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## Depot medroxyprogesterone acetate and bone density

Oestrogen deficiency causes accelerated bone loss in women both before and after the menopause. The injectable contraceptive depot medroxyprogesterone acetate works by inhibiting ovulation and suppresses ovarian oestrogen production. Cundy *et al* (p 13) measured bone density in women who had used it for a minimum of five years and found that values for bone mineral density in both the lumbar spine and the femoral neck were significantly lower in these women than in premenopausal controls (mean differences 7.5% and 6.6%, respectively). Although this deficit was less than that in postmenopausal controls, the use of depot medroxyprogesterone acetate may be a potential risk factor for osteoporosis in later life.

## Eating disorders in diabetics

Evidence to date suggests that the eating disorders anorexia nervosa and bulimia nervosa are more common in young diabetic women than in young non-diabetic women. This has caused concern because in diabetic women eating disorders are associated with poor glycaemic control and physical complications. On p 17 Fairburn *et al* challenge the methods of previous studies; by using an interview system, carefully chosen sample, and a matched non-diabetic control sample they found that disturbed eating was no more prevalent in diabetic than in non-diabetic women, but that it was common in both groups and associated with poor glycaemic control in diabetic women. The authors also found that young diabetic women commonly misused insulin to influence their body weight.

## Immunisation as a performance measure in general practice

The general practitioner contract has instituted a system of performance related payments for achieving higher rates of uptake of childhood immunisation. The system takes no account of the patient mix within a practice. On p 28 Jones and Moon argue that this neglect gives an imprecise picture of a practice's performance. Using the example of uptake of immunisation against pertussis in 126 practices with over 2000 children, they show by multilevel modelling that when patient characteristics are taken into account there are substantial changes in ranked performance of practices.

## Malignancy in "dominant" thyroid swellings

Carcinoma may be found in some 20-30% of isolated (solitary) thyroid swellings, but the risk of malignancy in a dominant thyroid swelling—that is, a dominant area of enlargement within a multinodular gland—is less well defined. On p 20 Cusick *et al* report a study aimed at determining this risk. Over six years 574 patients were referred to a surgical thyroid clinic for discrete thyroid swellings, of which 395 (69%) were classified clinically as isolated and 179 (31%) as

dominant. After clinical and cytological assessment 77 (43%) of the dominant swellings were excised: 32 (42%) were neoplastic, including 11 malignant lesions. The minimum incidence of neoplasia and malignancy in the whole series of 179 dominant swellings was therefore 18% and 6% respectively (with the assumption that all such lesions were removed). Dominant thyroid swellings should therefore be regarded with greater suspicion than has been traditional.

## Social drinking in pregnancy and child development

Controversy still exists over the dangers of drinking alcohol during pregnancy. The evidence is inconclusive for a long term effect of the very light drinking that most women report during pregnancy. Forrest *et al* (p 22) found no adverse relation between maternal consumption of up to at least 10 drinks a week and child development at 18 months. They reassessed 592 mothers and their firstborn children in a cohort study in which details of alcohol consumption had been obtained during pregnancy. They found that mental development was associated with social class (children in higher classes achieving higher scores), but psychomotor development was not. Whether or not factors such as mother's age and cigarette consumption and child's sex, birth weight, and gestational age were taken into account, no relation between either developmental score and alcohol consumption was found.

## Revamping undergraduate medical education

Although a consensus probably exists in favour of changing undergraduate medical education, the nature of any reforms is still a matter of debate. From the standpoint of academic general practice, Fraser (p 41) presents some observations on the present state and future needs of undergraduate medical education. He calls for a greater commitment from medical schools to their teaching responsibilities and for a shift from a curriculum dominated by facts to one with emphasis on self learning, clinical reasoning skills, and whole person medicine. He advocates a greater balance and partnership between the best of hospital based and general practice based teaching.

## Future of audit in general practice

Audit and standards setting are becoming firmly established in primary care but audit itself may not be enough to maintain change. On p 32 Baker argues that audit imposed on general practitioners will lead to frustration and lack of cooperation as doctors feel that their responsibility for quality of care is eroded. He suggests that total quality management is needed as a basis for audit. This system requires active participation from doctors, and audit is performed to improve care rather than for its own sake. With the cooperation of doctors it is more likely that standards of care will be agreed on and the satisfaction of patients improved.