

Letters

The *BJGP* welcomes letters of no more than 400 words, particularly when responding to material we have published. Send them via email to jhowlett@rcgp.org.uk, and include your postal address and job title, or if that's impossible, by post. We cannot publish all the letters we receive, and long ones are likely to be cut. Authors should declare competing interests.

A big issue?

The October 2005 edition of the *BJGP* arrived as I was chomping into my breakfast pastry last week. As I brushed the crumbs away, I espied the article 'The impact of obesity on drug prescribing in primary care' authored by the delightfully titled Counterweight Project Team (they must have had a blast coming up with that team title!).¹

The study concludes that obesity more than doubled prescribing in most drug categories in general practice. Hmm — not exactly the Third Secret of Fatima but still, a worthy and practical piece of research, and certainly relevant to general practice.

Then I saw the competing interests. Sponsored by Roche Products Ltd.

I think that this study is worthy of comment, not because of any groundbreaking insights into obesity, but because it raises very important questions about sponsorship, ethics and possible conflicts of interest when doctors undertake research under the sponsorship of a pharmaceutical company.

Did anybody really expect that a study on obesity, funded by an 'unrestricted educational grant' from the company that manufactures Xenical, would have been submitted had the results shown anything other than those favourable to aggressive treatment of obesity? The authors themselves acknowledge the possibility of bias in that some of the practices involved are involved in an obesity audit.

Unfortunately, acknowledging possible bias does not make the bias disappear.

While we gratefully acknowledge the support of pharmaceutical companies for our research, continuing medical education and so on, I wonder if this study would ever have seen the light of

day if the results had been perhaps less emphatically in favour of aggressive treatment of obesity.

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REFERENCE

1. Counterweight Project Team. The impact of obesity on drug prescribing in primary care. *Br J Gen Pract* 2005; 55: 743–749.

Repeat prescriptions at Highfield Surgery

Your November issue has a poem concerning repeat prescriptions¹ — the poor overworked GP reported that they were rather impenetrable.

As a result of this poem, my own practice prescription clerk has written a poem in return (see below).

Hopefully it can be seen that clinical indications makes light work of this sometimes lengthy chore. I have just been awarded the BUPA Communications Award for 2005 for my work on clinical indications.

The prescriptions before me as always each day,
I look through the pile I have 'urgent for today'.

I need the 'blue spray', 'the brown pill doctor gave me last week',
'I'm not doing well', 'feeling funny',
'feeling weak'.

I take a deep breath; let's get the job done,

Thank goodness for Nigel, the awards he has won.

For clinical indications on every repeat,
For blood pressure, heart, water retention, your feet.

For your asthma, for hayfever, for hyperthyroidism,
To strengthen your bones, or for your heart's natural rhythm.

We have cream that will cure that annoying itch,
And something also to help with that twitch!

So whatever your needs don't ever despair,
At Highfield Surgery you will receive special care.
You will know why you're taking every capsule, spray, cream or pill,
We are here to look after you should you ever fall ill.

By Rita Liddiard, prescription clerk at the Highfield Surgery, High Wycombe.

Nigel Masters

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REFERENCE

1. Memel D. Repeat prescriptions. *Br J Gen Pract* 2005; 55: 895.

Low carbohydrate diets and diabetes control

Dr Morrison, in her letter, promotes the benefit of low carbohydrate diets for people with diabetes.¹ However, there is no clear consensus of evidence for this.^{2,3} There is no defined low carbohydrate diet. The studies are predominantly in type 2 diabetes (a different disease and population than type 1). There is the confounding factor of weight loss, which is of established benefit in glycaemic control. Unfortunately, the studies reviewed in