What is already known on this topic

Primary care groups are required to identify all patients with ischaemic heart disease and ensure they receive appropriate treatment

Search strategies based on the G3 Read code for ischaemic heart disease and prescriptions of nitrates are commonly used to identify patients

What this study adds

Search strategies based on the G3 Read code and nitrate prescriptions may miss up to 30% of patients with ischaemic heart disease

Adding four drugs to the search strategy (aspirin, atenolol, digoxin, and statins) can increase sensitivity to over 90%

Practices that have not used Read coding can identify about 90% of patients with ischaemic heart disease by using records of repeat prescribing alone

Practices can estimate the work required to identify patients with ischaemic heart disease from the study's data

identification of these patients will enable the construction of practice or primary care group disease registers and help meet the objectives of the national service framework for coronary heart disease.

Advice on the implementation of the method is available on the Battersea Research Group's website www.doh.gov.uk/brg/conduit3.html

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- 1 Department of Health. *National service framework for coronary heart disease*. London: Department of Health, 2000.
- 2 Thiru K, Gray J, Majeed A. Management of ischaemic heart disease in primary care: towards better practice. *J Public Health Med* 1999;21:79-184.
- 3 McCallum AK, Whincup PH, Morris RW, Thomson A, Walker M, Ebrahim S. Aspirin use in middle-aged men with cardiovascular disease: are opportunities being missed? *Br J Gen Pract* 1997;47:417-21.
- 4 ASPIRE Steering Group. A British Cardiac Society survey of the potential for the secondary prevention of coronary disease: ASPIRE (Action on secondary prevention through intervention to reduce events). *Heart* 1996;75:334-42.
- 5 Calman K. *On the state of the public health 1997*. London: Stationery Office, 1998.
- 6 Statacorp. *Stata statistical software: release 6.0*. College Station, TX: Stata Corporation, 1999.
- 7 Moser K, Majeed A. Prevalence of treated chronic diseases in general practice in England and Wales; trends over time and variations by the ONS area classification. *Health Stat Q* 1999;2:25-32.
- 8 NHS Centre for Reviews and Dissemination. Aspirin and myocardial infarction. *Effectiveness Matters* 1995;Vol 1.
- 9 4S Study Group. Randomised trial of cholesterol lowering in 4444 patients with coronary heart disease: the Scandinavian simvastatin survival study (4S). *Lancet* 1994;344:1383-9.
- 10 Moher M, Yudkin P, Turner R, Schofield T, Mant D. An assessment of morbidity registers for coronary heart disease in primary care. *Br J Gen Pract* (in press).

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A memorable patient

The power of prayer

Mr N was a humble, lowly paid insurance agent, 45 years of age, who decided to consult me for severe spasmodic torticollis of more than two years' duration. The dystonic twisted posture of his neck had become so bad that he could only "look at the world on his right side." As a result, driving had become impossible. In his struggle to keep his job he had to walk along the streets of Bombay to meet his clients, and the permanently dug up roads made walking more miserable for him. He had seen his family doctor, osteopaths, orthopaedic surgeons, and physiotherapists, had many scans, tried many medications, collars, and even considered suicide. That was the time when someone advised that he needed to see a neurologist.

Now, as any neurologist knows, spasmodic torticollis is the bane of a neurologist, a most unrewarding condition to treat; after a few visits, both neurologist and patient end up equally depressed. I gave him the usual advice, including x rays, muscle relaxants, anxiolytics, more physical therapy, neuroleptics, new medications, dopamine antagonists, more scans, biofeedback techniques, and so on. I dared not refer him to a psychiatrist as he had already cursed another doctor for having suggested it. My attempts at amateur psychotherapy failed, and eventually things went from bad to worse. It was at this point that I mentioned to him botulinum toxin injection therapy—with trepidation—knowing that the astronomical cost and follow up programmes would be unsuitable for him. "A major recent advance in treatment," I told him. After I had set out the lengthy schedules of the programmes he stood up rather worriedly and said that he would think about it.

A few months later Mr N appeared in my office, and I was unable to recognise him at first. He had come to ask if I would like to take out some life insurance. He was smiling, the torticollis had vanished, and he was truly a changed man. I asked him about his reincarnation, and this was his story.

After he left me, he had visited Puttaparthi, a village on the outskirts of Bangalore in Karnatak State. This village was famous for the presence of the ashram of Sathya Sai Baba, a sage who had performed miracles and was known far and wide for his prayer meetings, telepathy, and clairvoyance. It was to one of the prayer meetings that Mr N had gone in utter despair. Sai Baba would usually walk through the large throng of his devotees, touch many of them, and conduct mass prayers with them. He put his hand on Mr N's head saying that with God's blessing his worries would be soon over. After spending a week at Puttaparthi ashram, Mr N rapidly improved and reached home feeling well and normal.

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We welcome articles of up to 600 words on topics such as *A memorable patient*, *A paper that changed my practice*, *My most unfortunate mistake*, or any other piece conveying instruction, pathos, or humour. If possible the article should be supplied on a disk. Permission is needed from the patient or a relative if an identifiable patient is referred to.