

research summaries

The Research Summary section affords a means of communication and coordination of research activities in Family Practice in North America. These summaries have been developed through the efforts of the North American Primary Care Research Group. The Journal of Family Practice encourages the reporting of active research projects to the two coordinators for this section — Robert Westbury, M.D., 4012 Comanche Road, Calgary, Alberta T2L0N8 (for Canada) and Maurice Wood, M.D., Department of Family Practice, Medical College of Virginia, MCV Station, Richmond, Virginia, 23298 (for the United States).

TITLE OF PROJECT	INVESTIGATOR(S) AND LOCATION	STATUS & FUNDING	ABSTRACT OF PROJECT AND COMMENT
<p>A Rigidly Controlled Study of the Effect of Low Dosage of Guanethidine Sulfate (Ismelin) on Diastolic Blood Pressure</p>	<p>Joseph V. Fisher, M.D. Dept. of Family Practice Medical University of S.C. 801 Barre Street Charleston, South Carolina 29401</p>	<p>Underway. Funded by Ciba-Geigy. Statistical analysis to be performed by Ciba-Geigy.</p>	<p>The study has a clearly defined protocol, and the objective is to follow 40 adequately screened patients to determine if guanethidine sulfate (Ismelin) at low dosage will:</p> <ol style="list-style-type: none"> 1) control the diastolic blood pressure 2) not produce significant side effects in hypertensive patients with a standing diastolic blood pressure of 96-114 mgms. of HG. <p>The investigation will last 18 weeks (4 weeks of placebo control and 14 weeks of the study period). Double blind, randomized, parallel groups will be used and guanethidine sulfate will be compared with hydrochlorothiazide. Patients chosen will be carefully selected to exclude any to whom there might be the slightest risk. A list of exclusions has been established as part of the protocol.</p>
<p>The Results of Routine Screening of Females for Asymptomatic Gonorrhea — A Family Practice Experience</p>	<p>David Olson, M.D. 3rd Year Resident Family Practice Center Saginaw Cooperative Hosp. Saginaw, Michigan</p>	<p>Survey completed. Funded by private donations.</p>	<p>All female patients who had pelvic examinations in the Family Practice Center over a one-year period were routinely cultured for the presence of gonococcus in both the cervix and the rectum. Five hundred and thirty-two (532) patients were surveyed. Five unsuspected positive results were obtained, but four of these five patients had some genitourinary or rectal symptomatology. It is concluded that more selective culturing of the family practice population will yield results comparable with mass screening of the population as a whole. The research team is presently concerned with identifying the survey criteria for the identification of asymptomatic gonorrhea and a second report concerning the possible yield of positive cultures using these criteria will be available in October, 1974.</p>

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Geriatric Evaluation Study	William Reichel, M.D. Franklin Square Hospital Baltimore, Maryland 21237	Underway. Funding from Baltimore County Department of Health and State of Maryland.	Elderly individuals in Baltimore County, Maryland with confusion, disorientation, dementia, or functional illness are evaluated in the Family Practice Center at Franklin Square Hospital with support by internists, neurologists, psychiatrists, and other specialists as necessary. Exact clinical diagnoses are made and this information is studied epidemiologically. Drug therapy is studied, particularly the use of certain tranquilizers and antidepressants. Every effort is made to utilize current alternatives to institutionalization which are available in Baltimore County. Dispositions made on patients are also studied. The family practice resident is taught to use the available alternatives to institutional care.
Community Blood Pressure Screening and Education	R. Kirk Seaton, M.D.; S.W. Warburton, M.D.; Susan Belles The Philip-Barber Health Center 46 York Street Lambertville, New Jersey 08530	Underway; near completion. Private foundation funding (\$18,000.)	Project is directed to answer the question, "Is hypertension an unsuspected problem in rural medicine?" The program has undertaken a community-wide blood pressure screening of 1,000 adults with a medical evaluation and follow-up. At the same time a community education program of hypertension as a medical problem has been undertaken by the community. 850 adults have been screened to date. To date this has revealed a 10 percent incidence of unsuspected hypertension. Further medical evaluation and appropriate treatment will be undertaken, and educational programs will be ongoing.

