H. pylori* infection, intake of analgesics or anti-inflammatory medication, and personal factors and dyspeptic symptoms. They found that female sex, younger age, and intake of analgesics or anti-inflammatory drugs other than NSAIDs, but not *H. pylori* infection, were independently associated with dyspeptic symptoms.

### Patient determinants of mental health interventions in primary care

As a large proportion of a GP's caseload comprises patients with mental health problems, it is important to ensure that care is provided appropriately. In this study, Raine *et al* identified and compared the influence of non-clinical patient factors on GPs' acknowledgement of mental health problems and on their provision of mental health care. Using a cross-sectional study of adults aged 16 to 65 years they determined that current practice may not always be equitable, and they point to the need for better understanding of the basis of these potential inequalities and for focused training.

### The evaluation of a mental health facilitator in general practice

Bashir *et al* point out that facilitation uses personal contact between the facilitator and the professional to encourage good practice and better service organisation. However, although this model has been applied to physical illness it has not been applied to psychiatric disorders. Six practices were visited over an 18-month period to determine if a non-specialist facilitator can improve the recognition, management, and outcome of psychiatric illness presenting to GPs.

### Difference in self-reported health status between electoral wards

Marsh *et al* believe that the best way for practices to determine the health status of patients living in areas with different socioeconomic characteristics is unclear. A postal questionnaire of 3000 randomly selected patients was employed to see how much SF-36 health status varies between electoral wards and how much of this variation can be explained by census-derived Jarman and Townsend scores. They found that the most accurate predictions about health status were made from direct socioeconomic information and Townsend scores, but advise against reliance on the Jarman score.

### Management of urinary tract infection in general practice

Symptoms associated with urinary tract infection are common in women in general practice and represent a significant burden for the NHS. To identify the most appropriate patient management strategy to tackle this problem Fenwick *et al* constructed a decision analytic model incorporating a variety of patient management strategies. They found that empiric treatment of patients was cost-effective, however recognition of the impact of this strategy upon antibiotic resistance may lead to the dipstick strategy being considered a superior strategy overall.

### Low back pain in general practice in the Netherlands

Schers *et al* point out that although guidelines for the management of low back pain have been published in the past decade, there is potential for further improvement in back pain care. To determine how management of care is related to patient and physician factors, a prospective study of 57 GPs and 30 general practices was set up to document the management of non-specific low back pain by GPs in the Netherlands. They conclude that even though management of low back pain met the guidelines to a large extent, perceived patient preferences were the main reasons for non-adherence. Further implementation of the guidelines will be difficult unless doctors' and patients' views are more explicitly known.

### Disability, anxiety, and depression in patients with osteoarthritis

Despite GPs integrating physical, psychological, and social factors when assessing patients, particularly those with chronic diseases, Memel *et al* argue that recently the emphasis has been on depression but not other factors. To determine functional disability, psychological morbidity, social situation, and use of health and social services in patients with osteoarthritis, and examine GPs' knowledge of these factors, 200 patients completed a validated postal questionnaire. Memel *et al* found that GPs frequently lack knowledge about functional disability, social factors, and anxiety as well as depression in their patients with osteoarthritis.

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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, 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.

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