GENERAL PRACTICE RESEARCH IN THE NETHERLANDS

PRIMARY CARE AND GENERAL PRACTICE

TRENDS AND INVENTORY

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PROLOGUE

General Practice is a highly developed research area in the Netherlands, but unfortunately many publications are written in Dutch. Consequently, the knowledge and experience acquired in our country, is little known outside our borders. We hope to break through that barrier with this report by presenting information about Dutch research in the area of General Practice and related domains on basis of data from the database Registration of Primary Care Research (RPCR).

This registration system contains both current and closed research, and has been kept by the Netherlands Institute of Primary Health Care (NIVEL) since 1972. A database like this is rather unique in Europe and of great importance for several, interconnected reasons:

- The NIVEL research database gives information about actually started research in the domain of primary care in its earliest possible stages.
- The ability of researchers who are interested in the same area to contact one another, is obviously of great importance.
- Information about research in progress usually includes investigations of the most current interest, while many trends and coverages of certain topics often appear first in the description of such activities. In many cases it may be a year or more before any discussions based on this research can be found in reports and scientific journals, and thus can be retrieved from bibliographic databases, and published indexes.
- Knowing what is going on and where, in the field of research, is extremely useful, e.g. for efficiency and research programming.

This report is divided in two parts. In the first part, trends in primary care and general practice research between 1971 and 1991 will be described: Primary care is dealt with in a broad sense, while general practice is portrayed more specifically.
The second and main part, contains an inventory of *current* research in general practice and related fields, with information about title, research problem, method, name of the investigator(s), address of the research institute, and - if present - titles of publications, written in English.
The report is brought to a close with a subject and a researchers index. Also, the addresses of the main general practice research institutes that are discussed in this report, are given.

We hope that a need will be filled by this report.

Alma de Leeuw

May, 1993

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PART I

TRENDS IN PRIMARY CARE AND GENERAL PRACTICE

INTRODUCTION

SOME DEVELOPMENTS IN PRIMARY CARE AND GENERAL PRACTICE: POLICY AND RESEARCH

1942-1970: The General Practitioner[1]
During the first two decades after World War II, the position of general practice was a very difficult one. This situation was the result of two factors. In 1942 the government decided to introduce a new system of Sick Funds. Medical care became available for all, without financial barriers. The consequence was that medical consumption rose tremendously. Similar developments could be observed for general practice. The second factor which influenced the position of general practice was the rapid development of specialist medicine. In the Netherlands, the health insurance system stimulated hospital medicine in an indirect way: the costs of specialist care were not limited and the remuneration of specialists was based on a fee-for-service system, while general practitioners were paid with capitation fees. In this situation, general practitioners were inclined to refer more and more to specialists. For their part, these specialists were not unwilling, because of the aforementioned payment system. Furthermore, universities did not yet have numerus clausus restrictions with respect to medical students, and also many young doctors wanted to become specialists.

1956-1991: Dutch College of General Practitioners, the foundation of General Practice Research Institutes and Public Health and Research Policy
The Dutch College of General Practitioners (NHG) was founded in 1956, followed by the National Institute for General Practice (NHI) eight years later. The latter was especially founded to give support to the research programmes, which were organized by the NHG. However, the foundation of two university departments in general practice drained compentent general practitioners from the College, and research moved to the departments. On the other hand, these departments have been limited in their capacity, because they were deeply involved in the development of undergraduate and vocational training programmes. In 1966, the first chair in general practice was created in Utrecht.
In 1970, the Dutch Institute for General Practice became an independent institute, while in 1985 its scope was formally broadened from general practice to primary care and its name altered in Netherlands Institute for Primary Health Care (NIVEL).
In 1987, The Dutch College of General Practitioners published a document about the setting of standards in general practice[2]. Much attention was paid on this item by 'Huisarts en Wetenschap' ('Netherlands Journal of General Practice and Research'). These facts had an enormous impact on research in the field of general practice.

From 1970 to 1991, primary care has always been an important item in the health policy of the government of the Netherlands. During this period, only a few shifts in emphasis occurred.

In 1974, the government published an important White Paper[3] about restructuring the health care system of the Netherlands. Much like in other countries, the existing system was exploding because of the enormous rise in costs, so that the necessity of cost-control became inevitable. The ideal structure seemed to be a division of the system in strictly separated echelons: relatively 'cheap' primary care as a gateway to more expensive secondary and tertiary care. Until now, only primary care workers have been freely accessible for patients: if a patient wants to visit a specialist, he first has to ask his general practitioner for a referral card. In this context, the general practitioner's role is one of *gate-keeper*. In the course of time his profession grew out to be one of the core disciplines in primary care. In subsequent health care policy documents of the government, this development became stronger and stronger.

Also, a few other developments were of great importance: people became more and more emancipated, and there was a growing notion that individuals too have to carry some responsibility for their own health. Generally speaking, the leading idea was - and still is - that it is better to receive care at home, in other words to stay independent as long as possible. A shift took place from 'cure' to 'care' and to 'prevention'. The linkage of economic and ideological mainsprings has become a strong movement in primary care philosophy. This shift in emphasis was first to be seen in a White

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1. Es, J.C. van. Netherlands. In: Fry, J., Hasler, J. (eds.). Primary Health Care 2000. Edinburgh: Churchill, 1986, p. 184-193.

2. Nederlands Huisartsen Genootschap. Naar criteria voor kwaliteit: standaardbeleid NHG. Utrecht: NHG, 1987. (Towards criteria for quality: standard setting policy)

3. Ministerie van Volksgezondheid en Milieuhygiëne. Structuurnota Gezondheidszorg. 's-Gravenhage: Staatsuitgeverij, 1974. (Structuring Health Care).

Paper 'Sketch for Primary Health Care'[4], published in 1980. Lateron, this line of thinking was further worked out[5].

In 1986 the report 'Nota 2000'[6] was published. This policy document was strongly influenced by the WHO-slogan 'Health for all by the year 2000'. However, the aims of the goverment remained the same: substitution and strengthening of primary care. But now, the government tended to pay more attention to the demand side of health care, to demographic aspects and to healthy life styles and prevention.

After this period, prevention remained a very important item, but the next development was already in sight: more attention was going to be paid to epidemiologic and demographic aspects, e.g. with respect to the ageing of western society. There was a shift of attention not only from specialist to general practitioner, but also from intramural care to extramural care. Care itself, continuity of care, aftercare in the home-setting, especially for chronic and terminal patients, became an important theme. Home care became the new fashion and it still is[7]. Within this framework, the sharp division between the sectors must inevitably fade away.

Forced by the need of cost-control, there were some parallel changes in the health care financing policy, e.g. the one from the principle of solidarity to a more profit-based principle, which was described in a White Paper called 'Assured Change'[8], published in 1988.

Besides these developments in the field of public health initiated by the Ministry of Welfare, Public Health and Cultural Affairs, another fact was of great importance for the development of general practice research. In 1988 a document was published by the Advice Group 'Stimulation Programme Health Care Research (SGO)[9], initiated by the Ministry of Science and Education, which dealt with subsidizing of, among other things, primary health care research. After 1988 these intesions were indeed carried out.

This short description of some developments in health policy is of course an overdone, one-sided synopsis of a rather complex matter. Nevertheless, it gives a picture of some shifts in health policy with respect to primary care in different periods. Possibly, we can see a reflection of these developments in the research that was done in the same period of time.

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4. Ministerie van Volksgezondheid en Milieuhygiëne. Schets van de Eerstelijnsgezondheidszorg. 's-Gravenhage, Staatsuitgeverij, 1980.

5. Ministerie van Volksgezondheid en Milieuhygiëne. Nota Eerstelijnszorg. 's-Gravenhage: Staatsuitgeverij, 1983.
Idem. Volksgezondheid bij beperkte middelen. 's-Gravenhage: Staatsuitgeverij. 1983.

6. Ministerie van Welzijn, Volksgezondheid en Cultuur. Nota 2000: Over de ontwikkeling van gezondheidsbeleid: feiten, beschouwingen en beleidsvoornemens. 's-Gravenhagen: Staatsuitgeverij, 1986. (About Developments in Health Policy)

7. Ministerie van Welzijn, Volksgezondheid en Cultuur. Werken aan zorgvernieuwing: actieprogramma van het beleid voor de zorgsector in de jaren negentig. 's-Gravenhage: SDU, 1990. (Innovation of Health Care: Policy Programm)
Idem. Kwaliteit van zorg. 's-Gravenhage: SDU, 1991. (Quality of Care)
Idem. Thuiszorg in de jaren '90. 's-Gravenhage: SDU, 1991. (Home Care in the '90's)

8. Ministerie van Welzijn, Volksgezondheid en Cultuur. Verandering verzekerd: stapsgewijs op weg naar een nieuw stelsel van zorg. 's-Gravenhage: SDU, 1988. (Assured Change: towards a New Health Care System)

9. Adviesgroep SGO. Op zoek naar leemten in het geneeskundig onderzoek: uitgangspunten en werkwijze van het StimuleringsprogrammaGezondheidsonderzoek (SGO). 's-Gravenhage: DOP, 1988.

METHOD

The Database Registration of Primary Care Research (RPCR)

Since 1972, the Netherlands Institute of Primary Health Care (NIVEL) has been keeping a registration system of current and closed research in and into primary care: the database Registration of Primary Care Research.
Annually, an actualization round takes place, and for this purpose a registration form is used. To avoid double questioning, NIVEL works together with several national registration centres in the Netherlands, e.g. SWIDOC and NBOI. Also, every year an annual report is published with actualized data, and until now 20 reports have been published.
Altogether, the NIVEL gathered about 2400 forms with research descriptions. It is possible to search this database in many ways: by means of keywords, investigator, address, date of commencement, method, institute etc.

Beside the annually actualization round, the data are gathered throughout the year by scanning journals, year-reports and so on. Very important for this registration system is the existence of a network of intermediaries within the world of primary care research. In the Netherlands, research in health care is mainly carried out by the following organizations:

- Academic General Practice Research Institutes: Rotterdam, Leiden, Nijmegen, Utrecht, Amsterdam (two institutes), Maastricht and Groningen.
- Other Academic Research Institutes
- Non Academic Research Institutes of which the NIVEL, more than the others, is concerned with Primary Care Research.
- Individual Investigators

Selection

With respect to the first part of this report, a selection was made primarily by means of:

- keyword: general practice/general practitioners;
- the occurrence of general practice/general practitioners in the title;
- general practice population;
- all research of the Academic General Practice Research Institutes (AGPRI);
- research done by individual general practitioners;
- research closed, started and current in the years 1987, 1988, 1989, 1990 and 1991.

