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EFFECTIVENESS OF A NEW TREATMENT FOR SURMENAGE (NERVOUS BREAKDOWN) IN PRIMARY CARE: A RANDOMISED TRIAL

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Effectiveness of a new treatment for surmenage (nervous breakdown) in primary care: a randomised controlled trial

Introduction Surmenage is a frequently encountered problem in primary care. The condition is associated with high costs due to medical consumption, absenteeism, and disability benefits. In The , in the great majority of cases the patient is treated by the GP him- or herself. Here, the GP advises the patient to take some rest, prescribes some medication, and invites the patient to come back. However, it has been suggested that patients with surmenage may benefit from a more active approach. Terluin and Van der Klink have developed a treatment protocol for this condition, based on the principals of brief cognitive behaviour therapy. In the present study social workers (n=11) were trained to work according to the protocol. Important aims were to prevent long-term disability and for the patient to quickly regain functionality.

Method In a randomised controlled trial the cost-effectiveness of this treatment for surmenage is tested at 3, 6 and 18 months after inclusion. Patients were recruited by 70 general practitioners and were randomised to (a) a trained social worker (experimental group, n=94); or (b) their general practitioners 'care as usual' (control group, n=95).

Results and conclusion Important outcome measures on which the 2 groups are compared are mental and physical health, medical consumption, absenteeism, and patient satisfaction. At the WONCA conference, results regarding the first 6 months after start of treatment are available and will be presented.

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SHORT-TERM TREATMENT WITH PROTON PUMP INHIBITORS AS A TEST FOR GASTRO-ESOPHAGEAL REFLUX DISEASE: A META-ANALYSIS OF DIAGNOSTIC TEST CHARACTERISTICS

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Introduction Although evidence seems unequivocal, response to proton pump inhibitors (PPIs) is commonly considered to support the diagnosis of Gastro Esophageal Reflux Disease (GERD). To estimate the correlation of a clinical response to PPIs with objective measures of GERD based upon the published literature we performed a meta-analysis of diagnostic test characteristics.

Methods Studies were identified by searching the Cochrane Clinical Trial Register and Medline from Jan 1, 1980 until Jan 1, 2003. Studies were included in which the clinical response to a short course (1-4 weeks) of a normal or high dose PPI could be compared with objective measures of GERD (24 hour pH monitoring, endoscopy, symptom questionnaires). Sensitivity and specificity were computed from each study. The Summary ROC method was used to summarize sensitivity and specificity across studies. Sensitivity and specificity were also combined independently using a random effects model.

Results A favorable response to PPI treatment correlated poorly with objective measures of GERD. LR+ ranged from 1.63 to 1.87 with 24 Hr pH monitoring as the reference standard. Overall estimates of sensitivity and specificity were 0.78 (95% CI 0.66-0.86) and 0.54 (95% CI 0.44-0.65). These values were lower with the other reference standards.

Conclusion Successful short-term treatment with a PPI in patients suspected of having GERD does not confidently establish the diagnosis, when GERD is defined by currently accepted, reference standards.