Tender points in fibromyalgia

EDITOR,—Peter Croft and colleagues contend that tender points in fibromyalgia are associated with depression.¹ This conclusion is based on their use of the 12 item general health questionnaire as a measure of depression. This questionnaire, however, is not a screening instrument for depression; it is used to detect psychiatric disorder, which can include depression, anxiety, and psychotic disorders.²

The findings obtained with the general health questionnaire are consistent with the conclusion that tender points are associated with psychiatric disorder. This is consistent with the main point of the paper, which is that tender points are a measure of general distress.

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actively promoted, given the large fall in the sudden infant death syndrome that may result.^{1,4} Asians' gradual assimilation of the cultural and infant care practices of white mothers in Britain may partly be due to the misleading advice propagated by popular literature that mothers are increasingly exposed to in Britain. Simple advice concerning the safest sleeping position for infants needs to be directed at both Asian and white people.

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Sudden infant death syndrome among Asians in Britain

EDITOR,—John Knighton and K Knighton comment that much popular literature advises parents to put their babies in positions that may increase the risk of the sudden infant death syndrome.¹ Our study of infant care practices among Asians supports the observation that sleeping position and the aetiology of the syndrome are related.² The fact that the incidence of the syndrome among Asians in Britain is less than half that in the white population¹ may be related to our finding that Asian babies are more likely to be placed supine at night.² In our survey of 374 multiparous mothers (172 Asian, 202 white) we also identified important differences in the sleeping positions favoured by Asian mothers who were born in Britain compared with those born in the Indian subcontinent (table).² The most recent immigrants to Britain tended to favour the traditional supine position (47%), but this figure decreased with duration of maternal residence in Britain. Conversely, use of the prone sleeping position, which is associated with an increased risk of the sudden infant death syndrome, increased with duration of residence in Britain.

Pronounced differences in postneonatal mortality also exist between infants originating from Pakistan and those originating from other areas of the Indian subcontinent.³ These suggest that social and cultural practices vary within Asians as an ethnic group. In our study,³ however, we could show no differences in the infant care practices of mothers born in Pakistan (59%), India (34%), or Bangladesh (7%); similarly there were no differences among the religious groups (53% Muslim, 29% Sikh, 15% Hindu, 3% Christian). Thus, although Asians in our study represented a heterogeneous group, we found a remarkable similarity in their infant care practices.

The supine sleeping position should thus be

Laparoscopic cholecystectomy in surgical training

EDITOR,—The benefits of laparoscopic cholecystectomy are well established, and most consultant surgeons are retraining in this method.^{1,2} How well are surgical trainees being taught this relatively new approach to what was previously an operation commonly performed by registrars?

We conducted a survey of laparoscopic and open cholecystectomies performed by surgical trainees and the extent of formal training in these procedures. We sent questionnaires to 85 trainees working in the west of Scotland, of whom 59 (69%) replied. Of these, 18 were senior house officers, 21 year three senior house officers, eight career registrars, five visiting registrars, and seven senior registrars.

All trainees had assisted at laparoscopic cholecystectomies. About half of those who were third year senior house officers had performed one to five supervised procedures. Most career, visiting, and senior registrars had performed more than 20 supervised procedures and six to 20 unsupervised procedures. When laparoscopic cholecystectomy was converted to the open operation all trainees above the grade of senior house officer were usually allowed to complete the operation.

All career, visiting, and senior registrars had performed more than 20 open cholecystectomies (supervised and unsupervised), while most of those who were third year senior house officers had performed one to five. Interestingly, one third year senior house officer had performed six to 10 supervised laparoscopic cholecystectomies but had never performed an open operation.

Eighteen trainees had attended training courses, and all had found them to be of substantial benefit. Twenty six had received some formal training from

the consultant surgeons with whom they had worked.

This study shows that most trainees in the west of Scotland are being given the opportunity to perform laparoscopic cholecystectomy but that relatively few have attended practical courses or been formally trained by their consultants. In view of the increase in the number of operations being performed laparoscopically or with laparoscopic help, structured training in this technique should be introduced urgently as a part of all surgical training schemes. Until formal training programmes are established trainees should be encouraged to attend approved courses early in their career to acquire the basic skills necessary to perform safe laparoscopic surgery.

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Unscientific assertions on treating asthma in general practice

EDITOR,—General practitioners recently received their latest reports giving prescribing analysis and cost (PACT) data from the Prescription Pricing Authority. Traditionally these reports have included information related to the quantity and cost of items prescribed during the previous quarter with local and national comparative data. While these reports have been interesting, they do not bear any relation to the quality of care provided by the general practitioner; family health services authorities use them, however, to pressure general practitioners to reduce costs by switching to generic prescribing. This latest report included a four page report on asthma, which will add further ammunition to family health services authorities to limit freedom of prescribing.¹

The report is not referenced but refers to "recent research from the Prescribing Research Unit, Leeds." It contains misleading information concerning salbutamol inhalers and states that "recent research indicates that all metered dose salbutamol inhalers now have similar performance studies." There is contrary evidence from in vitro testing,² and the Food and Drug Administration is sufficiently concerned at the inadequacy of in vivo methods to ensure in vivo bioequivalence that it has issued interim guidance for in vivo tests of bioequivalence.³

The Prescription Pricing Authority's report also asserts that the cost of general practice prescriptions for steroid inhalers should be around half of the total costs for respiratory drugs; that the costs of β agonist inhalers should be around 30% of the total costs for respiratory drugs; and that the total costs for respiratory drugs divided by the number of patients diagnosed as being asthmatic in a practice should be around £80-90. These assertions are not referenced, the report provides no confidence intervals, and the applicability of the assertions to all general practitioners is dubious; we believe that the assertions are an unscientific attempt to reduce prescribing costs in general practice.

It is a shame that the Prescription Pricing Authority is being used to apply downward pressure on general practitioners' prescribing for patients with asthma. Unsubstantiated material should have no place in the management of asthma. Clearly, Britain needs more sensitive tests

Sleeping position of Asian infants related to duration of maternal residence in Britain

Sleeping position	Total No of mothers (n=172)	Mothers born in Britain (n=40)	Time for which mothers born in Asia had lived in Britain (years)			
			<6 (n=36)	6-10 (n=37)	11-15 (n=33)	>15 (n=26)
Supine	57 (33)	8 (20)	17 (47)	16 (43)	11 (33)	15 (19)
Side	82 (48)	21 (53)	15 (42)	17 (46)	14 (42)	15 (58)
Prone	23 (13)	8 (20)	1 (3)	4 (11)	5 (15)	5 (19)
Varies	10 (6)	3 (8)	3 (8)	0	3 (9)	1 (4)