Finally, the result of this selection was checked up on the subject 'general practice and related fields' and *all* the research done by the AGPRI's (N = 469). These also contain research about, e.g., nursing homes. This choice was made because in the long run it will be interesting to see if there are any changes in the research programming outside their 'own' domain, within the AGPRI's.

All 469 investigations have been classified with keywords of a specific classification system (see annex 1), designed especially for this purpose. The structure of this specific keyword system is hierarchical, with three levels of keywords, which can also be used to make a division between two important aspects of primary care and general practice, i.e. aspects of patient care and organizational aspects. Furthermore, keywords of the 'Thesaurus for Primary Care' of the NIVEL were used to refine selections with respect to some specific topics, e.g. chronic diseases.

Besides using keywords, selections were also made by means of the category of research institute:

- AGPRI : Academic General Practice Research Institutes
- ARI : Other Academic Research Institutes
- NARI : Non Academic Research Institutes
- INDIV : Individual Investigators

With respect to the description of developments between 1971-1987, some previous investigations were used[10]. These investigations were carried out by hand, on the basis of the registration forms. Nevertheless, it wasn't always possible to describe the period between 1980 and 1987. Especially the year 1986 is sometimes missing in the figures through lack of detailed data. The reason for this is that in 1985 a new automatized system was started. Description of this particular year will be made possible only after retrospective input in the new research database.

The review itself, i.e. the second part, describes only current research and contains 235 investigations. The selection was made on the basis of the keyword 'general practice/general practitioner' and of research done by the Academic General Practice Research Institutes.

[10]. Becht Melai, F., Bensing, J. A Decade of Research in Primary Care in the Netherlands 1972-1982. Utrecht: NHG/NHI, 1983.
Bosman, J.M., Zee, J. van der. Vijftien jaar onderzoek eerste lijn. Utrecht: NIVEL, 1986. (Fifteen Years of Primary Care Research)
Bensing, J. Op de golven van de tijd: over de relatie tussen beleid en onderzoek in de eerste lijn. In: Borst-Eilers, E., Etten, G.M. van, Sluimers, D.M. Continuïteit en verandering: de zorgagenda voor de jaren '90. Rijswijk: WVC, 1991. (On the waves of time: about the relationship between policy and primary care research).

I. DUTCH RESEARCH IN PRIMARY CARE AND GENERAL PRACTICE

I.1. PRIMARY CARE RESEARCH PROJECTS

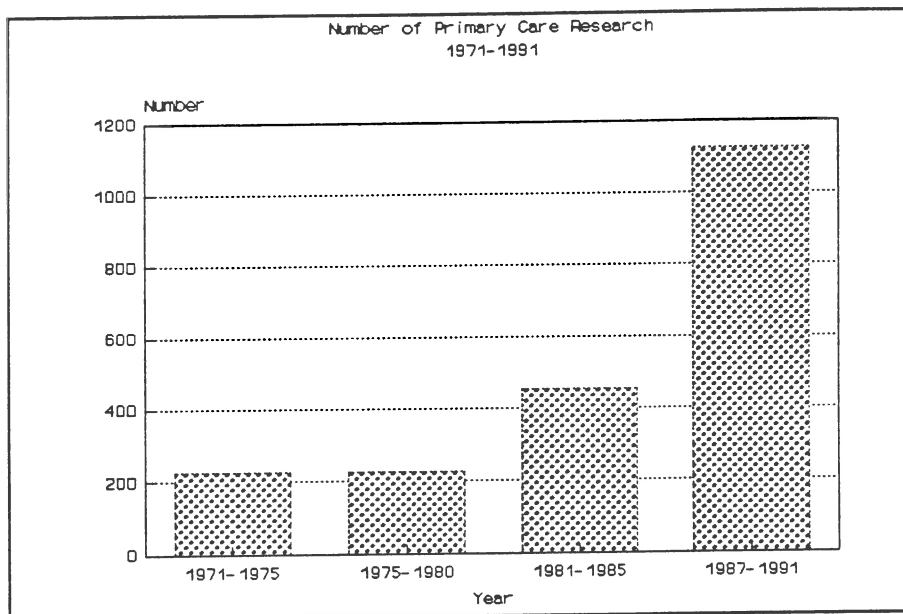

Figure 1: Number of Primary Care Research Projects, 1971-1991.

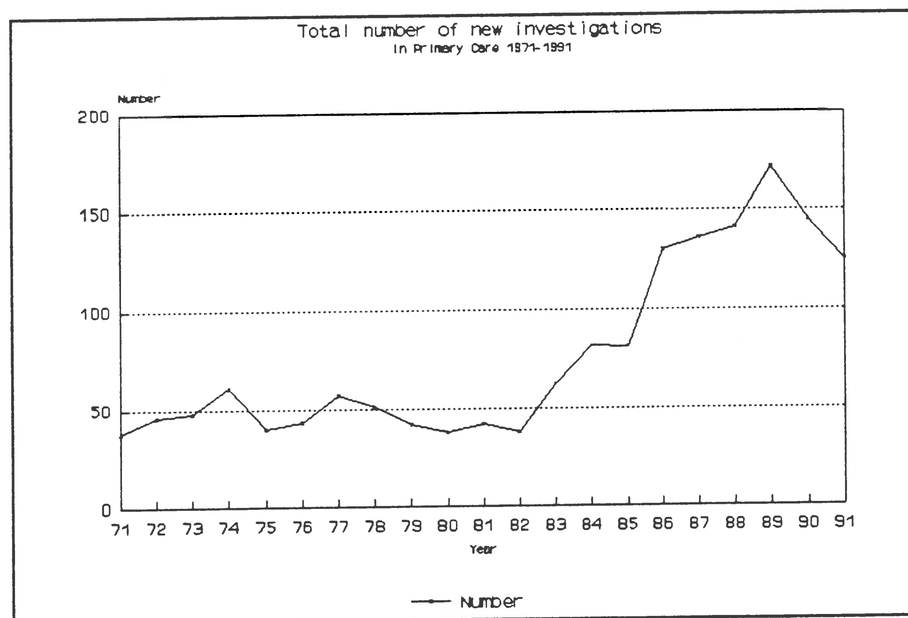

Figure 2: Number of New Primary Care Research Projects, 1971-1991.

Figure 1 and 2 show some developments with respect to the number of research projects. Figure 1 deals with the total amount of research - closed, current and started - while figure 2 exclusively deals with new, started investigations throughout two decades. It is clear that the total number of research projects in primary care and related fields, is increasing through the years, with an explosion in the years 1985-1991. Figure 2 shows us that in the first period, 1971-1982, only small fluctuations can be observed. After 1982, however, there is a huge increase of newly started investigations, with a peak in 1989. After 1989, the amount of newly started projects declines, but not the total amount of current research, though.

These results are obviously linked with some developments that have taken place over the past twenty years.

- Two important White Papers were published in 1980, i.e. 'Sketch for Primary Health Care' and 'Primary Care', in which attention was especially focussed on primary care. In these years a switch can be seen from cure to care, more attention was paid to prevention, and - last but not least - the government emphasized a need for cost-control.
- 1985: The scope of the NHI broadened from General Practice to Primary Care, for which reason the name of the NHI was altered in 'Netherlands Institute of Primary Health Care' (NIVEL).
- The Dutch College for General Practitioners published its report about quality standards in general practice in 1987.
- In 1988 the Ministry of Science and Education initiated research e.g. in the field of primary health care (the 'SGO Programme').
- In 1988, however, some changes occurred in health policy: more attention was paid to boundary crossing care. This shift in government policy is probably responsible for the decrease in the number of new research projects in the field of primary care after 1990.

In the next figure attention will be paid to a partition of primary care research between the four categories of research institutes.

Type of Research Institute	1971-1975	1976-1980	1986-1991
Academic Primary Care Research Institutes	24%	35%	20.6%
Other Academic Research Institutes	21%	17%	31%
Non-Academic Research Institutes	26%	31%	44%
Individual Investigators	29%	17%	4.4%
	N=226	N=226	N=1156

Tabel 1: Number of Primary Care Research Projects per Category of Research Institute: 1971-1980 - 1986-1991

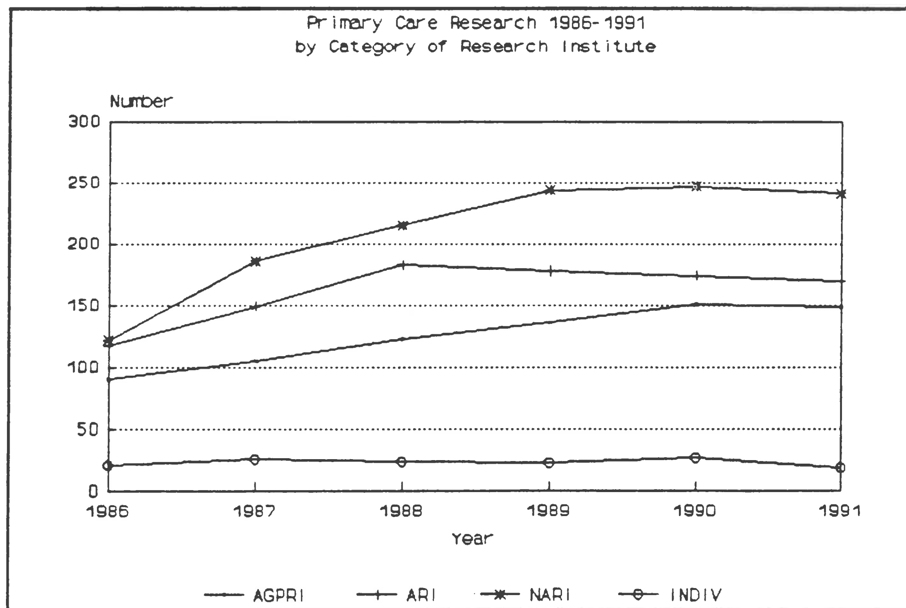

Figure 3: Number of Primary Care Research Projects by Category of Research Institute, 1986-1991.
AGPRI : Academic General Practice Research Institutes
ARI : Other Academic Research Institutes
NARI : Non Academic Research Institutes
INDIV : Individual Investigators

On the basis of these figures it can be concluded that with respect to research in the field of primary care, both the Other Academic Research Institutes and the Non Academic Research Institutes have

enlarged their share of the research cake at the disadvantage of the Academic General Practice Research Institutes and the Individual Investigators, at least if one is looking at the relative figures. But with respect to absolute numbers there is on most fronts an increase of research activities: the cake itself has been enlarged. The proportion divided between the Academic and Non Academic Reserach Institutes has been stabilized on a fifty-fifty basis. Individual investigators don't play a prominent role anymore. At present they work in general in an institutionalized setting.
The fact that the Academic Research Institutes, not particularly working in the field of primary care, momentarily have a big share in the domain of primary care research, is an indication that this kind of research is obviously an (financially) interesting area. Perhaps it is also because of the shift in attention of the government from sectoral research to border-crossing research, health care financing research, categories of patients, and so on.

