

group 2004–2006; associate director of the national Dementias & Neurodegenerative Diseases Research Network (DENDRON) 2006–2015; working group chair for the National Dementia Strategy 2009.

REFERENCES

- Hilton C. Dementia, screening, targets and incentives. *Br J Gen Pract* 2015; DOI: 10.3399/bjgp15X685969.
- Palmer K, Bäckman L, Winblad B, *et al*. Detection of Alzheimer's disease and dementia in the preclinical phase: population based cohort study. *BMJ* 2003; **326(7383)**: 245.
- Koivisto AM, Hallikainen I, Välimäki T, *et al*. Early psychosocial intervention does not delay institutionalization in persons with mild Alzheimer disease and has impact on neither disease progression nor caregivers' well-being: ALSOVA 3-year follow-up. *Int J Geriatr Psychiatry* 2015; doi: 10.1002/gps.4321. [Epub ahead of print]
- Le Couteur DG, Doust J, Creasey H, Brayne C. Political drive to screen for pre-dementia: not evidence based and ignores the harms of diagnosis. *BMJ* 2013; **347**: f5125.
- Matthews FE, Arthur A, Barnes LE, *et al*. A two-decade comparison of prevalence of dementia in individuals aged 65 years and older from three geographical areas of England: results of the Cognitive Function and Ageing Study I and II. Medical Research Council Cognitive Function and Ageing Collaboration. *Lancet* 2013; **382(9902)**: 1405–1412.
- Prince M, Albanese E, Guerchet M, *et al*. *World Alzheimer Report 2014. Dementia and risk reduction: an analysis of protective and modifiable factors*. London: Alzheimer's Disease International, 2014.
- Andrade-Moraes CH, Oliveira-Pinto AV, Castro-Fonseca E, *et al*. Cell number changes in Alzheimer's disease relate to dementia, not to plaques and tangles. *Brain* 2013; **136**: 3738–3752.

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Honouring the patient

Davidson writes excellently about the risk of too much medicine in Oman and the Middle East suggesting that this may be related to traditional Arab culture that seeks to please or satisfy a guest.¹

This is known as *Ikram ad-Daif*, an Arabic phrase which can be translated as 'honouring one's guest'; one of the most established practices in Arab and the wider Muslim tradition. Application of this may, indeed, make it difficult for doctors to refuse unrealistic and inappropriate patient requests, fuelling rising patient expectations.

However, it is noteworthy to remember, that honouring someone is also to fulfil one's obligation to them. Core medical principles such as effective communication and shared decision making should be applied alongside sensible and judicious medical investigation and prescribing; this would be, in my opinion, truly honouring one's guest and fulfilling

one's obligation towards them and the healthcare system as a whole.

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REFERENCE

- Davidson R. Too much medicine in the Middle East? *Br J Gen Pract* 2015; DOI: 10.3399/bjgp15X686197.

DOI: 10.3399/bjgp15X686845

Low vitamin D prevalence at the GP practice

There was recently a recommendation by the Scientific Advisory Committee on nutrition that suggests everyone from the age of 1 year should take vitamin D supplements.¹ The plan is still in consultation, but it highlights the high prevalence of vitamin D deficiency in the population.² We have conducted a study of the prevalence of low vitamin D at Garswood general practice surgery, in Northwest England. We took the value of 75 nmol/l as the cut-off for low in vitamin D level. A total of 302 patients had their vitamin D level checked, of which an average of 90% across all age groups had low vitamin D.

The findings correlates with a global meta-analysis study, where close to 90% of the samples had levels <75 nmol/l, although variability exists across region, sex and age.³ We used the 75 nmol/l level as a cut-off as a matter of simplicity for comparison, but we are aware of the ambiguity that still exists about the absolute cut-off level defined as low vitamin D.⁴⁻⁵ In view of the recent findings and recommendation, we believe we should look into devising a systematic way of screening and supplementing everyone with vitamin D.

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REFERENCES

- Scientific Advisory Committee on Nutrition. *Draft Vitamin D and Health Report. Scientific consultation: July to September 2015*. <https://www.gov.uk/>

government/uploads/system/uploads/attachment_data/file/447402/Draft_SACN_Vitamin_D_and_Health_Report.pdf (accessed 4 Sep 2015).

- Davies JS, Poole CD. Vitamin D: too much of a good thing? *Br J Gen Pract* 2014; DOI: 10.3399/bjgp14X676276
- Hilger J, Friedel A, Herr R, *et al*. A systematic review of vitamin D status in populations worldwide. *Br J Nutr* 2014; **111**: 23–45.
- National Osteoporosis Society. *Vitamin D and bone health: a practical clinical guideline for patient management*. Bath: National Osteoporosis Society, 2013.
- Vieth R. Why the minimum desirable serum 25-hydroxyvitamin D level should be 75 nmol/L (30 ng/ml). *Best Pract Res Clin Endocrinol Metab* 2011; **25**: 681–691.

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AJ Cronin

I enjoyed the articles about the distinguished author AJ Cronin in the September issue.¹⁻² However, in these days of concerns about how we treat whistle-blowers, an important and telling piece of information was omitted by both authors.

By writing about the 'humbag' of private medicine in the 1930s, Dr Cronin became persona non grata to a significant swathe of the medical establishment. When he died in 1981, 44 years after the publication of *The Citadel*, his obituary in the *Lancet* consisted of one line.

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REFERENCES

- Jones R. AJ Cronin: novelist, GP, and visionary. *Br J Gen Pract* 2015; DOI: 10.3399/bjgp15X686629.
- Watt G. *BJGP Library: The Citadel*. *Br J Gen Pract* 2015; DOI: 10.3399/bjgp15X686641.

DOI: 10.3399/bjgp15X686869

Correction

In the September 2015 article by Budtz-Lilly A, *et al*, Patient characteristics and frequency of bodily distress syndrome in primary care: a cross-sectional study. *Br J Gen Pract* 2015; DOI: 10.3399/bjgp15X686545, Table 1 was missing several Participant and BDS+ figures. The online version has been corrected. We apologise for this error.

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