

18. Carmody P, Whitford DL. Telephone survey of private patients' views on continuity of care and registration with general practice in Ireland. BMC Family Practice. 2007 //;8.

Background. The desire of patients for personal continuity of care with a General Practitioner (GP) has been well documented, but not within non-registered private patients in Ireland. This study set out to examine the attitudes and reported behaviours of private fee-paying patients towards continuity of GP care and universal registration for patients. **Methods.** Cross-sectional telephone survey of 400 randomly chosen fee-paying patients living within County Dublin. There is no formal system of registration with a GP for these patients. Main outcomes were attendance of respondents at primary health care facilities and their attitudes towards continuity of care and registration with a GP. Data was analysed using descriptive statistics and using parametric and non-parametric tests of association. Pearson correlation was used to quantify the association between the described variables and attitudes towards continuity and registration with a GP. Variables showing significance at the 5% level were entered into multiple linear regression models. **Results.** 97% of respondents had seen a GP in the previous 5 years. The mean number of visits to the GP for respondents was 2.3 per annum. 89% of respondents had a regular GP and the mean length of time with their GP was 15.6 years. 96% preferred their personal medical care to be provided within one general practice. 16% of respondents had consulted a GP outside of their own practice in the previous year. They were more likely to be female, commute a longer distance to work or have poorer health status. 81% considered it important to be officially registered with a GP practice of their choice. **Conclusion.** Both personal and longitudinal continuity of care with a GP are important to private patients. Respondents who chose to visit GPs other than their regular GP were not easily characterised in this study and individual circumstances may lead to this behaviour. There is strong support for a system of universal patient registration within general practice. © 2007 Carmody and Whitford; licensee BioMed Central Ltd.

19. Clarke M, Whitford DL, O'Reilly F. 'Breaking up is hard to do': Perspectives of general practitioners and patients towards removals from GP lists. Irish Journal of Medical Science. 2007 //;176(3):221-4.

Background: The numbers of removals of patients from General Practitioner lists in Ireland is increasing and is a cause for some concern. **Aims:** To examine the views of both general practitioners and patients toward removals of patients from general practitioner lists. **Methods:** Questionnaire survey to general practitioners in North Inner City Dublin who had removed patients from their list over a 1-year period (n = 45) and to the patients they had removed (n = 86). Follow up semi structured interviews were carried out with five general practitioners and ten patients. **Results:** For doctors, the decision to remove a problematic patient from their list is generally a positive experience, providing relief and being associated with certainty in both the decision and the process. For the patient, being removed from a GP's list is a negative experience, stressful and confusing. **Conclusions:** There is a need for the development of a clear responsive, transparent and supportive system for removing patients from a GP list. © Royal Academy of Medicine in Ireland 2007.

20. Daoud A, Al-Safi S, Otoom S, Wahba L, Alkofahi A. Public knowledge and attitudes towards epilepsy in Jordan. Seizure. 2007 //;16(6):521-6.

Background: Social acceptances of people with epilepsy very often constitute a considerable problem for patients and their family. Nationwide opinion polls on the public knowledge and attitudes towards epilepsy have been reported from several countries. The purpose of this study is to assess the knowledge and attitudes of the Jordanian public towards epilepsy, which have not been verified before. **Methods:** A total of 16,044 people (8158 males and 7886 females) living in different areas of Jordan were interviewed by invitation using standard four set questionnaire constructed from previous similar studies (Caveness and Gallup) that tested public knowledge and attitudes toward epilepsy. Two hundred and thirty senior students of the faculty of pharmacy at Jordan University of Science and Technology are involved in this study. Each student interviewed at least 50 individuals, aged 18 years or older, from their immediate community including family members, relatives, neighbors and friends by invitation. The interviews took place during the period from February to June of 2005. **Results:** Eighty-eight percent had read or knew about epilepsy, and 52.4% had witnessed an epileptic attack at least once in their life. From the people interviewed, 84.7% believed that the cause of epilepsy is a neurological disease, and 80.6% believe that the main symptom is brief loss of consciousness. The response of the younger participants and those with higher education were statistically significant more positive regarding the knowledge on causes and symptoms of epilepsy. More than 70% accepts shaking hands with people with epilepsy; they also believe that people with epilepsy are able to have children and to get high academic degrees. Less than 50% accepts letting their children play with children with epilepsy or employ people with epilepsy. Nine percent had negative attitudes, and believed that patients with epilepsy are insane and 88.5% objects the marriage of people with epilepsy to their sons or daughters. Approximately one third of the respondents believed that epilepsy is more dangerous than diabetes mellitus and hypertension. **Conclusions:** The overall knowledge and attitudes of

Jordanians towards epilepsy is relatively comparable with the results from Asian countries but more negative when compared with reports from the Western countries. Consequently, well-organized educational campaigns are needed to improve public perception about epilepsy. © 2007 British Epilepsy Association.

21. McClean B, Grey IM, McCracken M. An evaluation of positive behavioural support for people with very severe challenging behaviours in community-based settings. Journal of Intellectual Disabilities. 2007 //;11(3):281-301.