I.2. GENERAL PRACTICE RESEARCH PROJECTS AND RELATED FIELDS

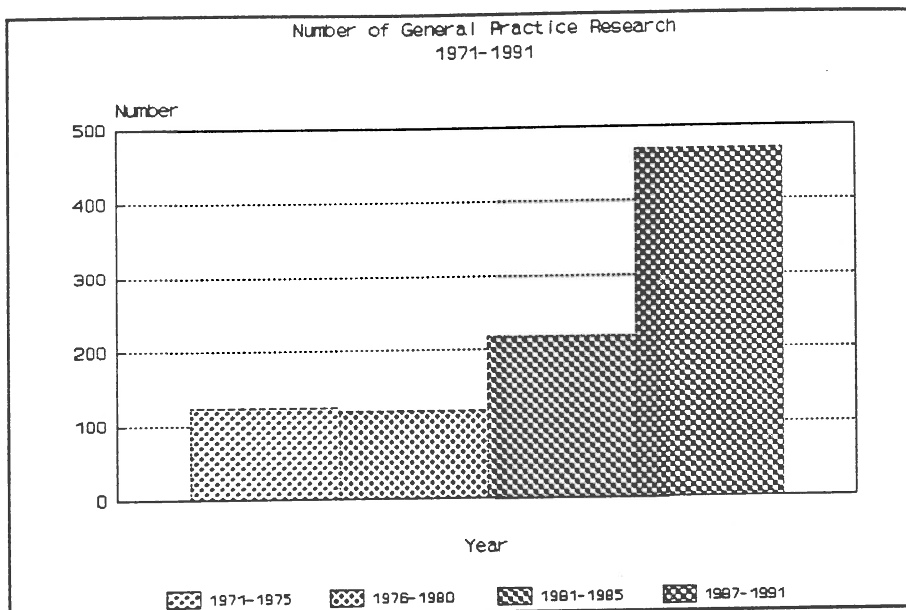

Figure 4: Number of General Practice Research Projects and Related Fields, 1971-1991.

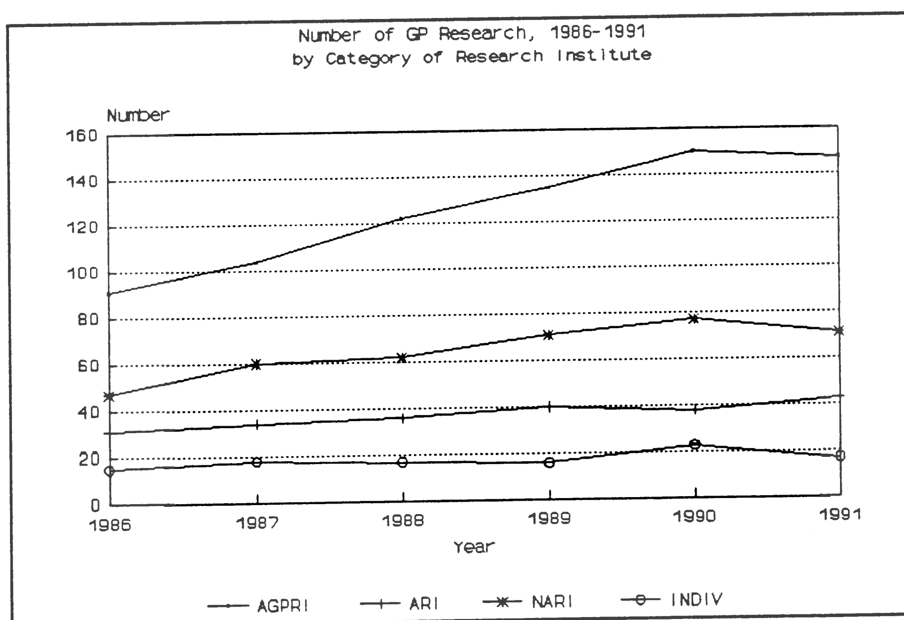

Figure 5: Number of General Practice Research Projects and Research in Related Fields, by Categories of Research Institutes, 1987-1991. N=469.

AGPRI: Academic General Practice Research Institutes
ARI: Other Academic research Institutes
NARI: Non Academic Research Institutes
INDIV: Individual Investigators

These figures give about the same picture with respect to numbers as research in primary care in general. The increasing amount of research after 1987 should probably be explained with the start of the 'National Study' of the NIVEL: a comprehensive cross-national study which was subsidized by the Ministry of Welfare, Health and Cultural Affairs. This study embraces a range of specific research projects, such as morbidity, relationships between general practitioners, patients and volunteers, referrals to specialists, prevention, interventions, and so on. In the same period, the Dutch College of General Practitioners started implementation and evaluation of general practice quality standards.
It is obvious that the Academic General Practice Research Institutes produce the bigger amount of research in general practice, whereas the Non Academic Research Institutes also play a significant part.

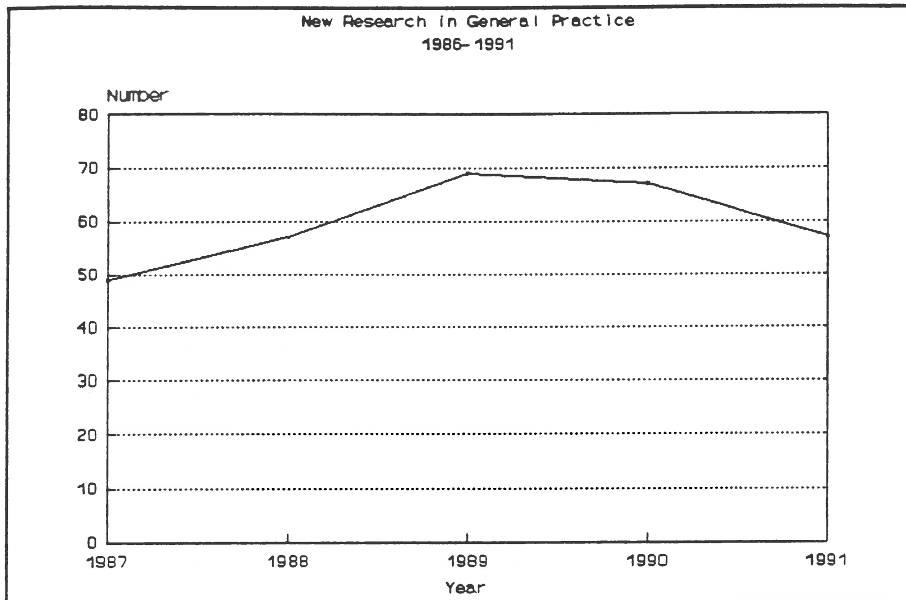

Fig-
ure 6: Number of New General Practice Research Projects and Research in Related Fields, 1986-1991.

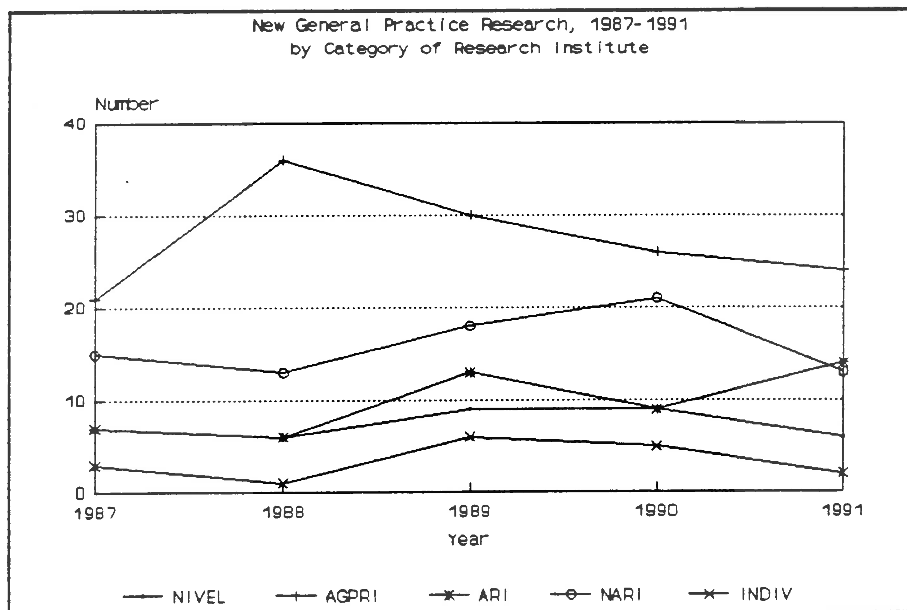

Figure 7: Number of New Research Projects in General Practice Research and Related Fields, 1987-1991.

A closer look at *new* research in the field of general practice and related themes shows that, with respect to research programming, there are only small fluctations to be seen. These figures also show us, that the setting of standards in general practice has probably influenced the amount of research projects done by the Academic General Practice Research Institutes, while the influence of NIVEL's National Study hasn't had much influence in the total amount of research projects done by that institute.

