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Research that matters is inspired, more often than not, by questions arising during contact with patients in routine clinical practice. The answers to these questions often have a meaningful impact on patient care, practice or policy. This issue of the Journal presents the results of a number of studies which address uncertainties that will resonate with many clinicians

The first of these concerns frequent attenders in general practice — the ‘fat folder’ patients who, interestingly, have become less visible in the era of electronic health records. Luciano and colleagues from Catalonia, Spain (page 95) have modelled a series of definitions of frequent attenders and in doing so, as well as raising a range of new questions, have identified factors associated with frequent attendance. These include, unsurprisingly, receipt of sickness certification and mental health problems but also a number of characteristics of the GPs themselves, patients who have moved to Spain from other countries, and physical problems including chronic musculoskeletal and respiratory conditions.

Knee pain often presents difficulties in diagnosis and management, and there is evidence that examination of the knee joint is not always performed as well as it might be. In a 1-year follow-up of patients with acute knee pain in Rotterdam, Wagemakers and colleagues (page 106) found that there was little difference in outcome between patients with and without meniscal tears and ligament damage, raising questions about other predictors of outcome and criteria for investigation and referral. Large scale extraction of routinely collected data from electronic patient health records would be a useful way to pursue these interesting findings.

The Primary Care E-Health group at University College London (page 88) present their findings from interviews with GPs about patients bringing them information obtained from the internet. This can clearly be a source of anxiety and irritation to some of us, yet it seems that, at least in north London, GPs are developing sophisticated strategies to deal with the concerns elicited by being shown material of which they may be both unaware and distrustful. This is a topic that won't go away and is a fertile area for further research.

Underlying all these, and other challenges we face in consultations with patients are our consultation (or communication) skills, and non-verbal communication is the topic of a study from Bialystok, Poland (page 83). Most, but not all, patients are sensitive to their doctor's non-verbal style, with tone of voice, eye contact, and facial expression being the features attracting most attention. It would be fascinating to see the extent to which these findings are consistent across cultures.

Roger Jones*Editor*

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