

In this issue...

Dr Mark L Levy

It is nearly two years since the formation of the International Primary Care Respiratory Group (IPCRG) and this issue is the first in which the Primary Care Respiratory Journal is the official journal of this group. The distinctive change in our cover layout reflects this development. This 60 page issue also includes the abstracts presented at the IPCRG conference in Amsterdam (June 2002). Professor Thys van der Molen, past president of IPCRG has written about the achievements of the group to date (page 26). The joint incoming presidents Professor Jim Reid and Dr John Farly have described their vision for the group in the next two years. They raise many issues for consideration and comments would be welcomed via the website or through the secretariat.

General practitioners are asked from time to time to examine patients and provide a report on their fitness to participate in high risk sporting activities. The editorial board have therefore decided to commission a series of papers on providing reports on patients intending to participate in sports such as scuba diving, mountaineering and flying. In this issue, Dr Michael Martin of the Medical Protection Society (page 28) introduces the subject and guides us through the medical implications of producing medical reports for high risk sporting activities.

GPIAG Professor, David Price and colleagues publish more data from their well received Air Study, in this case (pages 30-33), with particular reference to children. As in the case of the adults studied, these authors have found disturbingly high levels of perceived morbidity amongst this population of about 1200 children. In addition they have identified a worrying discrepancy between health care workers perceptions and those of the parents and children studied.

Paterson and Paisely (pages 34-37) used a postal questionnaire as part of an attempt to encourage patients to attend the asthma clinic. They were disappointed in the low uptake of this offer amongst patients with high morbidity due to asthma.

Dr Mommers and colleagues paper (pages 38-41) reports on increasing prevalence of asthma in Dutch schoolchildren which cannot be explained by increased exposure to cigarette smoke or pets. This study is a wonderful example of researchers utilising the opportunity of a routine examination for children to administer their questionnaires with an exceptionally high response rate.

The editorial board has also decided to commission a series of 'personal opinion papers'. The first in this series by Dr Paul Stephenson (pages 42-44), addresses various issues related to pre-school wheezy children in primary care. In his paper he discusses the various presentation patterns and outcomes in these children with some very practical advice on management and referral. I was of course rather dismayed to find he had omitted reference to our own work in this field, nearly 20 years ago, where we highlighted the extraordinarily long delays in diagnosis of

children with asthma in the early 1980's.¹ Many children were then diagnosed with wheezy bronchitis, rather than asthma, and often prescribed antibiotics. Our work was prompted by the landmark study by Nigel Speight and colleagues² in which they demonstrated that the true prevalence of childhood asthma was 11% rather than the currently accepted level of 3% at the time.

The first of two audit papers in this issue, by Wallace and colleagues, addresses some practical ways of managing the transition in prescribing, from CFC to CFC-Free inhalers (pages 47-51). The nurses, funded by a pharmaceutical company, worked together with the practice staff to develop ways in which prescriptions could be issued without disrupting the practice and in a non-threatening way as far as patients were concerned.

I would like to draw GP registrars' attention to the advert for our competition for the best audit, see page 37. The paper from the winner of last years competition was published in the March issue and that of the runner up, Dr Christopher Schultz is published in this issue (pages 52-53). He has audited asthma care in the Yemen in a small sample of patients, and raised interesting ethical and moral issues related to both provision of care and the role of the pharmaceutical industries' pricing structure in poor countries.

Finally, the news section includes information from the GPIAG in Aberdeen, a profile of the Dutch Primary Care Respiratory Group and a meeting report on the role of GP as specialist by Kevin Gruffyd-Jones.

The letters section includes some interesting correspondence on papers previously published in the journal as well as a comment on the new asthma guidelines. Permit me to draw your attention to page 79, where Trisha Weller of the National Respiratory Training Centre has written a very stimulating letter related to the use of Peak Flow Meters in the UK. There is growing concern amongst health professionals regarding the 'single patient use' status of peak flow meters. She draws our attention to the advice from the Medical Devices Agency (MDA) where these devices are not to be used for more than one patient. What do you think? I have invited a number of editorials for the next issue on this subject and would like to include your views; please write to me on this.

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