I.3. GENERAL PRACTICE RESEARCH AND RELATED FIELDS: THEMES

Classification: General Practice and Related Domains

Themes	Number	Percentage
GP RELATION WITH SECONDARY, PUBLIC HEALTH CARE AND SELF-HELP		
General	23	4.9
GP-Secondary Care Relation	54	11.5
GP-Public Health Care Relation	11	2.33
GP-Self-help Relation	4	0.81
GP-Mental Health Care Relation	7	1.51
Subtotal	99	21.05
GP AND PRIMARY CARE		
Primary Care Professionals Including GP: General	7	1.51
Multidisciplinary Collaboration	7	1.51
Bilateral Collaboration GP and Other Primary Care Professionals	19	4.1
Subtotal	33	7.12
RESEARCH IN GENERAL PRACTICE		
General Practice		
Condition Setting Features	75	16
Morbidity and Mortality	45	9.6
Patient Care/Specific Complaints	199	42.4
Patient/Consumer Research	13	3.8
Various	2	0.43
Subtotal	334	71.23
VARIOUS	3	0.6
TOTAL	469	100

Tabel 2: Research in General Practice and Related Fields, 1987-1991. N=469

In the field of more general research objects, such as 'Multidisciplinary Collaboration', it is difficult to compare the figures of table 2 with the past, because the objective of this report is mainly focussed on the general practitioner, whereas earlier trend studies also dealt with the other primary care professionals. However, it is possible in global terms to make some remarks. In trend studies concerning the period 1971-1986 it was concluded that mainly in the field of research on the relationship between primary care, public health care and self-help, some white spots could be detected. As is to be seen in table 2, this kind of research, if it concerns relationships with the general practitioner, isn't very popular yet.

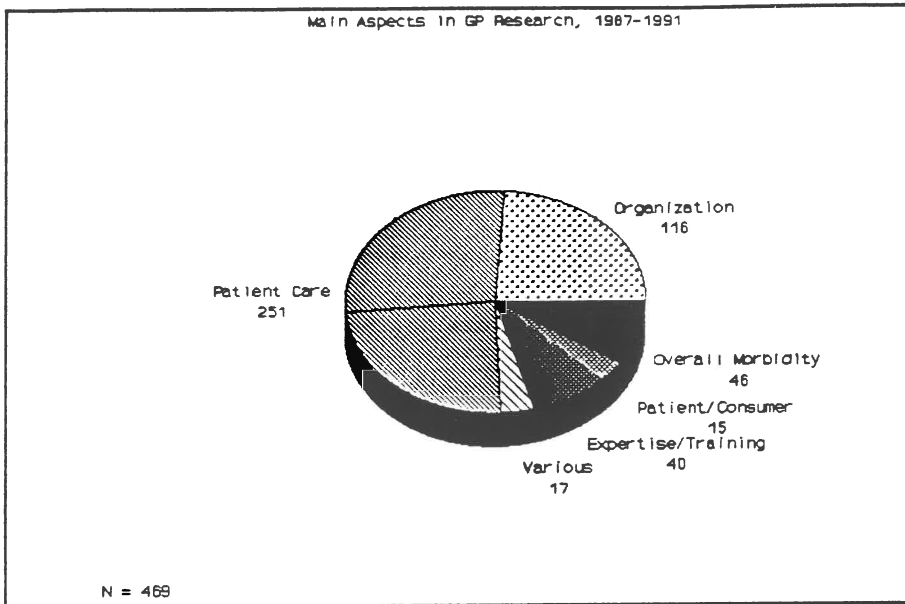

Figure 9: Number of Research Projects dealing with Main Aspects of General Practice Research and Related Fields, 1987-1991. N=469.

The main aspects of general practice research and related fields, studied by all categories of research institutes, are Patient Care/Specific Complaints and the Organizational Aspects. The remaining research is divided in Overall Morbidity/Mortality, Expertise/tests/protocols/training and Patient-Oriented Research (patient satisfaction, patient motivation).

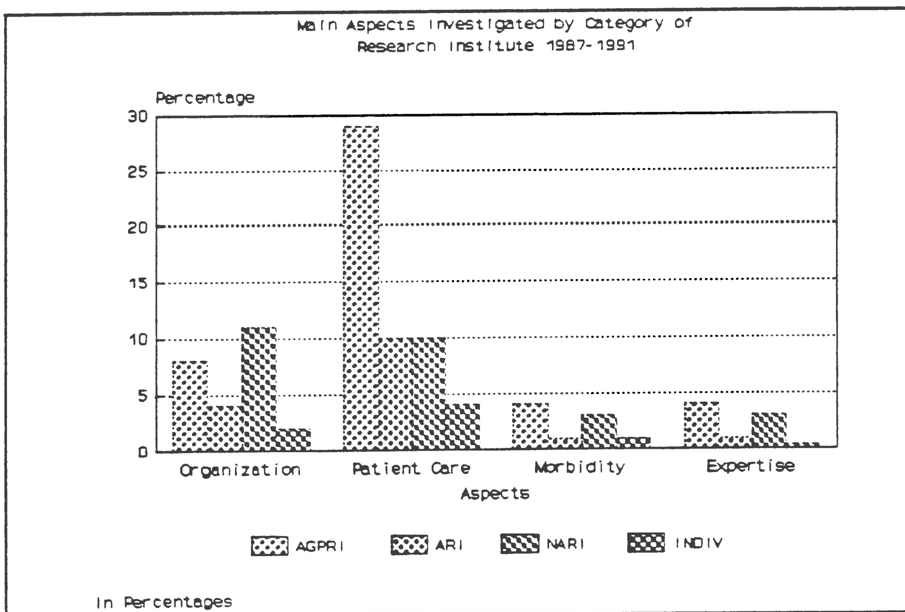

Figure 10: Share of Research dealing with Main Aspects of General Practice Research and Related Themes per Category of Research Institute, 1987-1991. N = 469.

Academic General Practice Research Institutes pay a lot of attention to the theme of 'Patient Care', whereas the Non Academic Research Institutes have a slight preference in their research for the organizational aspects.

I.4 GENERAL PRACTICE RESEARCH: THEMES

Theme: General Practice at Large

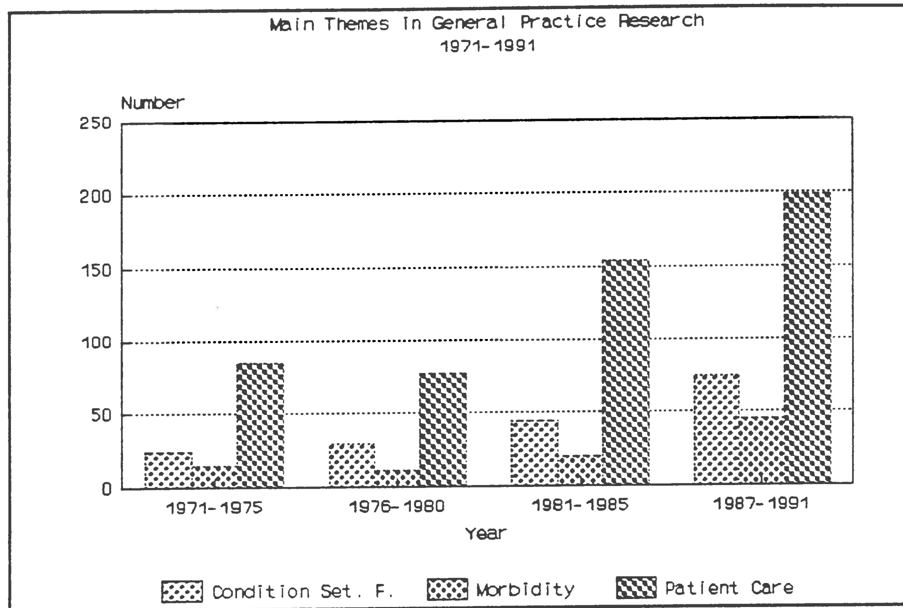

Figure 11: Trends in Number of Investigations in the Main Themes in General Practice Research, 1971-1991.
1971-1975: N=123
1976-1980: N=118
1981-1985: N=218
1987-1991: N=334

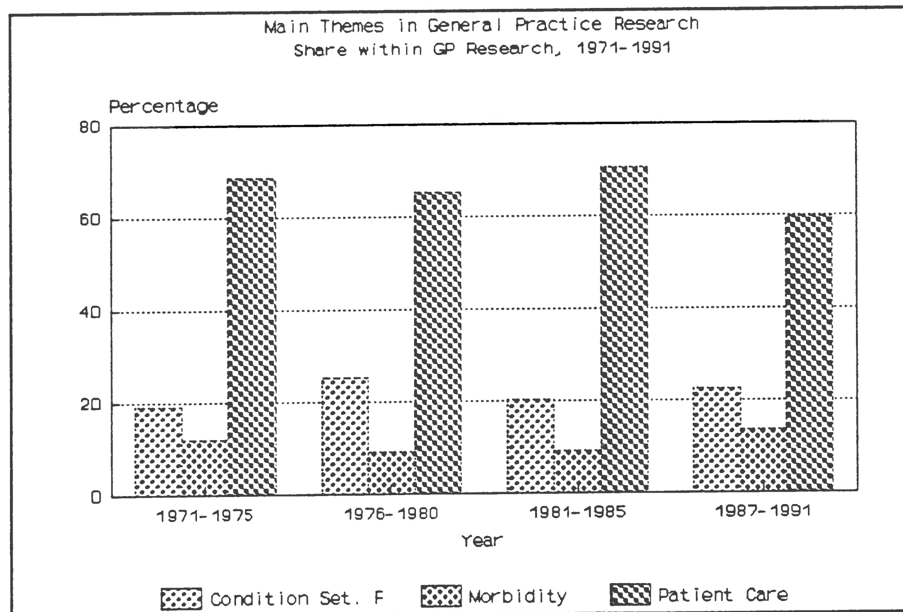

Figure 12: Trends in Share of Investigations in the Main Themes of General Practice Research, 1971-1991.

The main aspects in general practice are 'Condition Setting Features', 'Morbidity and Mortality' and 'Patient Care'. In absolute terms, research in al themes is increasing, whereas 'Patient Care' has relatively decreased in the last period. It seems that in this last period 'Condition Setting Features' and 'Morbidity' got more attention, both in relative and in absolute terms.
In the next table, these 'Condition Setting Features' will be described in more detail.

