C O N T E N T S (Continued)

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Asthma in General Practice is published on behalf of the General Practitioner's In Asthma Group by:

Strategic Medical Publishing,

Action International House, Crabtree Office Village, Eversley Way, Thorpe, Egham, Surrey TW20 8RY.

The General Practitioner's In Asthma Group operates independently of any commercial company.

However, it does receive an educational grant from Allen & Hanburys Ltd, in order to finance the group's secretariat, its Annual Scientific Meeting, its Research Unit and this journal.

ISSN 0968-039X

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The views expressed in this journal are not necessarily those of the General Practitioner's In Asthma Group, the publisher or Allen & Hanburys Ltd.

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Editorial

Asthma in General Practice has now been accepted for inclusion on two scientific databases: BIOSIS and more recently EMBASE/Excerpta Medica. We are particularly pleased about the EMBASE listing as this database is readily available to anyone accessing the British Medical Association (BMA) Medline service. This is a great achievement and it gives me great pleasure to acknowledge the hard work and effort this has entailed by the Editorial Board and our publishers, Strategic Medical Publishing.

We have continued to attract high quality submissions for consideration for publication in our journal. In this, the first of our issues for 1998, we publish three invited reviews and three submitted papers.

The subject matter of the reviews is of topical interest to health professionals working in primary care. Malcolm Green guides us through the issues, possible problems and transition from CFC (chlorofluorocarbon) containing pressurised meter dose inhalers to those containing HFAs (hydrofluoroalkanes). The recent presentation of the EUROSCOP study of the role of inhaled steroids in the management of chronic obstructive pulmonary disease (COPD) presented John Haughney with an opportunity to discuss this in his paper. Kamlesh Khunti and Mayur Lakhani comprehensively discuss the theoretical basis of guideline development, as well as related factors, barriers and possible solutions to their implementation.

In their five year study Mowat and colleagues from Dundee, could not prove a relationship between socio-economic status and asthma severity. However, they do present fairly convincing data suggesting that socio-economic status rather than asthma severity determines patterns of health service utilisation by children. These

findings create a number of further questions to be addressed; in particular, the intriguing influence of health professionals' perception of patients' asthma management related to their socio-economic status.

The second paper by Khunti in this issue, breaks new ground in reporting on the impact of continuity of care on asthma management in general practice. Interestingly, two of the five doctors in the practice achieved high continuity of care, while the process of care delivered, differed significantly. This study did not differentiate between the care provided by doctors compared with nurses, and may be interesting in a future study. While this paper has limitations because it is a pilot study, looking at process rather than outcome, in one practice, the methodology is sound and offers others an opportunity for designing larger scale studies.

Finally, a short paper by Aziz Sheikh, serves to remind readers of the many disease entities, in this case, keratoconus causing myopia, that are associated with atopy.

This year we will be producing a supplement containing a number of the abstracts presented at our Annual Scientific Meeting in June. The current limitation on the numbers of abstracts published, is cost. However all of them will be published on our web page, unless published elsewhere:

<http://www.gpiag-asthma.org/Asthma/GPIAG/welcome.htm>

The other news is that we will publish three issues this year and aim to increase to a quarterly journal next year when we aim to apply for listing on Medline.■

Mark Levy
Editor