

**Editor**

David Jewell, BA, MB BChir, MRCP  
Bristol

**Deputy Editor**

Alec Logan, FRCP  
Motherwell

**Senior Assistant Editor**

Lorraine Law, BSc

**Assistant Editor**

Patrick O'Brien, BA

**Editorial Board**

Tom Fahey, MD, MSc, MFPHM, MRCP  
Bristol

David R Hannay, MD, PhD, FRCP,  
FFPHM  
Newton Stewart

Ann-Louise Kinmonth, MSc, MD,  
FRCP, FRCP  
Cambridge

Tom C O'Dowd, MD, FRCP  
Dublin

Sir Denis J Pereira Gray, OBE, MA,  
FRCP, PRCP  
Exeter

Surinder Singh, BM, MSc, MRCP  
London

Blair Smith, MD, MEd, MRCP  
Aberdeen

Lindsay F P Smith, MClSci, MD, MRCP,  
FRCP  
West Coker

Ross J Taylor, MD, FRCP  
Aberdeen

Colin Waine, OBE, FRCP, FRCP  
Bishop Auckland

John F Wilmot, FRCP  
Warwick



Editorial Office: 14 Princes Gate,  
London SW7 1PU (Tel: 020 7581 3232,  
Fax: 020 7584 6716).  
E-mail: [Journal@rcgp.org.uk](mailto: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, Prime House, Park 2000,  
Heighington Lane Business Park,  
Newton Aycliffe, Co. Durham DL5 6AR.

## Research papers this month:

### Variations on a theme

The *BJGP* is out of touch with the average GP, writes Richard Vautrey in a trenchant comment on the *Journal* and all it stands for. This is not the first time such comments have been voiced. A similar piece appeared anonymously in *Pulse* earlier this year. We have done our best to reply to the criticisms on page 772 but we know this may not satisfy all our readers.

The *Journal* must stand and fall by the quality of the peer-reviewed research that it publishes. Of necessity this is written in a format and a language that demands intellectual effort from the reader. We think the fair test is not how it rates against *Pulse* or *GP* but against, say, *Gut* or the *British Journal of Psychiatry*. On the other hand, we can, and should, be trying to make the research accessible for the average GP (whoever she is - has anyone out there ever met him?). Readers may have noticed that we have already started using editorials to contextualise the research. This month we have made an attempt to collect together papers around the theme of cardiovascular disease.

Prevention of ischaemic heart disease remains the Holy Grail. The two leaders this month by Lewis Ritchie and Philip Evans look at the potential gains provided by the advent of statins. The practical implications of trying to implement such guidance is explored by Hippisley-Cox and Pringle on page 699. Apart from coming up with a 'bottom line' figure of approximately £32 000 per coronary death averted, the paper documents the effort required to achieve anything worthwhile: 'despite lipid-lowering drugs, few patients had serum lipid-lowering concentrations in the target range at the end of six months'.

Without the use of statins, however, we may be doing as much harm as good. On page 712, Price *et al* look at the effect of dietary advice alone and conclude that the benefit achieved among those whose lipid profile improved was balanced by the harm among those where it deteriorated.

With primary prevention remaining so difficult, many have decided that we can achieve more good with secondary prevention. The first step, naturally, is to identify those at risk, and even here Moher *et al* on page 706 reveal the wide range of success achieved among a sample of practices.

There is more to cardiovascular disease than this. On page 727, Somerville *et al* compare different methods of identifying patients with atrial fibrillation who may benefit from secondary prevention and on page 710 Houghton *et al* send out a powerful message to clinicians and planners on how to maximise the success of cardioversion for atrial fibrillation. In this month's review (page 735), Hobbs summarises the evidence for the benefits to be had from a more vigorous approach to the treatment of heart failure. As well as this, in this month's Digest on page 771, Trefor Roscoe reviews websites relevant to primary care cardiovascular medicine.

Meanwhile, politics continues to dominate much of our everyday thinking. In this month's Back Pages, Alec Logan has gathered an impressive collection of early views on the NHS National Plan. We shall no doubt be returning to this in the coming months.

What do the readers think of this? Another criticism of the *Journal* is that we are not as responsive to them as we should be. We have plans to become more prompt at publishing readers' letters but we still get too few of the 'Disgusted of Tunbridge Wells' variety that sound like authentic British general practitioners. Even if you cannot summon a real head of outrage, please let us know first, whether themed issues will be welcome, and secondly, what themes you would like to see us try. The next issue, for which we are inviting papers and articles in this month's *Journal*, will be on Inequalities in Health and will be appearing to coincide with the College Research Symposium in June 2001, which will cover the topic of Inequalities in Health. The formal invitation appears on page 772.

© *British Journal of General Practice*, 2000, **50**, 689-698.

# 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, 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.

#### 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](mailto: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: 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 2000 subscription is £130.00 for UK residents. For non-UK residents the rate is £147.00 (overseas surface mail); £166.00 (overseas airmail); \$262.00 (US surface mail); or \$300.00 (US airmail). 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.

#### 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.