TITLE OF PROJECT	INVESTIGATOR(S) AND LOCATION	STATUS & FUNDING	ABSTRACT OF PROJECT AND COMMENT
<p>Alcohol Problems in Family Practice: Early Detection, Attitude Change, Referral and Treatment</p>	<p>Joseph V. Fisher, M.D. Department of Family Practice Kim A. Keeley, M.D. Dept. of Psychiatry Family Practice Center Medical University of South Carolina Charleston, South Carolina 29401</p>	<p>Underway. Funded by one year contract with the South Carolina Commission on Alcoholism (\$10,000).</p>	<p>A project to:</p> <ol style="list-style-type: none"> 1) measure and record alcohol usage patterns in 1,000 Charleston families. 2) measure and record the behavior and attitudes of family practice professional staff towards families with alcohol problems, both before and after undergoing an educational process on alcoholism and its treatment. <p>The family survey methodology will be developed using several techniques including family questionnaires, observation in the family setting, physical and body fluid examination, and social and psychological testing. Similarly, instruments to measure staff attitude and behavior towards alcohol problems will be developed and pretested. These will then be used on a random selection of the staff and residents in the Family Practice Center, both before and after they undergo an educational process on alcoholism. Analysis of the results should improve detection methods, consolidate educational processes, and potentiate treatment and referral procedures.</p>
<p>The Functional Task Analysis Cooperative Study</p>	<p>Total of 8 grantees involved in 5 different types of studies:</p> <ol style="list-style-type: none"> 1) Task performance study in ambulatory care settings: <p>A. R. Jacobs, M.D. Dept. of Community Hlth. Dartmouth Med. School</p> <p>Maurice Wood, M.D. Dept. of Family Practice Med. College of Virginia</p> <p>D. H. Gustafson, Ph.D. Dept. of Industrial Engineering and the Medical School University of Wisconsin</p>	<p>Underway: nearing completion. Funded through the Bureau of Health Manpower (\$3,000,000).</p>	<p>A national collaborative study controlled by a steering committee consisting of the eight principle investigators. Overall goal is to develop a methodology capable of a descriptive analysis of what tasks are currently performed in ambulatory health care settings and by whom. The Functional Task Analysis Group has used a standard set of instruments to acquire data collected in a uniform way in a variety of primary care situations. The standardized instruments are as follows:</p> <ol style="list-style-type: none"> 1) medical and dental patient contact records — recording data collected on patient provider contact 2) medical and dental task inventory — self report instrument completed by providers of care 3) biographic data questionnaire — completed by providers describing their demographic education and career experiences

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	<p>S. R. Yarnell, M.D. The Medical Computer Services Association Seattle, Washington</p> <p>N. Alfred Haynes, M.D. Drew Postgraduate Medical School</p> <p>2) Task performance study in dental care settings:</p> <p>Marvin Marcus, D.D.S., M.P.H. School of Dentistry U.C.L.A.</p> <p>3) Curriculum research in schools teaching dental auxillary personnel:</p> <p>R. N. Evans, Ph.D. Bureau of Educational Research University of Illinois Champaign, Illinois</p> <p>4) Study of comparison between the functions and activities actually performed by health professionals and those they were trained to perform.</p>		<p>4) site characteristics report — detailing of the structure and organization of the primary care setting.</p> <p>The data from a recently completed pilot study of 30 different types of ambulatory care settings is being used to validate and develop the instruments. Following clearance of these developed instruments by the Office of Management and Budget, further ambulatory care settings will be studied to allow:</p> <ol style="list-style-type: none"> 1) the acquisition of more data describing patterns of manpower utilization in those settings 2) the analysis of this data to define the pattern of task delegation in those settings 3) the identification of the principle factors influencing manpower utilization and where changes might be made in specific settings 4) the assessment of the effect of changes in task allocation in specific settings 5) the California and Illinois research groups are respectively concerned with: <ol style="list-style-type: none"> a) developing more effective health manpower estimates in the areas of planning, training, utilization and establishing credentials b) developing and implementing a methodology for comparing the task performance of providers with their training for those tasks. <p>A conference and monograph, detailing the results of the pilot study is expected in the spring of 1974.</p>
<p>Comparison of Two Methods of Data Recording in Ambulatory Care Practice</p>	<p>Gerald J. Fleischli, M.D. Section of Health Care Studies University of Nebraska Medical Center 42 St. & Dewey Avenue Omaha, Nebraska 68105</p>	<p>Underway. Funded by the National Functional Task Analysis Project and the Nebraska Regional Medical Program.</p>	<p>Two methods of data recording in ambulatory care are used:</p> <ol style="list-style-type: none"> 1) The National Functional Task Analysis Project patient contact record 2) The Health Care Systems of Minneapolis health problem inventory. <p>The first methodology recorded the input of the practice for a period of approximately three weeks, and the resultant data is being analyzed.</p> <p>The second method has been used to record practice input over a longer period of time. Comparison of the effectiveness of the two methods in measuring the procedural, structural, and outcome variables of the practices will be reported early in 1974.</p>
<p>A Study to Pretest a New System of Disease Classification.</p>	<p>J. Anderson, M.D. E. Haynes, M.D. The Medical School Queen's University Kingston, Ontario CANADA</p>	<p>Underway. Local funding.</p>	<p>A multipractice trial of the International Classification of Health Problems in Primary Care, devised by the Taxonomy Working Party of WONCA.</p>