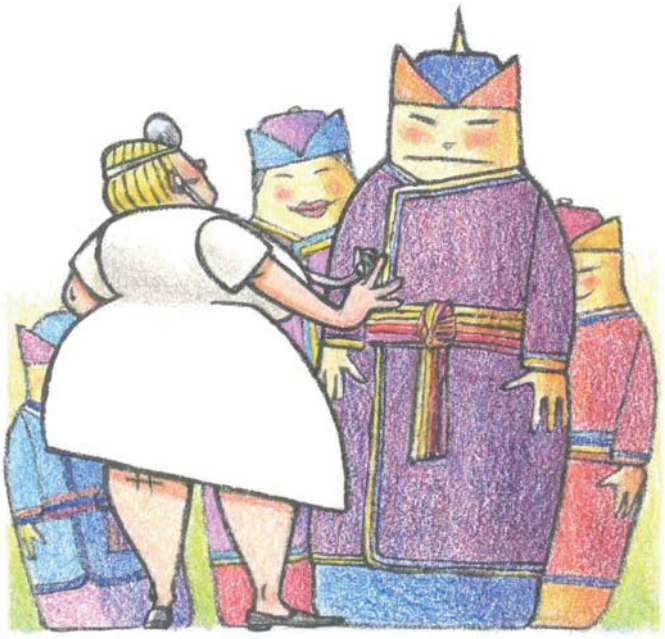
sible skill and empathy, and they will always need us. But my concern is with the healthy. How do we treat 'healthy patients' and 'non-disease' in the best way – and without using up all our personal and economical resources on the subject? There are several dilemmas which, unfortunately, cannot be solved by drawing up new guidelines.

Instead, I think it is necessary that we, as GPs, speak up in the debate, and draw attention to the side-effects of medicalization that makes healthy people feel ill and on the process of 'disease-mongering' as it invents new patients, new diseases and new target groups for medicine. Our goal must be to empower our patients, including the healthy ones, to be able to manage and take control of their daily lives.

Relationship between Doctor and Patient in Mongolia

D M*yagmartseren*



Tekening: Jeroen Zaat

Since 1990 Mongolia has been in a state of transition from a communist system to a market economy, with consequent rising unemployment and poverty: 35.6% of the population are classified as 'very poor'. The other side of the coin is a small number of 'rich people' with easy access to a growing number of private clinics, especially in the capital, Ulan Bator. During the communist period everybody had free access to health care facilities, but they had no freedom of choice. There were large primary care clinics and no competition between doctors. People didn't take much care of their health because medical care was free, so it was not important to invest in a good relationship between doctor and patient.

Today, 234 family clinics have been established and there are about 950 family physicians. Patients in the city receive their primary health care from the family clinics while rural patients attend a medical station with between one and three doctors, a couple of nurses, laboratory assistants and ancillary personnel. Family doctors are responsible for the health of a family. Patients can select their family doctor themselves and receive care 24 hours a day, seven days a week. The recent development of primary health care has given the family physician the possibility to decide independently on referrals and treatments. Today family doctors are closer to clients and to the family. Primary health care is improving and, in the city, competition exists between family clinics and doctors. People prefer to stay registered with one doctor because of an increase in care offered to the chronically sick and the elderly.

Auteursgegevens

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Why, however, do most people prefer to consult hospital specialists? This is probably determined by history. First, medical care was free; second, primary health care was unsatisfactory; third, most people have a low standard of living.

In previous years the health care system was evaluated according to the number of doctors and beds per patient, whereas nowadays it is evaluated according to quality of service, average age of registered patients, mother and infant mortality and the effectiveness of health economy.

The health care system is evolving in a more patient-oriented direction. Doctors have to pay special attention to the growing poverty, which generates infectious diseases, and knowledge problems. The new medical curriculum follows the changes in society.

Op door het NHG georganiseerde WONCA-congres van 1 tot 4 juni 2004 houden bijna 700 huisartsen en onderzoekers een verhaal of presenteren ze een poster over hun onderzoek of project. Hier selecteerden we 24 abstracts van jonge onderzoekers. Zo'n overzicht geeft geen volledig beeld van al het onderzoek dat er in Nederland en Europa gebeurt. Daarvoor moet u maar naar het congres. We selecteerden voor deze H&W vooral abstracts die een actueel thema aansnijden of die al enige feiten presenteren. In een aantal abstracts verhalen onderzoekers over de eerste resultaten van de Tweede Nationale Studie (NS-2), waarvan de resultaten voorafgaand aan de WONCA officieel bekend gemaakt werden.

Infectieziekten

Prescribing antibiotics for respiratory tract infections in general practice in the Netherlands: three studies

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Introduction There are no recent estimates of Dutch antibiotic prescription rates in patients with respiratory tract infections (RTI). Our aim was to assess prescription rates and type of antibiotics in patients with RTI based on data from three different studies containing information on Dutch general practice.

