LETTERS

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Counselling

Sir,

There has been much interest in the use of counselling in primary care.[1] The referral pattern of general practitioners to counsellors has been studied.[2] However, little is known of the views of general practitioners concerning counselling, what training general practitioners have received in counselling and the amount of counselling performed by them.[3]

In 1992, a questionnaire on counselling was sent to all 95 general practitioner principals in one Yorkshire health authority.

Of the 76 general practitioners who replied, 61 felt that the need for counselling to be provided in general practice was important, and 55 felt their own role in providing this was important.

Of the 69 doctors who gave a definition of counselling 30 defined it as 'listening' or 'helping', and 37 gave a more detailed definition of specific counselling skills being used in a non-directive exploration of the patient's problem. Two doctors gave a definition which equated counselling with psychotherapy. Forty had received training in counselling, 17 of whom had received supervision of individual cases.

Seventy one doctors reported undertaking counselling as part of their work. All but one provided patients with follow-up appointments to discuss their problems further, and eight made special arrangements within the practice to provide a counselling service. Sixty nine doctors identified lack of time and 34 lack of training as obstacles to providing more counselling.

All respondents referred patients to other agencies for counselling; 73 referred patients to a clinical psychologist, 67 to voluntary agencies, 65 to a community mental health centre and 50 to other members of the primary health care team.

Regarding voluntary agencies, 18 different local and national organizations were used. The most popular of these were 'Relate' marriage counselling service (used by 47 doctors), 'Cruse' bereavement care (19), and Alcoholics Anonymous/Alcoholics Anonymous for relatives (eight).

Regarding the primary health care team, 30 doctors referred patients to a health visitor for counselling, 13 to a practice nurse, seven to a district nurse, five to a practice counsellor, four to a general practitioner partner offering psychosexual counselling, two to a community psychiatric nurse, one to a midwife and one to a Macmillan nurse.

All respondents referred patients with relationship problems for counselling, 73 referred patients with psychological problems, 66 referred patients with drug and alcohol problems and 60 referred bereaved patients.

This study was carried out in a health authority which has a high proportion of semi-rural and training practices and the results may not therefore be applicable to other areas. The majority of general practitioners were interested in counselling and thought it was an important part of general practice. However, nearly half had not received training in counselling, and almost all reported that lack of time prevented them from offering more counselling to their patients. There was frequent referral to other members of the primary health care team who should therefore be adequately trained in counselling. General practitioners varied in their use of other agencies, perhaps suggesting a need for more information about counselling services available outside the practice. Further research is needed on the effectiveness of these different counselling interventions. Counselling has important resource implications for general practice, especially given the increasing employment of counsellors by general practitioners.[4]

T N STOKES

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References

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4. Sibbald B. Addington-Hall J, Brenneman D, Freeling P. Counselling services on-site within English and Welsh general practices: their nature and distribution. *BMJ* 1993; **306:** 29-33.

Prescribing generic drugs

Sir,

In recent years encouragement has been given to general practitioners to change from branded to generic prescribing.[1] There is no evidence, other than anecdotal, to support claims that generic products are inferior to proprietary drugs.[2] Despite this, it is often said that patients resist changing from a brand name drug which they know well to a generic equivalent which may look different. A study was undertaken to look at what would happen to prescribing patterns over a six month period when patients had their repeat prescriptions changed from brand name drugs to generic drugs.

The practice in which the study was carried out has nine partners and a list size of 24 000. The practice computer system was used to draw up a league table of potential savings to be made by changing certain brand name drugs to generic drugs, and two drugs each month were changed to their generic equivalent. One week before each pair of drugs was changed over, a memorandum was sent to all partners and staff reminding them which were the next two drugs to be changed. Patients did not receive prior notification but a note was attached to the first repeat prescription explaining that although the drug might look different it had not actually been changed.

At the end of six months the proportion of patients who had either changed back to the branded product or who had stopped the drug completely was compared with that for patients who were already receiving the generic version of the drug at the start of the trial. The drugs involved were Aldomet® (Merck Sharp and Dohme)/methyldopa, Brufen® (Boots)/ ibuprofen, Ventolin® (Allen and Hanburys)/salbuta-