Theme: Condition Setting Features

Themes	1971-1975	1976-1980	1981-1985	1987-1991
Research into condition setting features				
a. General Structure	1 (1%)	10 (8%)	14 (6%)	11 (3%)
b. Practice Management	15 (12%)	12 (10%)	10 (5%)	24 (7%)
c. Expertise, Testing	8 (6%)	8 (7%)	20 (9%)	40 (12%)
Total	24 (19%) N=124	30 (25%) N=118	44 (20%) N=218	75(22%) N=334

Table 4: Trends in Research in General Practice: Condition Setting Features, 1971-1991.

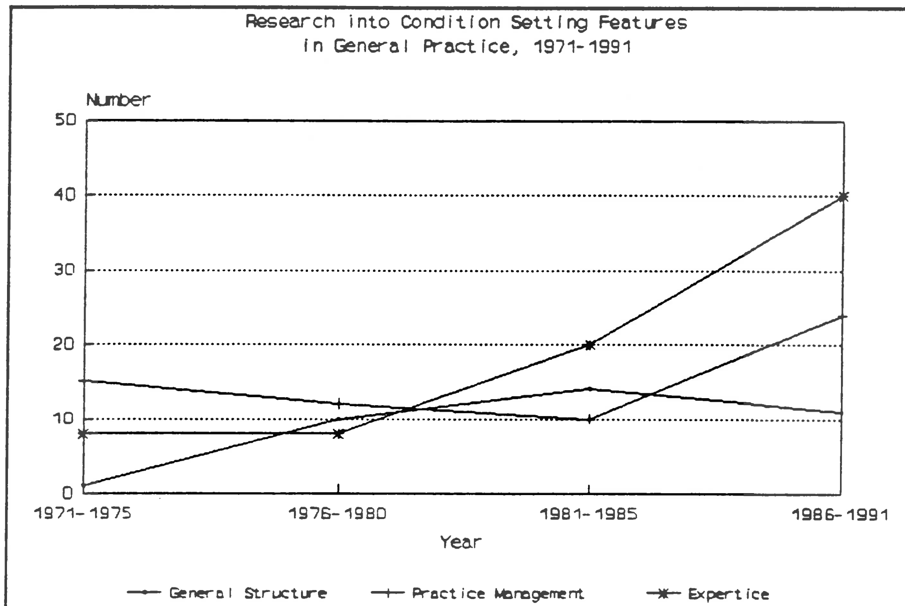

Figure 13: Trends in the Number of Research Projects in Condition Setting Features in General Practice, 1971-1991.

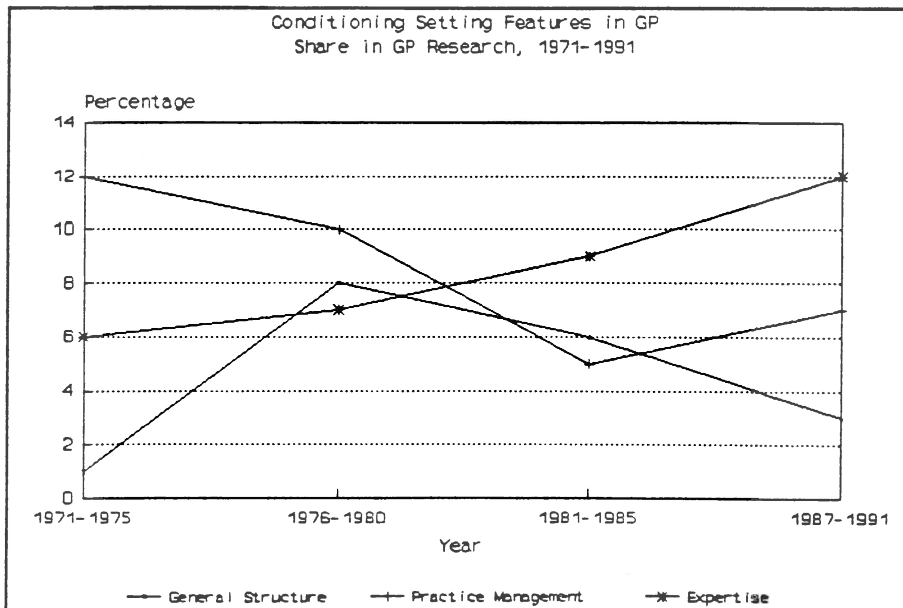

Figure 14: Trends in Share of Investigations in Condition Setting Features in General Practice, 1971-1991.

With respect to research in general practice, both research in the field of 'Expertise' and 'Practice Management' is increasing in absolute as well as in relative terms. In the first period there was relatively more attention for the general structure within the profession of general practitioners. It seems to be that this item is largely rounded off, so that more attention can be paid to the quality of patient care.

This research trend is strongly connected with the activities of the Dutch College of General Practitioners. In an early stage they have been paid attention to quality of patient care, which was laid down in a policy document about the setting of national standards[11] in 1987. These standards have to reflect the 'state of the arts' of general practice in the Netherlands, and have to be used as guidelines for medical audit, quality assurance, evaluation in vocational training, and continuing education[12]. By now, evaluation research is carried out and also many investigations into the development of quality systems are initiated. Highlights within this last type of research are the already mentioned setting of standards, medical audit and quality improvement. Characteristic for these trends are two academic speeches, both about quality in general practice care, and both delivered in 1991[13]. The government of the Netherlands also brought out an important document in the field of quality: 'Kwaliteit van zorg'[14] (Quality of Care). Within this framework, the trend to do more research on expertise, training and protocols, is explicable.

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11. Nederlands Huisartsen Genootschap. Naar criteria voor kwaliteit: standaardenbeleid NHG. Utrecht: NHG, 1987. (Towards Criteria for Quality: Standard Setting in General Practice)

12. Grol, R.P.Th.M. National standard setting for quality of care in general practice: attitudes of general practitioners and response to a set of standards. British Journal of General Practice; vol 40, 1990, nr. 40, p. 361-364.

13. Grol, R.P.Th.M. Grol. Naar een 'kwaliteitssysteem' in de huisartsgeneeskunde: uitgesproken bij de aanvaarding van het ambt van bjzonder hoogleraar in de huisartsgeneeskunde, in het bijzonder de kwaliteitsbewaking en -bevordering in de huisartsgeneeskunde, 27 september 1991. Utrecht: NHG, 1991. (Towards Quality Systems in General Practice)
Mulder, J.D. Dzn. De huisarts qualitate qua: kwaliteit en huisartsgeneeskunde: afscheidscollege bij het aftreden als gewoon hoogleraar in de huisartsgeneeskunde aan de Rijksuniversiteit Leiden, 25 oktober 1991. Leiden: Rijksuniversiteit Leiden, 1991. (Quality and General Practice).

14. Ministerie van Welzijn, Volksgezondheid en Cultuur. Kwaliteit van zorg. 's-Gravenhage: SDU, 1991.

Theme: Patient Care

Themes	1971-1975	1976-1980	1981-1985	1987-1991
Patient Care in General Practice a. General	14 (11%)	21 (18%)	41 (19%)	46(14%)
b. specific complaints incl. prescribing medicine	71 (57%)	56 (47%)	113 (52%)	153 (46%)
Total	85 (68%)	77 (65%)	154 (71%)	199 (60%)
	N=124	N=118	N=218	N=334

Table 5: Trends in Research in General Practice: Patient Care, 1971-1991.

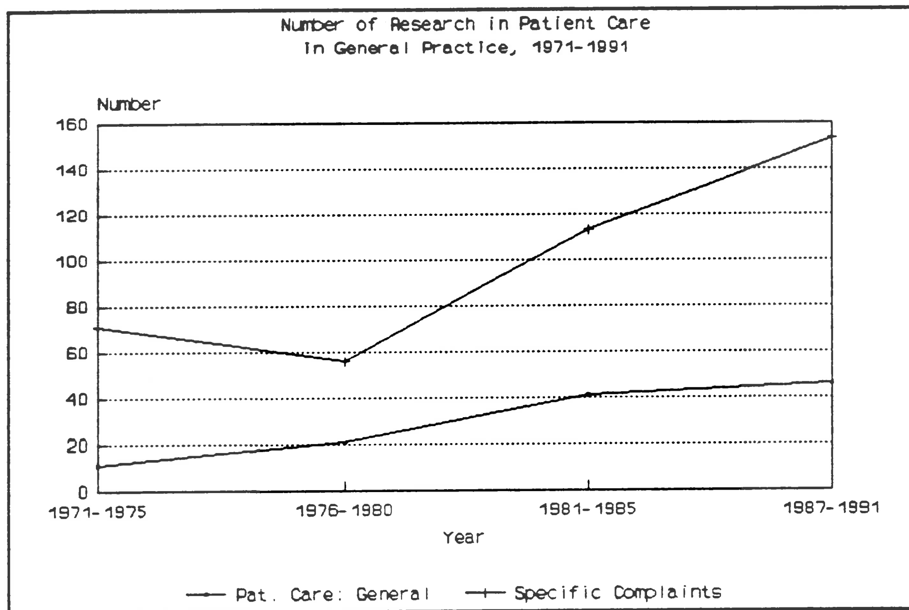

Figure 15: Trends in Number of Research Projects in Patient Care in General Practice, 1971-1991.

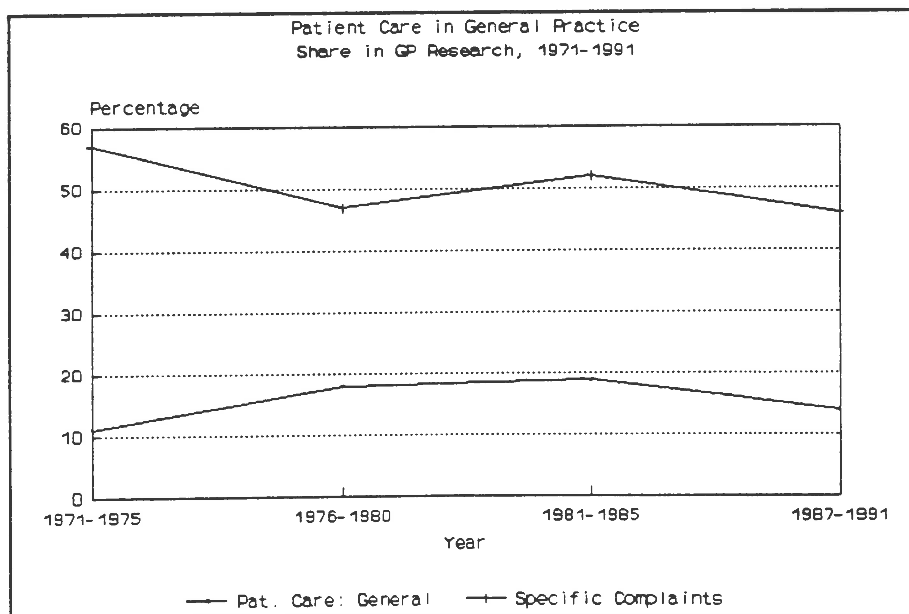

Figure 16: Share of Investigations in Patient Care in General Practice, 1971-1991.

