
ABSTRACTS

Vaginal symptoms of unknown aetiology: a study in Dutch general practice

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Vaginal symptoms are frequently presented by women to general practitioners. In many cases, the aetiology of these symptoms remains unknown. This study focused on the factors associated with microbiologically unexplained vaginal symptoms, the course of symptoms and signs in these cases, and factors modifying this course. In a group of 610 women presenting to their general practitioner with vaginal symptoms (itching, irritation,

abnormal but non-bloody discharge) the distribution of diagnoses was studied and factors associated with symptoms of unknown aetiology were identified using logistic regression analysis. During a three month follow up, the course of symptoms and signs was studied in 139 women with unexplained vaginal symptoms, using survival analysis methods. It was found that 25% of all the women had symptoms of unknown aetiology. A larger number of these women, compared with women with other diagnoses, were Caucasian, married, more highly educated, used oral contraceptives and reported psychological distress. During the follow-up period, a

specific infection was diagnosed in less than 20% of the women with unexplained vaginal symptoms. Over half the women (54%) recovered within three months. Short duration of symptoms before presentation was associated with a higher probability of recovery. From the study, it was found that many women visiting the general practitioner for vaginal symptoms had no demonstrable microbial disorder. Often these symptoms were transient and disappeared without intervention. Persistent symptoms may call for further examination where somatic, as well as psychosocial, factors should be taken into account.

A Study of Acute Admissions to the Medical Unit, Waikato Hospital, of Patients with Respiratory Disease: A Quality Assurance Audit

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A study was made of 3 months' referrals to the Waikato Hospital of adult patients with acute respiratory conditions.

The objective of the study was to follow the transfer of patients from the community to the hospital and back to the community. It was hoped from this it would be possible to set standards of management for future monitoring.

One hundred and six patient assessments were made. Sixty eight of these were referrals from general practitioners and 38 came from other sources. Sixty six of the 68 referrals included a referral letter, the contents of which were analysed.

Only 4 of the 88 general practitioners reported receiving a phone call concerning the discharge of their patients from hospital. In 25 cases no discharge summary was sent to the general practitioner.

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ABSTRACTS

Tendency to being bitten by insects among patients with eczema and with other dermatoses

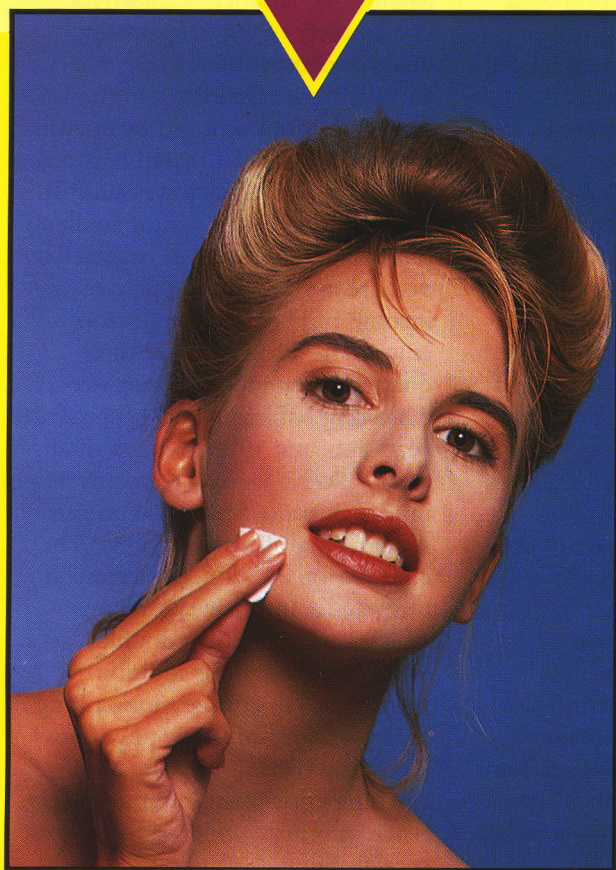
Michael Harford-Cross

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In order to ascertain whether patients with eczema are more prone to being bitten by insects than those with other dermatoses, data were collected by interview and questionnaire from 496 patients attending the outpatient department of a hospital in Sydney and a general dermatological practice in Geelong, Australia. Of the 93 patients with eczema 65% claimed they were prone to insect bites and that they were bitten in preference to other people when in a group,

compared with 17% of the 403 patients with other chronic dermatoses. Similar proportions of both groups (approximately 50%) had used insect repellents. Excluding those with eczema 30% of the 149 patients with a family history of atopy claimed they were prone to being bitten by insects compared with 8% of the 254 patients without a family history of atopy. There was no difference in the prevalence of eczema or family history of atopy between men and women, but more women felt themselves to be susceptible to insect bites than men. There is evidence that patients with

eczema and those with a family history of atopy are prone to being bitten by insects. Further confirmatory work, perhaps using volunteers and mosquitoes, is indicated. However, patients with severe eczema or a family history of atopy should take care when travelling to areas where disease-carrying insects are prevalent.



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