This study employs a multiple baseline across individual design to describe positive behaviour support for five people in community settings. The individuals represent all people with intellectual disability residing in one county with long-standing challenging behaviour resulting in serious physical injury. Five types of outcome are presented: rates of behaviour, rates of medication, psychiatric symptomatology, quality of life and revenue costs. The systems of support required to maintain outcomes and develop real lifestyles include behaviour support planning, mental health review, on-call intensive support and emergency respite care. Behaviours reduced to near-zero levels following implementation of positive behaviour support and improvements were sustained over 24 months. The use of psychotropic medications reduced by 66 percent over the same period. Quality of Life Questionnaire scores improved significantly for three of the five participants. The results are discussed in the context of a framework for supporting people with severe challenging behaviours in the community. © 2007 Sage Publications.

22. O'Farrell PA, Joshua-Tor L. Mutagenesis and crystallographic studies of the catalytic residues of the papain family protease bleomycin hydrolase: New insights into active-site structure. Biochemical Journal. 2007 //;401(2):421-8.

Bleomycin hydrolase (BH) is a hexameric papain family cysteine protease which is involved in preparing peptides for antigen presentation and has been implicated in tumour cell resistance to bleomycin chemotherapy. Structures of active-site mutants of yeast BH yielded unexpected results. Replacement of the active-site asparagine with alanine, valine or leucine results in the destabilization of the histidine side chain, demonstrating unambiguously the role of the asparagine residue in correctly positioning the histidine for catalysis. Replacement of the histidine with alanine or leucine destabilizes the asparagine position, indicating a delicate arrangement of the active-site residues. In all of the mutants, the C-terminus of the protein, which lies in the active site, protrudes further into the active site. All mutants were compromised in their catalytic activity. The structures also revealed the importance of a tightly bound water molecule which stabilizes a loop near the active site and which is conserved throughout the papain family. It is displaced in a number of the mutants, causing destabilization of this loop and a nearby loop, resulting in a large movement of the active-site cysteine. The results imply that this water molecule plays a key structural role in this family of enzymes. © 2007 Biochemical Society.

23. Otoom S, Al-Jishi A, Montgomery A, Ghwanmeh M, Atoum A. Death anxiety in patients with epilepsy. Seizure. 2007 //;16(2):142-6.

Purpose: Whereas the relationship between epilepsy and anxiety has received much attention, less is known about the relationship between death anxiety and this disorder. The objective of this study was to assess death anxiety among epileptic patients who attended the outpatient neurology clinic at the Salmaniya Medical Complex, Kingdom of Bahrain. Methods: Ninety-two patients (48 males and 44 females) completed a death anxiety scale. The scale items were adopted from already published surveys and adjusted to suit epilepsy patients. Results: Results showed that the mean death anxiety score was moderate (2.75 ± 1.35), with 26.09% of patients reporting high levels of death anxiety. Period of illness and educational level were significant predictors of death anxiety. Female patients, generalized type of epilepsy, the short duration of the illness and low level of education were associated with higher death anxiety scores. Conclusion: This study highlights the need for developing treatment strategies, counseling therapies and social support for people with epilepsy to decrease their death anxiety and improve their quality of life. © 2006 British Epilepsy Association.

24. Whitford DL. Prevention of type 2 diabetes - Why are we not doing more? Journal of the Bahrain Medical Society. 2007 //;19(3):93-4.

Type 2 diabetes is a highly morbid condition and an increasing problem worldwide. There have been encouraging studies of both lifestyle and drug interventions that have indicated that type 2 diabetes can be delayed or prevented. At present, it is still debatable whether the lifestyle interventions can be implemented in routine clinical practice and if they are cost-effective. Further studies in routine clinical practice are needed to show this. In the meantime the emphasis on developing structured care and cardiovascular risk reduction for people identified with pre-diabetes and diabetes should be maintained.

25. Whitford DL, Chan WS. A randomised controlled trial of a lengthened and multi-disciplinary consultation model in a socially deprived community: A study protocol. BMC Family Practice. 2007 //;8.

Background. There has been little development of the general practice consultation over the years, and many aspects of the present consultation do not serve communities with multiple health and social problems well. Many of the problems presenting to general practitioners in socio-economically disadvantaged areas are not amenable to a purely medical solution, and would particularly benefit from a multidisciplinary approach. Socio-economic deprivation is also associated with those very factors (more psychosocial problems, greater need for health promotion, more chronic diseases, more need for patient enablement) that longer consultations have been shown to address. This paper describes our study protocol, which aims to evaluate whether a lengthened multidisciplinary primary care team consultation with families in a socially deprived area can improve the psychological health of mothers in the families. **Methods/Design.** In a randomised controlled trial, families with a history of social problems, substance misuse or depression are randomly allocated to an intervention or control group. The study is based in three general practices in a highly deprived area of North Dublin. Primary health care teams will be trained in conducting a multidisciplinary lengthened consultation. Families in the intervention group will participate in the new style multidisciplinary consultation. Outcomes of families receiving the intervention will be compared to the control group who will receive only usual general practitioner care. The primary outcome is the psychological health of mothers of the families and secondary outcomes include general health status, quality of life measures and health service usage. **Discussion.** The main aim of this study is to evaluate the effectiveness of a lengthened multidisciplinary team consultation in primary care. The embedded nature of this study in general practices in a highly deprived area ensures generalisability to other deprived communities, but more particularly it promises relevance to primary care. Trial registration. Current Controlled Trials ISRCTN70578736. © 2007 Whitford and Chan; licensee BioMed Central Ltd.