

Letters

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GPs' attitudes to hypertension guidelines

Heneghan and colleagues used an internet survey in 2006 to assess GPs' awareness, agreement and adherence to hypertension guidelines.¹ They found 51% of responders knew that blood pressure (BP) based on home/self monitoring should be adjusted downwards by 10/5 mmHg. However, as highlighted in Carlsen and colleagues' meta-synthesis showing GPs questioning guidelines, only 5% said they had adopted this particular hypertension guideline.²

These findings are reflected in our more qualitative telephone survey of GPs conducted in 2007. We decided to ask GPs their opinions about the home BP monitoring trial, after posting information about the trial and the BHS/NICE guidelines to them. Of the 40 GPs contacted, 34 responded (85% response rate). The majority of responders were male (74%). The mean number of call attempts made to contact a GP was 1.9. We found that 50% (17/34) of GPs knew the correct target for home BP monitoring. Interestingly, 88% (30/34) of GPs had received the information but only 40% of these (12/30) had read the information. Even fewer, seven GPs (21%), had understood the aims of the trial. We also found that 85% (29/34) of GPs were in favour of home monitors as they felt they eliminated white coat hypertension and provided a true reflection of BP. One GP strongly disagreed with home BP monitors as he felt they were inaccurate and caused problems for patients and GPs. There was a small proportion (four GPs) that had mixed views about monitors as they felt they caused patient anxiety. In our survey, two GPs were unhappy to cooperate with the trial in aiming for the home BP target.

One GP felt the target was too low and predisposed his patient to falls and the other felt that he was not well informed about the trial and was therefore not willing to cooperate. The GPs in our survey emphasised that they were often 'too busy and had no time' to read the information sent to them. Therefore they felt the telephone call was an important method of relaying important information about the trial and the home BP target to them. In a trial such as ours, the role of the GP is pivotal in achieving target BP and changing treatment, therefore education of the GP is paramount.

Our findings support those of Heneghan. Not only do GPs 'not have time to read and memorise all the guidance', but 'they may not adopt the recommendations despite high awareness.'

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Minor surgery in general practice: are sterilised gloves necessary?

The use of non-sterile gloves during minor surgery is normal care in general practice. The Dutch College of General Practitioners has issued a guideline for infection prevention based on the regulation of the Dutch Working Party on Infection Prevention.¹ Under the section 'Minor surgery' it is stated: 'When a wound is closed with a suture, one has to work under sterile conditions. This means: sterile gloves, sterile working area and sterile material.' There is no evidence in the guideline to support this recommendation.

A retrospective study of the records of patients undergoing minor surgical procedures was performed. Records were searched for surgical site infection (SSI). SSI is defined according to the guideline for the prevention of SSI.²

All surgical procedures were performed in an examination room in a general practice. After washing the hands with a disinfecting soap the gloves were put on. The skin was disinfected. A sterile dressing, steam-heated sterilised instruments and pre-packaged sterilised gauzes were used. The wound was closed using nylon or resolvable sutures which were removed after 7–14 days.

One hundred and sixty-eight minor surgical procedures were performed on 133 patients. Sutures were used in 131 procedures. Five procedures were