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September Focus

David Carvel's letter on page 765 expresses himself unsurprised by the effects of the MRCGP qualification, as reported in July's BJGP. To experienced clinicians surprise comes only rarely, and it's not something you might expect to get from the pages of an academic journal. Are you surprised to learn that there might be an association between migraine and asthma? The paper on page 723 by Davey *et al* discusses the possible explanations, including one that the link is genuine, related mostly to non-atopic asthma. On the other hand, a review of the management of urinary tract infection by Hummers-Pradier and Kochen on page 752 contains few surprises. In it, however, the authors turn to the familiar topic of cranberry juice and conclude that the evidence for effectiveness of what has now become a widely-used remedy is not as good as we might imagine. Or turn to the trial of nitrofurantoin in uncomplicated urinary tract infection on page 729 by Christiaens *et al*. The surprise here is not in the headline answer (antibiotics really do work for women with uncomplicated UTI), but that this is apparently the first time a placebo-controlled RCT has been carried out to answer the question. Some will be surprised that this trial received ethical committee approval, given all the circumstantial evidence that would support prescribing antibiotics before the trial was planned. The accompanying leader on page 708 by Leibovici discusses the ethical issues and explains how the decision can be defended.

We were surprised by the vehemence of the letters responding to the editorial on CFS/ME published two months ago. However, sharp-witted readers will spot the biggest surprise, one that we cannot fathom. Why are all the obloquy directed against the editorial, and none to the more provocative piece by Michael Fitzpatrick in the Back Pages of the same issue?

Less surprising, perhaps, are the results of three trials published this month testing out different approaches to boosting the rates of 'flu immunisation among the over-65 population by Hull *et al* and Siriwardena *et al* (pages 712 and 735, respectively). Improvements did result, but in all cases less than the authors had hoped for, and in one the authors candidly admit in the abstract that 'this intervention is likely to be costly and its effect on influenza vaccination rates is modest'. We are gradually learning that the decisions patients make about their health, even over interventions that we would consider to be straightforward, are based on numerous factors, including some deep-seated beliefs about health, and that the medical input into their decisions is only part of the overall picture. Perhaps we should aim for and be gratified with the modest improvements reported here. The accompanying editorial on page 710 by Kassanios reminds readers of the reasons for trying to increase the immunisation rates, and the use of simple methods that at least take the barriers away. We also publish a discussion paper on RCTs in primary care on page 746 by Sheikh *et al*. This sheds some light on the various approaches adopted in the RCTs published this month focusing on the difficulties in preference trials and crossover trials. Not surprising at all is the depressing data on cardiovascular risk among men from the northwest of Scotland on page 743 by Tangney. In this instance, the authors are again open in expressing their disappointment that their efforts at reductions in indices of smoking, blood pressure and blood cholesterol were offset by changes in exercise habits and obesity.

Finally, readers have long asked for a digest of important papers published elsewhere that are relevant to primary care. We are therefore delighted to publish the first of what will be a regular monthly column appears on page 779 by Richard Lehman. We are keen for readers to contribute to this column, and anyone should feel free to bring to Theophrastus's attention any papers that they have come across that deserve attention — it's partly to encourage such participation that it appears under a *nom de plume*. The *BJGP* is generously offering a bottle of champagne to the reader who identifies or knows Theophrastus's original pseudonym and sends us the best brief biography for publication in the Back Pages.

DAVID JEWELL
Editor

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INFORMATION FOR AUTHORS AND READERS

These notes supercede those published in January 2001. The information is published in full in each January issue of the Journal *They are also available on the RCGP website at http://www.rcgp.org.uk/rcgp/journal/info/index.asp*

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All research articles should have a structured abstract of no more than 250 words. This should Background; Aim; Design of study; Setting; Methods; Results; Conclusion; Keywords. (Up to six keywords may be included, which should be MeSH headings as used in *Index Medicus*.)
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Main text. Articles should follow the traditional format of introduction, methods, results and conclusion. The text can be up to 2500 words in length, excluding tables and up to six **tables or figures** are permitted in an article. **References** are presented in Vancouver style, with standard *Index Medicus* abbreviations for journal titles. Authors should try to limit the number of references to no more than 25. Authors submitting **randomised controlled trials** (RCT)s should follow the revised CONSORT guidelines. Guidance can be found at http://jama.ama-assn.org/info/auinst_ trial.html or *JAMA* 2000; **283:** 131-132. Papers describing **qualitative research** should conform to the guidance set out in: Murphy E, R Dingwall, D Greatbatch, *et al*. Qualitative research methods in health technology assessment: an overview. *Health Technology Assessment* 1998; **2(16): 1-13**.

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Letters
Letters may contain data or case reports but in any case should be no longer than 400 words.

The Back Pages
Viewpoints should be around 600 words and up to five references are permissible. *Essays* should be no more than 2000 words long. References should be limited to fewer than 20 in number whenever possible. *Personal Views* should be approximately 400 words long; contributors may include one or two references if appropriate. The *Journal* publishes five regular columnists and we rotate these periodically. *News* items have a word limit of 200–400 words per item. *Digest* publishes reviews of almost anything from academe, through art and architecture.

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