The absolute amount of research in the field of 'Specific Complaints' is increased within general practice research, whereas there is a slight decrease to be seen in relative terms. Research in the field of 'Specific Complaints' has always plaid a major role within general practice research.

Themes: Specific Complaints in General Practice

Themes	1971-1975	1976-1980	1981-1985	1987-1991
Specific Complaints in General Practice				
a. Somatic Complaints	64 (52%)	49 (41.5%)	81 (37%)	112 (33.5%)
b. Psychosomatic and Psychosocial Complaints	7 (6%)	7 (6%)	15 (7%)	40 (12%)
	N=124	N=118	N=218	N=334

Table 6: Division between Somatic and Psychosocial/Psychosomatic Complaints in General Practice, 1971-1991.

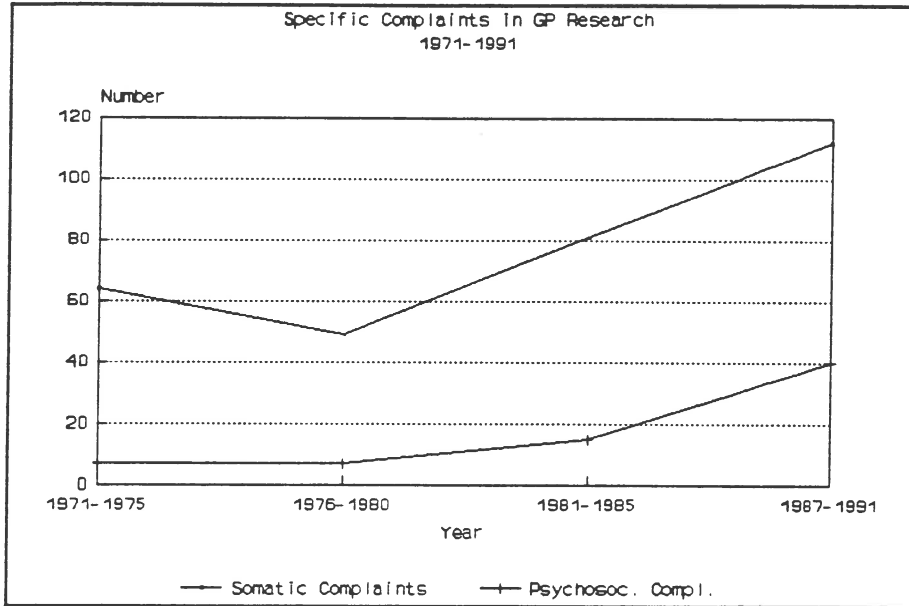

Figure 17: Trends in Number of Research Projects in Specific Complaints in General Practice, 1971-1991.

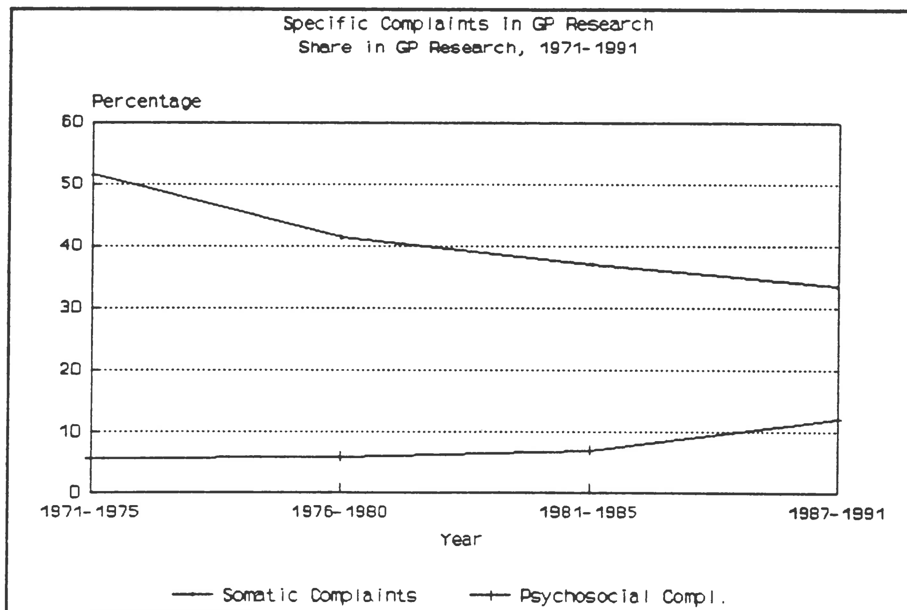

Figure 18: Specific Complaints in General Practice Research, 1971-1991.

Attention for both psychosocial and psychosomatic complaints and somatic complaints has increased, whereas, relatively spoken, the share of research in the field of somatic complaints is decreasing.

EPILOGUE

In this part some developments in primary care research have been described, notably general practice and related areas between 1971 and 1991. From comparison of the outcome of those figures, it can be concluded, that research in the field of primary health care is well coordinated with the national health policy.

With respect to the quantity of research in primary care, an increase can be observed after 1982, with a tremendous rise in the period 1981-1985. Also, research institutes that untill than were not particularly active in primary care and general practice, became interested in this type of research. Several reasons can be named:
- It is the period in which the government initiated a structural research policy.
- The activities of the Dutch College of General Practitioners and the foundation of General Practice Research Institutes, of which the NIVEL is one, also have had their influence.
- It is probable that financial aspects - increasing governmental subsidies for primary care research - are mainly due to the fact that also other than primary care research institutes got their part: primary care became a financially interesting research domain.

In the period 1985-1991 the absolute and *total* amount of primary research is still increasing. It can be explained by:
- the start of the 'SGO-programme' initiated by the Ministry of Science and Education;
- the start of the quality standard setting of the Dutch College of General Practitioners, and
- the start of 'National Study' of the NIVEL.

After 1990, a decline can be seen in the amount of *new* research in primary care. This can be explained with the growing attention for border crossing research, but perhaps now is to soon to draw conclusions about this item.

Over the past decades, primary care policies were focussed on the substitution and strenghthening of primary care. But what can be seen is that there were a few shifts in emphasis. In the first period, the primary care professional was a front soldier, a gatekeeper between the rigorously divided, relatively cheap system of primary care, and the more expensive system of second-line medical care. At present, home care, patient-centred care, epidemiologic aspects, quality of care and cost-control are emphasised.

In general practice research an increase can be seen of the total quantity of research, but in relative terms there is a slight decrease if we compare it with the total amount of primary care research. Research in general practice has always paid much attention to Patient Care', especially on 'Specific Complaints', but now there is - however only in relative terms - a tendency to look for a decrease.

Research in the field of morbidity and mortality and condition setting features got more attention in the last five years. Particularly the theme of 'Expertise' (training, protocols, standards: quality) has stood in the spotlights of the GP research scene. This can be explained by:
a. the shift in interest of the government: more attention is given to quality of care,
b. the national quality standard setting of the Dutch College of General Practitioners.

After the period 1976-1980 there is no longer much interest in research concerning the structure of the GP-profession. Obviously the job was 'done' by then.

There are still some white spots: in the past there wasn't much attention for research in the field of relationships between public health care and self-help and general practice, and there still isn't. With the foundation of the Netherlands School of Public Health this will probably change.

ANNEX 1

CLASSIFICATION FOR THE TREND STUDY IN THE FIELD OF GENERAL PRACTICE

1, 2, 3 = respectively hierarchical level 1, level 2 and level 3

Research in the whole of Health Care

1. General
1. Primary-secondary care relation
   2. general
      3. organizational aspects
      3. patient care, specific complaints
   2. general practitioner
      3. hospitals, organizational aspects
      3. hospitals, patient care, specific complaints
      3. nursing homes, organizational aspects
      3. nursing homes, patient care, specific complaints
      3. others, organizational aspects
      3. others, patient care, specific complaints
1. Primary-basic care relation
   2. general
      3. organizational aspects
      3. patient care, specific complaints
   2. general practitioner
      3. organizational aspects
      3. patient care, specific complaints
1. Primary care-self-help relation
   2. general
      3. organizational aspects
      3. patient care, specific complaints
   2. general practitioner
      3. organizational aspects
      3. patient care, specific complaints
1. Primary care-mental care relation
   2. general
      3. organizational aspects
      3. patient care, specific complaints
   2. general practitioner
      3. organizational aspects
      3. patient care, specific complaints

Research in the whole of Primary Care

1. Primary care professionals in general
   2. organizational aspects
   2. patient care, specific complaints
1. Multidisciplinary collaboration in primary care
   2. general
      3. organizational aspects
      3. patient care, specific complaints
   2. general practitioner
      3. organizational aspects
      3. patient care, specific complaints
1. Bilateral collaboration
   2. general practitioners
      3. organizational aspects
      3. patient care, specific complaints

Research in and into General Practice

1. General Practitioner
   2. condition setting features
      3. structure of the profession of general practitioners
      3. organizational aspects of practice management
      3. expertise, training, courses, testing

PART II

CURRENT GENERAL PRACTICE RESEARCH AND RELATED FIELDS

AN INVENTORY

1567 THE EFFECT OF SPECIAL PAYMENTS FOR PARTICULAR ACTIVITIES IN GENERAL PRACTICE ON JOB PERFORMANCE AND ATTITUDE OF THE GENERAL PRACTITIONER.

Does the introduction of special payment for certain activities lead to a situation in which:

1. general practitioners will perform these activities more often;
2. general practitioners will make less referrals concerning these activities;
3. general practitioners will make more referrals concerning other indications;
4. general practitioners will perform the activities with sufficient quality;
5. the general practitioner's attitude towards his/her work will change?

Methods: Survey/enquete

Rijksuniversiteit Leiden; vakgroep Huisartsgeneeskunde; Postbus 9605, 2300 RC Leiden, tel. 071-275318.

