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## What's in a word? Defining general practice, family medicine, & primary care



Would you regard the terms general practice, family medicine, and primary care as synonymous? Research from [Jamoulle and colleagues](#) demonstrates that while there are areas of overlap they differ greatly in content. Terminological analysis shows that continuity of care is common to both sets but there are differences in the terms used to depict workforce and structure between general practice/family medicine and primary health care. Clinicians and researchers should be mindful of these in literature searches. Also, the research highlights important discrepancies that should influence organisations like WONCA and the WHO as they seek to understand commonalities and develop future mutual collaborations.

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## Problems with patient recruitment: discontinuation of an RCT



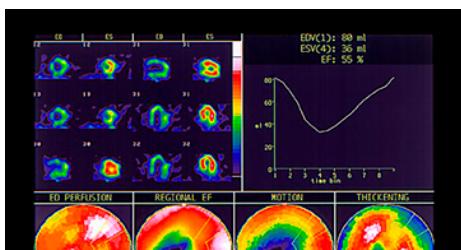
A study into the [management of acute sciatica](#) would provide useful evidence for GPs. Despite all their efforts, after 1 year a Dutch randomised controlled trial, STEP-UP, had to be abandoned as just eight patients out of 234 were recruited. GPs from the network were asked for their opinion on this failure. The team reflect that research needs convenient protocols that offer the least possible interference with daily practice. They recommend pilot studies that can highlight true incidence or when eligibility criteria are too strict, and to get GP assistants or dedicated research nurses involved in eligibility screening.

## Patients' experiences of working with a prevention practitioner



The Canadian cluster randomised controlled trial, BETTER, showed that individualised prevention visits with prevention practitioners could significantly improve chronic disease prevention and screening outcomes. [Sopcak and colleagues](#) report qualitative results from BETTER 2 that show patients found the visits from prevention practitioners to be beneficial, important, and meaningful. The practitioners were nurses or nurse practitioners and the atmosphere of the visit was emphasised by the patients whose feedback was overwhelmingly positive. Some physicians did express misgivings as they perceived it to be duplication of work but the BETTER trial has shown a gap in preventive care is being addressed.

## Prognosis after a diagnosis of heart failure: review of the evidence



There are 900 000 people in the UK with heart failure. [Jones and colleagues](#) bring together the research on prognosis to help guide primary care physicians with timely conversations around treatment and management expectations. The epidemiological evidence shows a 1-year survival of 80–90%, dropping to 50–60% at

5 years. It has been shown that increasing age, left ventricular systolic dysfunction, raised natriuretic peptides, and poor kidney function all worsen prognosis. While the evidence suggests improving rates of prescribing in heart failure with reduced ejection fraction there are still significant numbers who are not on optimal doses of disease-modifying medication.

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