Methods We used 3 different databases:

- the Utrecht Antibiotics and Respiratory Tract Infections (ARTI-2) study, covering 84 GPs serving a population of 180,000 patients, and recording all consultations for RTI during three weeks in the winter of 2001/2002 (2,630 contacts)
- the Integrated Primary Care Information (IPCI) study, covering 150 GPs serving 250,000 patients, with data from all patient contacts during 2000 (74,475 RTI contacts)
- the second Dutch National Survey of General Practice (NS-2), covering 176 GPs serving 300,000 patients, with data from all patient contacts lasting 12 consecutive months between 2000-2002 (110,350 RTI-contacts).

Results Antibiotics were prescribed in one out of three consultations for RTI, with an antibiotic prescription rate ranging from approximately 70% in pneumonia and sinusitis to 27% in cough/bronchitis and 20% in upper RTI and exacerbations of asthma/COPD. Data from ARTI-2 and IPCI showed close correlation, though there were some discrepancies with NS-2. Amoxicillin and doxycycline were most frequently prescribed, while 17% were macrolides, mostly prescribed for lower RTI.

Conclusion Antibiotics were probably overprescribed in cases of sinusitis-like complaints, cough/ bronchitis and upper RTI. Type of antibiotics could be improved by prescribing more in accordance with guidelines.

'I think I know what you want'. Patients' expectations and doctors' perceptions in consultations for sore throat in general practice

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Introduction GPs often claim they prescribe antibiotics for self-limiting diseases because of patient demand. But what do patients want and how do they communicate this to their GP?

Methods A random sample of 7 peer review groups in the region of Belgian and Dutch Flanders was selected to participate in a questionnaire survey. All patients (>12 years) consulting for acute sore throat and their GPs were asked to fill out separate post-consultation questionnaires exploring illness perceptions and reasons for consultation.

Results A total of 343 consultations with 74 GPs were registered. The average age of patients was 36.9 years (42.3% males) and of GPs 47.2 years (80.4% males). A prescription for antibiotics was issued to 40.8% of patients, a first-choice antibiotic in only 22.8%. GPs claimed to have followed the guidelines in 79.4% of all antibiotic prescriptions. Patients consulted mainly for pain relief, information and clinical examination. A desire for antibiotics is one of the three least important reasons (out of a list of thirteen) for attending surgery and is seldom expressed during the consultation. The GPs' perceptions of the patients' wishes were poorly correlated and were significantly related to the outcome of antibiotic prescription. No difference in satisfaction was measured between patients with or without antibiotic prescription.

Conclusion Communication skills aimed at exploring the patient's expectations during consultation may assist in reducing the prescribing of antibiotics. The lack of GPs' awareness of their own 'over-prescribing' needs further exploration.

The treatment of acute infectious conjunctivitis with fusidic acid gel 1% in primary care: a randomised controlled trial

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Introduction The aim of the trial was to assess the effectiveness of fusidic acid gel compared to placebo for acute infectious conjunctivitis in primary care.

Methods Adults presenting with red eye and either (muco)purulent discharge or glued eyelid(s) were included in a double-blind randomised trial. The main outcome measures were the difference in proportions of patients cured at seven days, the difference in bacterial eradication rates at seven days, a survival time analysis of the duration of symptoms and the extent to which the 7-day cure rate in culture-positive patients differed from that in culture-negatives.

Results One hundred and eighty patients were randomised, 163 patients were analysed. At seven days, 62% of patients in the treatment group and 59% in the placebo group were cured, adjusted risk difference 4.7% (95% CI –11-18). There was no difference between the median duration of symptoms in the two groups. At baseline, the prevalence of a positive bacterial culture was 32%. Bacteria were eradicated in 80% (16/21) of patients in the fusidic acid group and in 41% (12/29) in the placebo group, risk difference 35% (95%-CI 9-60). In culture-positive patients, the treatment effect tended to be strong, adjusted risk difference 23% (95%-CI –6-42).

Conclusion At 7 days, cure rates in both the fusidic acid gel and placebo group were essentially similar. These findings do not support the current prescription practices of fusidic acid by GPs. However when a diagnostic technique becomes available that predicts the culture result at the time of presentation, selective prescription to test-positive patients may be useful.

Herpes zoster: determinants of treatment using a general practice research database

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Introduction Herpes zoster (HZ) is a common disease in general practice. The main complications of HZ include postherpetic neuralgia and, in cases of herpes zoster ophthalmicus, eye problems. Early treatment of HZ patients at risk for these complications may modify the course of disease and reduce the risk of complications.

Our aim was to assess the determinants for