Researchers: drs. M.F.M.T. Du Moulin; drs. J.M. van Heijningen, arts.

1713 SCENARIO STUDIES ON PATIENT MOVEMENT IN PRIMARY HEALTH CARE.

1. To analyze characteristics that concern the content of primary health care.
2. To determine the nature of patient movement between primary health care disciplines as well as the underlying relationships of this movement.
3. To develop a simulation model on the basis of system analysis, with the help of which a scenario analysis of patient movement can be executed.
4. To apply this model to primary health care in the province of Limburg, the Netherlands.

Methods: Secondary analyses
Medical and biological research

Rijksuniversiteit Limburg; vakgroep Huisartsgeneeskunde; Postbus 616, 6200 MD Maastricht, tel. 043-882222.

Researchers: prof. dr. ir. O.J. Vrieze; prof. dr. H. Crebolder, arts.

1850 TOWARDS A NATIONAL INFORMATION NETWORK FOR GENERAL PRACTICE.

How can a representative and, for the professional group of general practitioners and policymakers relevant, continuous data collection concerning the care in general practice, be organized efficiently and feasibly, in the form of a national information network for general practice?

Methods: Survey/enquete
Contents analyses

Nederlands instituut voor onderzoek van de eerstelijnsgezondheidszorg (NIVEL); Postbus 1568, 3500 BN Utrecht, tel. 030-319946.

Researchers: L. Stokx, arts; drs. A. Jacobse.

2136 TASK PROFILES OF GENERAL PRACTITIONERS IN EUROPE.

1. What is the position of the general practitioner within European health care systems?
2. To what extent do the tasks of general practitioners and medical specialists fit in with each other, or overlap?
3. Is there any correlation between certain characteristics of the health care systems and

the position of the general practitioner?
4. Is there any correlation between the provision of health care services on the spot, and the realized job description of the general practitioner?

Methods: Survey/enquete
Literature research
Contents analyses

Nederlands instituut voor onderzoek van de eerstelijnsgezondheidszorg (NIVEL); Postbus 1568, 3500 BN Utrecht, tel. 030-319946.

Researcher: drs. W.G.W. Boerma.

2303 PRODUCTIVITY IN HEALTH-SECTORS.
1. To describe the state of affairs with respect to measuring productivity in the public health sector, and, on the basis of that, to develop a general framework for analysis.
2. To point out how this framework can be operationalized for a number of public health services (i.e. general practitioners, general hospitals, old people's homes, nursing homes, Regional Institutes for Mental Welfare, services for the handicapped, ambulance services, home care and home help, all supervised by the Ministery of Public Health of the Netherlands).
3. To judge the state of affairs of empirical research in the aforementioned fields of interest.
4. To see which data are available for further research.
5. To formulate a research programme.

Methods: Literature research
Other methods

Instituut voor Onderzoek van Overheidsuitgaven; Oranjestraat 8, 2514 JB Den Haag, tel. 070-3645853.

Researchers: drs. P.H.J. Vrancken; ir. D.C. van Ingen.

2434 MEDICAL DECISION-MAKING AND THE AVAILABILITY OF CARE.
Research on the possible friction between demand (what patients want) and supply (what the system has to offer) in health care. Three angles:
1. reason of arrival;
2. second opinion in primary health care;
3. defensive medicine.

Universiteit van Amsterdam; Vakgroep Huisartsgeneeskunde; Meibergdreef 15, 1105 AZ Amsterdam, tel. 020-5669111.

Researcher: H.C.H. Coumou.

2461 EFFECTS OF LUNG REACTIVATION IN PRIMARY HEALTH CARE AND IN TREATMENT IN OUTPATIENTS' CLINICS.
1. To develop a lung-reactivation programme in primary health care.
2. To measure the effects of lung reactivation in three matched and randomized groups of patients:
- patients who attended a reactivation programme in primary health care (general practitioner, physical therapist and community nurse);
- patients who attended a reactivation programme in a specialist health center;
- patients who did not attend any reactivation programme at all (control group).

Methods: Medical and biological research
Survey/enquete

Beatrixoord Revalidatieziekenhuis; Dilgtweg 5, 9751 ND Haren, tel. 050-345541.

Researchers: H.J. Sluiter; D.S. Postma; F. Gimeno Ortega; R. van Altena.

1. J.H. STRIJBOS, H.J. SLUITER, D.S. POSTMA. Objective and subjective performace indicators in COPD. European Respiratory Journal; 2, 1989, no. 7, p. 666-669.
2. J.H. STRIJBOS, H.J. SLUITER, D.S. POSTMA. Borg scores in the evaluation of pulmonary rehabilitation. American Review of Respiratory Disease; 139, 1989, no. 4, p. A243.
3. H.J. STRIJBOS, G.H. KOETER, A.F. MEINESZ. Home care rehabilitation and perception of dyspnea in chronic obstructive pulmonary disease (COPD) patients. Chest; 97, 1990, no. 3, p. 109s-110s.

2060 NUTRITION PROJECT UTRECHT; HEALTH PROMOTION BY MEANS OF IMPROVEMENT OF EATING HABITS IN (A QUARTER OF) UTRECHT, THE NETHERLANDS.

1. Is it possible to execute a health promotion programme in a quarter; aimed at the improvement of eating habits of the inhabitants, and executed in consultation with the inhabitants and caregivers of that quarter?

2. What is the effectivity of such a programme? The project is a continuation of the 'PreTensie Utrecht'- project; a collaboration project between general practitioners and Municipal Medical Healthcare Services for the prevention of cardiovascular diseases. It will be attempted to interest a continuing general practitioner's project for this project.

Methods: Survey/enquete
Observation

GG en GD Utrecht; afdeling Epidimiologie en Gezondheidsbescherming; Postbus 2423, 3500 GK Utrecht, tel. 030-958911.

Researchers: ir. M. de Jong; E. Dros; J.E. van Steenbergen.

2400 EVALUATION OF THE WAY IN WHICH THE SCREENING OF CERVICAL CANCER WAS ORGANIZED IN NORTHERN LIMBURG, THE NETHERLANDS.

1. Experiences of women with cervical cancer screening.
2. Experiences of general practitioners.
3. What were the results of cervical smear?
4. Global estimation of the effects of the screening.

Methods: Secondary analyses
Survey/enquete
Literature research

GGD Noord-Limburg; Postbus 1150, 5900 BD Venlo, tel. .

Researchers: drs. M.H.J.M. Spee; J. van Gastel, arts.

1685 TO FALL AND FALL PREVENTION IN PSYCHOGERIATRIC NURSING HOME RESIDENTS.
To what extent does the introduction of a new alarm system lead to reduction of the frequency of falls in psychogeriatric nursing home patients?

Methods: Survey/enquete
Contents analyses

Katholieke Universiteit Nijmegen; Nijmeegs Universitair Huisartsen Instituut; Postbus 9101, 6500 HB Nijmegen, tel. 080-516359.

Researcher: drs. H.B.M. Vermeulen.

1687 INSTITUTIONALIZATION AND CIRCADIAN RHYTHMICITY IN THE ELDERLY.
What is the influence of institutionalization (in a nursing home) on the twenty-four hours rhythmicity and sleep of the elderly. To answer this question a twenty-four rhythmicity of two groups of elderly is compared: a group of independent elderly, living at home, and a group of elderly in the nursing home. The research is divided into a primary transversal part and a secondary longitudinal part.

Methods: Survey/enquete
Medical and biological research

Rijksuniversiteit Leiden; Laboratorium voor Fysiologie; vakgroep Huisartsgeneeskunde; Postbus 9605, 2300 RC Leiden, tel. 071-275318.

Researchers: dr. G.A. Kerkhof; dr. M.P. Springer, arts; prof. dr. W.J. Rietveld; prof. dr. H.A.C. Kamphuisen; drs. H.A.M. Middelkoop; P.R. Eijkelenboom, arts.

1930 PROJECT CLINICAL AUDIOLOGY: CARE FOR THOSE WHO ARE HARD OF HEARING (THE PROCEDURE FOR PROVIDING HEARING AIDS AND THE USE OF THE HEARING AID).
1. Can the protocol for a better provision of hearing aids be used?
2. What is the effect of the use of the protocol in comparison with the effect of currently used prescription procedures? In this project an operating procedure for the provision of hearing aids was developed, which is believed to be an improvement on the existent procedure used by the E.N.T. specialist. This research wants to test that. The improved procedure has two aspects that will be manipulated in this research: a. the communication between general practitioner and E.N.T. specialist follows a strict pattern (standardized correspondence); b. the person who is hard of hearing receives extra guidance during the period in which he/she has the hearing aid on trial.

Methods: Survey/enquete
Registration

Academisch Ziekenhuis van de Vrije Universiteit Amsterdam; Onderzoekscentrum 1e-2e Lijn; Postbus 7057, 1007 MB Amsterdam, tel. 020-5483300.

Researchers: drs. H.F.A. Jansen; dr. T.S. Kapteyn.

2114 EUTHANASIA AND ASSISTED SUICIDE BY THE NURSING HOME PRACTITIONER.
1. How often is the nursing home practitioner involved in euthanasia and assisted suicide?
2. How does the application of euthanasia and assisted suicide take place in the nursing home?
3. What is the correspondence between reported and unreported cases, what differences occur, and what facts play a role in the decision whether or not to report?

Methods: Secondary analyses
Survey/enquete
Literature research

Vrije Universiteit Amsterdam; EMGO-Instituut; Sectie Huisarts- en Verpleeghuisgeneeskundig Onderzoek; Van der Boechorststraat 7, 1081 BT Amsterdam, tel. 020-5484537.

Researcher: drs. L.M. Christ.

2115 NURSING HOME PATIENTS AND NURSING HOME CARE.

1. Nursing care needs of nursing home patients in large cities compared with nursing care needs of nursing home patients elsewhere.
2. Chronic diseases in general practice and in the nursing home.
3. Paramedical therapies in nursing homes in the Netherlands.
4. Analyzing and evaluating nursing home care.
5. Amputation status of nursing home patients: results of reactivation.

Methods: Contents analyses
Secondary analyses
Literature research
Registration

Vrije Universiteit Amsterdam; EMGO-Instituut; Sectie Huisarts- en Verpleeghuisgeneeskundig Onderzoek; Van der Boechorststraat 7, 1081 BT Amsterdam, tel. 020-5484537.

