

BOOK NOTICE

Asthma and COPD in general practice. Studies on the quality of care. FW Dekker. (Pp 135). Department of General Practice, University of Leiden, The Netherlands. 1993.

In the Netherlands, as in the UK, there is a well developed system of primary care in which general practitioners play a major role in the care of patients with asthma and COPD with 80–90% of care for these two conditions taking place outside hospital. As in the UK, Dutch general practitioners fulfil a gatekeeper role, with responsibility for referral to secondary care.

This short but useful book, written by a Dutch academic general practitioner, is presented in the form of a thesis, with a literature review followed by a related series of studies from general practice in the Netherlands on the quality of diagnosis and treatment for asthma and COPD, with some assessment of outcomes. The book provides a useful reference manual on topics for interested general practitioners, but some of the studies are several years old and not all are of direct relevance to UK general practice.

Chapter 2 provides useful summaries of the issues surrounding definitions of diagnosis for asthma and COPD and quality of care. It brings out nicely the contrasts between the technical aspects of care for asthma and COPD, and the "interpersonal exchange" which characterises primary medical care. Chapter 3 consists of a review of studies of quality of care in asthma and COPD, but would be more useful if restricted to those which focused on outcome measures rather than process. There is a quite distinct (and from the UK viewpoint, incongruous) chapter on the evaluation of a desktop *in vitro* allergy diagnostic test. There are no data presented to indicate that this (presumably expensive) test is superior to careful history taking or skin prick testing in the diagnosis of bronchial allergy.

Somewhat dated chapters on the usefulness of peak flow meter readings and compliance with medication are followed by more interesting studies on patient self-management, and the quality of life in patients with COPD.

The final chapter provides a general discussion on the studies reported in the book, and concludes that there is much room for improvement in the general practice care of asthma and COPD – a message of equal relevance to the UK. Four developments in quality of care are highlighted: the emergence of guidelines and quality standards for management; the important role of practice nurses in patient education; and the potential roles of patient self-management plans and patient satisfaction surveys in care of asthma and COPD. As in the UK, all of these developments are being espoused enthusiastically, although we await convincing evidence of their effectiveness.

The book is a useful addition for general practitioners with a special interest in the subject, but not one which offers important new messages for the true generalist for whom a quick scan of the five page summary chapter will be sufficient. – SH

CORRECTIONS

The chest radiograph in cystic fibrosis

In the paper entitled "The chest radiograph in cystic fibrosis: a new scoring system compared with the Chrispin–Norman and Brasfield scores" by S P Conway *et al* which appeared on pages 860–862 of the September issue a line of text was inadvertently omitted. The last paragraph on page 860 should read: "The Northern score is derived by dividing each lung into an upper and lower zone by drawing a horizontal line outwards from the middle

of each hilum. Each quadrant is scored 0–4 based on the increasing severity of linear, nodular cystic (up to 0.5 cm diameter) and large or confluent shadows (table 1)."

Survival of patients with severe α_1 -antitrypsin deficiency

In the paper entitled "Survival of patients with severe α_1 -antitrypsin deficiency with special reference to non-index cases" by N Seersholm *et al* which appeared on pages 695–698 of the July issue the labelling of the keys of figures 1 and 2 was reversed. The figures are reproduced here with the keys correctly labelled.

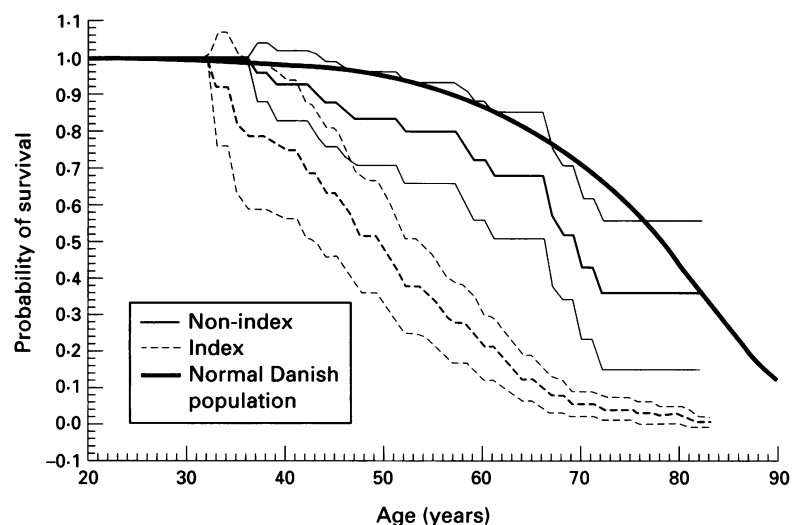


Figure 1 Cumulative probability of the survival time of index cases and non-index cases with 95% confidence intervals. Survival of the normal Danish population is shown for comparison.

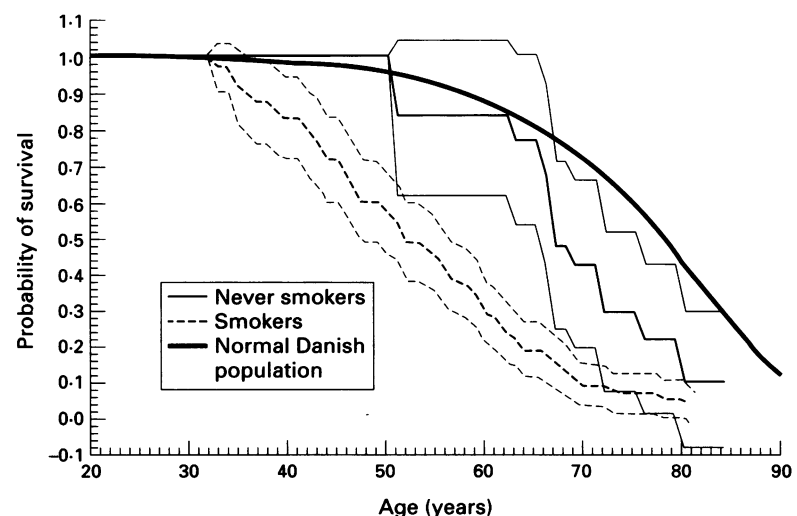


Figure 2 Cumulative probability of the survival time of smokers and non-smokers with 95% confidence intervals. Survival of the normal Danish population is shown for comparison.