

## EDITORS' CHOICE

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- Patients present many different types of medical and psychosocial problems in primary care. We therefore face considerable challenges in each consultation – not least making decisions on whether the patient needs immediate or planned referral for hospital care – usually in time slots of only 10-12 minutes. No wonder then that GPs are not renowned for incorporating guidelines into clinical practice...Hence the need for primary care summaries of evidence-based guidelines. On pg 21, Levy *et al.* present a summary of the recently updated BTS guidelines on the management of community acquired pneumonia (CAP). This paper, which has been endorsed by the RCGP and the PCRS-UK, provides key messages and recommendations for diagnosing and managing CAP, including the use of the CRB-65 score for assessing severity.
- Care provided by GPs or specialists – who does it better? Kuethe *et al.* compared the management of children with asthma in general practice and hospital outpatients, and concluded that the hospital-based group was better controlled (pg 62). However, in his thought-provoking editorial on pg 1, Sachs elucidates the flaws in their argument and discusses the importance of prognostic studies and self perception of illness by children or their parents.
- On pg 28, Schokker *et al.* shed light on asthma prescriptions in the Netherlands for children under 10, and in his commentary on pg 35, Small analyses the paper in depth.

Other highlights include:

- Pedersen's review of the importance of assessing levels of asthma control rather than disease severity (pg 3)
- Pinnock *et al.*'s discussion paper on asthma consultations in primary care (pg 75)
- Economic analyses by Gani *et al.* comparing tiotropium and ipratropium or salmeterol in COPD patients (pg 68).

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