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1. Spitzer D. Editor's choice. *Br J Gen Pract* 2014; **64(627)**: 501.

DOI: 10.3399/bjgp14X682717

Research into practice: management of atrial fibrillation in general practice

I enjoyed the review of the management of atrial fibrillation in practice by Fitzmaurice and Hobbs; it concisely covered the salient points on this hugely important topic.¹ However, I would like to highlight one important aspect on the current management of atrial fibrillation and in particular relation to the use of novel oral

anticoagulants. These are often (mis) described as 'not needing monitoring'. However, this should always be qualified with the statement that they 'do not need INR monitoring'. The patient must have their renal functioning infrequently and because of the short half life it is vital that the patient is regularly counselled about the importance of not missing doses.

My concern is that if these two points are missed more patient's might be started on these very new medications without the proper assessment and informed consent.

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1. Fitzmaurice DA, Hobbs FDR. Research into practice: management of atrial fibrillation in general practice. *Br J Gen Pract* 2014; **64(627)**: 540-542.

DOI: 10.3399/bjgp14X682729

Junior doctors and waterpipe tobacco smoking

Rawaf *et al*¹ present data from three small studies that add to the growing body of evidence that waterpipe tobacco smoking is an increasing public health concern in the UK.² Ismail's study corroborates previous work showing that 76% of waterpipe-only users would answer 'no' to the question 'Do you smoke?'.³ This is an important consideration for tobacco monitoring in primary care.

Much UK waterpipe tobacco smoking research has focused on large cities, and none on healthcare professionals themselves. We surveyed 65 junior doctors in Stoke-on-Trent, a small city in the West Midlands, (100% response rate) and a further 100 junior doctors across the West Midlands (21.5% response rate) using

a 10-item, anonymous, cross-sectional questionnaire about prevalence and knowledge of waterpipe tobacco smoking.

All doctors were either foundation year one or two trainees, and were mainly female (58%) and non-cigarette smokers (86%). Additionally, 65% identified themselves as being of white ethnicity, 24% of South Asian ethnicity and the remainder from other ethnicities. Over half (57%) had tried waterpipe tobacco smoking at least once, although past-30 day use was low (4%). Only one-quarter claimed to have a 'good' understanding of waterpipe tobacco smoking, although 20% claimed to not know much about it. The remainder (55%) had heard of waterpipe tobacco smoking and knew about certain aspects.

One third of doctors (32%) incorrectly believed waterpipe tobacco smoking was less harmful than cigarettes, and 32% incorrectly believed waterpipe tobacco smoking did not have the same legislative requirements as cigarettes. Only 5% had asked patients about waterpipe tobacco smoking as part of a tobacco history, but two-thirds (63%) would give cessation advice to waterpipe users should the opportunity arise.

These data show an alarmingly high number of junior doctors have tried shisha at least once, and that their knowledge about its health effects and legislation were poor. These are similar findings to those of Rawaf *et al*, who showed a higher prevalence of ever waterpipe tobacco smoking among medical students in London (79%). In Imperial College London,

55% of medical students had tried waterpipe tobacco smoking and 40% thought it was safer than cigarettes.⁴ Waterpipe tobacco smoking health awareness should start in medical school as part of the wider public health and primary care curriculum. More research is needed into the epidemiology of waterpipe tobacco smoking in the UK and its relationship to tobacco cessation programmes.

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2. Jawad M, McEwen A, McNeill A, Shahab L. To what extent should waterpipe tobacco smoking become a public health priority? *Addiction* 2013; **108(11)**: 1873–1884.
3. Cheron-Launay M, Baha M, Mautrait C, *et al*. Reperer les comportements addictifs chez les adolescents: enquete en milieu lyceen. [Identifying addictive behaviors among adolescents: a school-based survey]. *Archives de Pediatrie* 2011; **18(7)**: 737–744.
4. Jawad M, Abass J, Hariri A, *et al*. Waterpipe smoking: prevalence and attitudes among medical students in London. *Int J Tuberc Lung Dis* 2013; **17(1)**: 137–140.

DOI: 10.3399/bjgp14X682741

Corrections

In the reference list of Mant D. Health checks and screening: what works in general practice? *Br J Gen Pract* 2014; DOI: 10.3399/bjgp14X681637, reference 14 listed 'Lindemeyer A', whereas it should have been 'Lindenmeyer A'. We apologise for this error and have corrected the online version.

DOI: 10.3399/bjgp14X682753

In the October 2014 Out of Hours piece by Mariotto A. Side effects. *Br J Gen Pract* 2014; DOI: 10.3399/bjgp14X681901 the second author should have been listed: Carlo Tiengo, Pharmacist, Italy. We apologise for this error and have corrected the online version.

DOI: 10.3399/bjgp14X682765

In the November 2014 letter by Scallan S. RCGP Annual Conference. *Br J Gen Pract* 2014; DOI: 10.3399/bjgp14X682165P, Samantha Scallan was incorrectly listed as Sarah Scallan. We apologise for this error and have corrected the online version.

DOI: 10.3399/bjgp14X682777

In the November 2014 Clinical Intelligence article by Bannister M, Ah-See KW. Is oropharyngeal cancer being misdiagnosed as acute tonsillitis? *Br J Gen Pract* 2014; DOI: 10.3399/bjgp14X682537 the caption for Figure 2 should read 'Acute tonsillitis'. We apologise for this error and have corrected the online version.

DOI: 10.3399/bjgp14X682789