Letters

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Editor's choice

Bright young things

After 27 years as a partner and 15 years as a trainer in general practice I retired last year at the age of 57. Prior to taking this step I reflected carefully on why I was making this decision. Articles in February's journal accurately sum up my thoughts and reasons.[1] If I had not jumped when I did , then I could well have been one of those boiled frogs.

This week I have been helping locally with GP recruitment. The calibre of those wishing to become GPs has been very high. I have been very impressed by their performance. I would strongly advise them to consider the boiling-frogs analogy.[1] I hope employers, governments, and the profession can come together to produce a future for these bright young things.

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DOI: 10.3399/bjgp16X684469

Asthma overdiagnosed in the Netherlands

This article[1] has unfortunately been widely publicised in a sensational and, in my opinion, destructive manner in the UK.[2] Although only five of the 110 patients diagnosed with spirometry, in this study, were found to be incorrectly diagnosed, the accuracy of the diagnosis in the remaining 500+ patients in this study has not been established. A retrospective analysis of the medical records is only as accurate as the quality of the records and the documented processes used to determine a diagnosis. As the authors state, spirometry is not widely available and, furthermore, nor is quality-assured spirometry. In primary care, serial peak expiratory flow measurements can and, in my opinion, should be used to diagnose reversible airflow obstruction in primary care. It is very difficult to accept the results of this study without detailed corroboration of the assertions that so many of these children don't have asthma. It is well recognised that many people with asthma don't adhere to medical treatment and the assumption by the authors, that failure to collect medication indicates unlikely asthma diagnosis, may be false.

Furthermore, as the disease is defined by its variability it doesn't follow that someone who doesn't have exacerbations doesn't have asthma; they may simply be tolerating the symptoms. A sensible next step, rather than accusing GPs of overdiagnosing asthma, would be a prospective primary care study utilising serial peak expiratory flow to establish accuracy of diagnosis, in all patients currently diagnosed with asthma, as well as those suspected as such in the future. Let's not go back to the 1980s where asthma was underdiagnosed and undertreated.[3]

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Obstructive sleep apnoea

The article on obstructive sleep apnoea may mislead the unwary reader as it appears to give equal prominence to claims supported by substantial evidence and those made on the basis of much weaker evidence.[1] It states that obstructive sleep apnoea can probably increase the risk of strokes and heart disease. In fact the evidence suggests there is an association with stroke but failed to find an association with heart disease.[2] It is of course harder to prove that obstructive sleep apnoea causes stroke as the presence of sleep apnoea is associated with other cardiovascular risk factors that could equally explain an association with cardiovascular disease.

The assertion that continuous positive airway pressure (CPAP) during sleep is effective is supported by a large number of randomised controlled trials, which were included in a systematic review for the National Institute for Health and Care Excellence.[3] CPAP reduced daytime sleepiness, it also reduced blood pressure by 2 mmHg.

By contrast there is not a single randomised controlled trial of tonsillectomy for obstructive sleep apnoea. The statement that in children with obstructive sleep apnoea 'tonsillectomy is usually curative' is not supported by evidence. Unfortunately this statement is repeated ('removal of large tonsils in children is usually effective') and the claim is repeated in relation to adults ('tonsillectomy may occasionally be effective in the less obese adult').

GPs may like to consider the weight of evidence when considering whether to refer patients for surgical treatments.

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