

## Editoria

The journal continues to attract high quality papers. This issue contains papers which are all relevant to and raise questions about general practice. We look forward to extending the value of the *Primary Care Respiratory Journal* through correspondence and debate from our readers.

Adrian Cook and Aziz Sheikh (pp 48-50) continue their series of articles on understanding medical statistics. This series focuses on raising the ability of our readers to critically evaluate scientific papers as well as the quality of publications submitted to this journal. The paper published in this issue aims to demystify the use of confidence intervals and explains why the use of 'p' values is not enough to enable a critical evaluation of results reported

Our Dutch colleagues, Schermer *et al* make a very strong case in their literature review (pp 51-55), for the use of spirometry in primary care. This well referenced article addresses issues related to implementation of this method of investigation, training and quality aspects, interpretation as well as Health Economics. The advantages and disadvantages of providing spirometry in different sectors in primary and secondary care are clearly summarised in the table on page 54. Comments from readers using spirometry in practice would be welcome.

Implementation of guidelines may be facilitated by computer packages produced for this purpose. We have published a pilot study by Neville *et al* (pp 56-58) who describe their results of an investigation of the use of computer assisted decision support in managing asthma. Positive and negative experiences of the small number of participants highlight some of the important issues, and in

addition, raise new research questions. Most practices providing organised asthma care, aim to see their patients three or four times a year. For various reasons very few actually achieve this. Mike Thomas, in his paper (pp 59-63) has investigated the reasons for non-attendance for consultations in 88 of the 200 children under 15 years old on the asthma register who had not collected a prescription in the previous 12 months. The results of this study imply that many of these patients were not suffering from asthma related symptoms. The obvious question is whether this is a phenomenon unique to this particular practice? In a similar study, Gruffydd Jones *et al* (*Asthma in Gen Prac* 1999 3:36-38) suggested patients (or parent's) low perception of asthma severity resulted in poor attendance at the GP. Clearly, more primary care studies, perhaps multicentre based, with representative sampling of patients stratified by severity and age, utilising validated questionnaires, may help to provide more information which may help us to plan our future care for our asthmatic patients.

Finally, John Salinsky reviews 'Caring for Muslim patients', a book co-edited by Sheikh and Gatrads. The authors were recently commended by Tony Blair and HRH The Prince of Wales for this book. Aziz Sheikh is a member of the GPIAG and contributes regularly to the journal and is to join the editorial board from January 2001.

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