

key health worker (such as a community TB nurse, ideally). The rights of patients to confidentiality, the health worker to concordance, and the community to patient care and contact tracing are complex and often neglected.⁵

- The adherence to standard uniform courses of treatment such as the highly effective WHO regimens. GPs are perfectly capable of initiating and monitoring treatment with these guidelines, and without them, are unnecessarily afraid of treating TB and leave it to respiratory physicians. There is plenty of evidence internationally that they are no better at curing TB with non-standard regimens, and consistency improves the chances of adherence to cure and the prevention of drug resistance.

Patients with TB want to be diagnosed and treated in the community with the support of their GP. Is it not time that the UK adopt a National TB Control Programme on international lines, and support primary care to deliver this?

Rod MacRorie

GP Principal, Cape Hill Medical Centre, Smethwick. E-mail: rod.macrorie@nhs.net

REFERENCES:

1. Griffiths C, Martineau A. The new tuberculosis. Raised awareness of tuberculosis is vital in general practice. *Br J Gen Pract* 2007; 57: 94–95.
2. Metcalf EP, Davies JC, Wood, F, Butler CC. Unwrapping the diagnosis of tuberculosis in primary care: a qualitative study. *Br J Gen Pract* 2007; 57: 116–122.
3. World Health Organisation. The stop TB strategy. http://www.who.int/tb/publications/2006/who_htm_tb_2006_368.pdf (accessed 22 Feb 2007).
4. TB Alert. About tuberculosis: diagnosis. <http://www.tbalert.org/tuberculosis/diagnosis.php> (accessed 22 Feb 2007).
5. International Union Against Tuberculosis and Lung Disease. The patients' charter for tuberculosis care. http://www.iautld.org/pdf/ISTC_Charter_2006.pdf (accessed 22 Feb 2007).

What students say about '5 a day'

In their qualitative study about obesity in young people, King, *et al*, found that GP's perceived there were significant barriers to patient compliance with advice on food intake and exercise.¹ By contrast, healthcare students are a group who may be more likely to comply with advice on healthy eating. In December 2006 we conducted a

cross-sectional, confidential questionnaire survey to assess the attitudes and behaviour of healthcare students towards eating five or more portions of fruit and vegetables per day.

Three hundred questionnaires were distributed in a lecture for first year healthcare students at St George's, University of London. Two hundred and twelve students responded giving a response rate of 71% (212/300). The mean age of responders was 22 years old and ranged from 18–54 years old. They described their ethnicity as white British; 49% (104/211), Indian; 14% (30/211), and 37% (77/211), were from other ethnicities. The students were studying medicine; 44% (93/211), physiotherapy; 16% (34/211), biomedicine; 13% (27/211), nursing; 9% (19/211), diagnostic radiography; 13% (27/211) and therapeutic radiography; 5% (11/211).

Although 61% (128/211) of responders said that they tried to eat '5 a day', we found that only 17% (35/210) reported actually eating five or more portions of fruit and vegetables on the previous day. This is identical to the 2005 Health Survey for England in which the rate for five-a-day consumption of 16–24 year olds was also 17%.² In our population we found no difference in fruit and vegetable consumption between men and women, but British white students and postgraduate students were more likely to eat '5 a day' than the remainder. Therefore, 22% (23/104) of British white students ate five or more portions the day before compared with 12% (11/105) of students of other ethnicities ($P = 0.023$) and 26% (12/46) of postgraduates ate five a day compared with 14% (22/162) of undergraduates ($P = 0.043$).

Through asking the students to answer how many items of a given fruit or vegetable would constitute a single portion we also found that many healthcare students did not have a good understanding of portion size. For instance, only 11% (23/203) were able to guess the correct number of apricots that make up a single portion of fruit (the answer is three). Half (105/210) of the students also felt that there is not enough promotion of '5 a day'.

We found over 80% of this group of UK healthcare students failed to eat five portions of fruit and vegetables daily. As

King, *et al*, imply, it is scarcely surprising if GPs feel they have an uphill struggle to change the behaviour of many of their obese patients!

Anuj Chahal

2nd Year Medical Student, St George's Medical School, University of London
E-mail: m0500212@sgul.ac.uk

Pippa Oakeshott

Reader in General Practice, Community Health Sciences, St George's Medical School, University of London

REFERENCES

1. King LA, Loss JHM, Wilkenfeld RL, *et al*. Australian GPs' perceptions about child and adolescent overweight and obesity. *Br J Gen Pract* 2007; 57 (535): 124–129.
2. NHS. Statistics on Obesity, Physical Activity and Diet: England. The information Centre; 2005. <http://www.ic.nhs.uk/pubs/obesity> (accessed 9 Mar 2007).

Dance as a form of exercise

I read 'Dance as a form of exercise' by Zoe Bremer, with great interest.¹ One form of dance which wasn't mentioned in her essay, is 'modern jive' also known as 'french jive', 'Ceroc', 'Le Roc' among others, and is very extensive in the UK, especially in London and the South-East.

This is a very exciting form of partner dance that can be done to almost any type of popular music and looks a little like rock'n'roll to the unpractised eye. It is often advertised as the dance for anyone with two left feet, because there are no specific steps to worry about, most of the moves being lead from the upper body, but one nonetheless needs to move around the floor a lot, thus providing excellent aerobic exercise.

A normal evening of modern jive consists of the beginners' lesson, followed by a short period of 'freestyle' whereby one can practice what has been learned, to music. This is followed by the intermediate lesson. At this point, some clubs will also provide a beginners' consolidation lesson in another room. The intermediate lesson is followed by freestyle dancing to the end of the evening at about 11 pm. Most clubs will provide 'taxi' dancers who are there specifically to help the beginners practice the moves; and all for about £6. Modern