Researcher: dr. D.H.M. Frijters.

2119 TERMINAL CARE IN NURSING HOMES IN THE NETHERLANDS.

1. What prior conditions should be fulfilled by terminal care in the nursing home?
2. When does the term 'terminal care' come up?
3. What disciplines must be involved in terminal care?
4. What should be the role of the nursing home practitioner? Subsequent research:
5. How should terminal care be organized in the nursing home practice? What is the role of the nursing home practitioner in this?
6. In what respect does terminal care in practice differ from the answers formulated on questions 1 to 4?
7. What measures could lead to improvement of the practice of terminal care in the nursing home?

Methods: Survey/enquete
Literature research

Vrije Universiteit Amsterdam; EMGO-Instituut; Sectie Huisarts- en Verpleeghuisgeneeskundig Onderzoek; Van der Boechorststraat 7, 1081 BT Amsterdam, tel. 020-5484537.

Researcher: drs. G.A. Antonides, arts.

2120 WEIGHT OF CARE IN NURSING HOMES.

1. Patient characteristics with respect to the deploy of personnel and other resources (= weight of care).
2. Classification system on the basis of patient characteristics and the deploy of personnel and resources (= weight of care groups).
3. Care given versus care wished for.
4. Differences in the weight of care between nursing homes (= case-wise load).

Methods: Contents analyses
Secondary analyses
Survey/enquete
Observation
Registration
Literature research

Vrije Universiteit Amsterdam; EMGO-Instituut; Sectie Huisarts- en Verpleeghuisgeneeskundig Onderzoek; Van der Boechorststraat 7, 1081 BT Amsterdam, tel. 020-5484537.

Researcher: dr. D.H.M. Frijters.

2123 CONCEPTUALIZATION, MEASUREMENT AND IDENTIFICATION OF SUSCEPTIBILITY TO DECUBITUS.

1. Development of methods for measuring (underlying factors of) the susceptibility to decubitus.
2. Experimental testing of the theoretical-mechanical model.
3. Experimental research on the influence of decreased functioning of the regulation of continual streaming of the blood, on the susceptibility to decubitus.
4. Literature research on possible underlying factors of susceptibility to decubitus.

Methods: Medical and biological research
Literature research

Vrije Universiteit Amsterdam; EMGO-Instituut; Sectie Huisarts- en Verpleeghuisgeneeskundig Onderzoek; Van der Boechorststraat 7, 1081 BT Amsterdam, tel. 020-5484537.

Researchers: dr. J.H. Meijer; drs. C.J. Mein; drs. J. Karstens.

1. G.L. SCHUT. An elucidation of the problem of decubitus: diagnosis and diagnostic aid. In: Paradoks; Technical University Twente, Enschede, The Netherlands. Enschede: TU Twente, 1983.
2. M.W. RIBBE, J.HT. VAN MENS, H.W. STUIT. Facts and figures about patients in Dutch nursing homes. In: M.W. RIBBE, F.J. SNOEK (red). Amstelhof, hedendaagse verpleeghuiszorg in een historische omgeving. Amsterdam: Stichting Amstelhof, 1987.
3. J.H. MEIJER, G.L. SCHUT, M.W. RIBBE, H.G. GOOVAERTS, R. NIEUWENHUIS, J.P.H. REULEN, H. SSCHNEIDER. Method for the measurement of susceptibility to decubitus ulcer formation. Med. & Biol. Eng. & Comput.; 27, 1989, p. 502-506.
4. W.J. DEN OUDEN, J.H. MEIJER, G.L. SCHUT, H.H.J. WEUSTINK. Decubitus: current and future research in the Netherlands. Rijswijk: Ministerie van WVC, 1989.
5. R.J. VAN MARUM, A. KRUIT, J.H. MEIJER, TH.J.C. FAES, F.W. BERTELSMAN, H. SCHNEIDER, M.W. RIBBE. Microcirculatory bloodflow responses to pressure application in diabetic neuropathy. Annual meeting of the European Association for the study of diabetics. Kopenhagen, Denmark; september 10-14, 1990. Kopenhagen: s.n., 1990.
6. J.H. MEIJER. Conceptualizaton, measurement and identification of susceptibility to decubitus. Amsterdam: Thesis Free University, 1991.

2124 HOSPITALIZATION OF NURSING HOME PATIENTS.

1. What are the decision-making processes like in nursing home care, with respect to hospitalization of patients?
2. What considerations are made?
3. What problems are acknowledged and to what extent are they reflected in the nature of the decision that is made?
4. Are there any clues that the existing state of affairs needs readjusting?

Methods: Survey/enquete
Literature research

Vrije Universiteit Amsterdam; EMGO-Instituut; Sectie Huisarts- en Verpleeghuisgeneeskundig

Onderzoek; Van der Boechorststraat 7, 1081 BT Amsterdam, tel. 020-5484537.

Researchers: drs. J.W.P.M. Konings; drs. J.A.C. Danse; drs. J. Mohrs.

1. J.W.P.M. KONINGS, J.F. WENDTE, J.A.C. DANSE, J. MOHRS. Nursing home patients admitted to hospital: how often and why? J Am Geriatr Soc; 36, 1988, p. 667.

2125 UNDERLYING FACTORS OF SUSCEPTIBILITY TO DECUBITUS.

The risk of getting decubitus is determined by external and internal factors. The external factors involve aspects such as the amount and duration of pressure and sliding forces. Internal factors involve all patient factors related to the development of decubitus, which at the same time cannot be counted among the external factors. The internal factors are subdivided into underlying factors (regulation of streaming of the blood and mechanical qualities of the skin and of subcutaneous tissues). The research questions are:
1. What underlying factors of susceptibility to decubitus can be distinguished;
2. What role is played by these underlying factors in the development of decubitus?

Methods: Secondary analyses
Experiments in social science
Medical and biological research
Literature research

Vrije Universiteit Amsterdam; EMGO-Instituut; Sectie Huisarts- en Verpleeghuisgeneeskundig Onderzoek; Van der Boechorststraat 7, 1081 BT Amsterdam, tel. 020-5484537.

Researchers: drs. J.H. Meijer; drs. C.J. Mein, arts.

1. J.H. MEIJER, G.L. SCHUT, M.W. RIBBE, H.G. GOOVAERTS, R. NIEUWENHUYS, J.P.H. REULEN, H. SCHEIDER. Method for the measurement of susceptibility to decubitus ulcer formation. Med. J. Biol. Eng. and Comput.; 27, 1989, p. 502-506.
2. M.W. RIBBE. Nursing home medicine: (1) analysis of a population; (2) research on susceptibility for decubitus ulcer formation. Thesis. Amsterdam: Vrije Universiteit Amsterdam, 1989.
3. R.J. VAN MARUM, A. KRUIT, J.H. MEIJER, TH.J.C. FEAS, F.W. BERTELSMANN, H. SCHNEIDER, M.W. RIBBE. Microcirculatory blood-flowresponses to pressure application in diabetic neuropathy. Diabetologia; 33, 1990, p. A164.
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5. C.J. MEIN, M.F.M. WAGEMANS, J.H. MEIJER, T.J.C. FAES, H. SCHEIDER, M.W. RIBBE. Increased susceptibility for decubitus ulcer formation as result of symathetic denervation (publicatie in voorbereiding). s.l.: s.n..

2176 CHANGES OF BODY WEIGHT IN ELDERLY NURSING HOME PATIENTS.

(Too) low and (too) high body weight occurs very often in nursing home patients. It is studied to what extent this is a result of patient selection and/or of weight change. Also, research is done on possible causes.

Rijksuniversiteit Leiden; vakgroep Huisartsgeneeskunde; Postbus 9605, 2300 RC Leiden, tel. 071-275318.

Researcher: A.M.M. Berkhout.

708 QUALITY OF CARE WITH RESPECT TO DIFFERENCES IN COOPERATION BETWEEN GENERAL PRACTITIONERS AND SPECIALISTS FOR INTERNAL DISEASES.

1. To what extent do differences in job description between general practitioners who have patients with nonacute complaints - in this case complex abdominal complaints - influence differences in the outcome of their care.
2. Will the quality of care, measured against both the procedural actions of the general practitioner and the effects of his/her care, be positively influenced by the level of cooperation with internists in everyday care.

Methods: Survey/enquete
Experiments in social science
Contents analyses
Registration
Secondary analyses

Rijksuniversiteit Utrecht; Universitair Huisartsen Instituut; Bijlhouwerstraat 6, 3511 ZC Utrecht, tel. 030-331123.

Researchers: prof. dr. R.A. de Melker, arts; drs. H.M. Jacobs; prof. dr. F.W.M.M. Touw-Otten; drs. A. Luttik; drs. R. van de Hell; drs. M. Kastein.

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2. H.M. JACOBS, M. KASTEIN, A. LUTTIK, F.W.M.M. TOUW-OTTEN, R.A. MELKER. The Sickness Impact Profile and outcome of care. Allgemein Medizin in Forschung und Lehre; 17, 1988, p. 10-60.
3. H.M. JACOBS, A. LUTTIK, M. KASTEIN. The Sickness Impact Profile and outcome of care. Allgemein Medizin in Forschung und Lehre; 1989, no. 18, p. 63.
4. H.M. JACOBS, A. LUTTIK, M. KASTEIN. Problems in the assessment of the quality of care in general practice for patients having non acute abdominal complaints, using process data. Allgemein Medizin in Forschung und Lehre; 18, 1989, no. 3
5. F.W.M.M. TOUW-OTTEN, R.A. DE MELKER, H.M. JACOBS, A. LUTTIK, M. KASTEIN. Outcome of care: the Sickness Impact Profile used in a nation wide study on the effectiveness of the professional performance of general practitioners. The 6th International Symposium for Quality Assurance in Health Care. Melbourne: s.n., 1989.
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7. H.M. JACOBS, A. LUTTIK, R.A. DE MELKER, F.W.M.M. TOUW-OTTEN, M. KASTEIN. General practitioners and specialists working together: measurements for evaluation of process and outcome. The Family Physician: 12th WONCA World Conference on Family Medicine. Jerusalem: 12th WONCA World Conference, 1989.
8. H.M. JACOBS, A. LUTTIK, M. KASTEIN. Problems in the assessment of the quality of care in general practice for patients having non-acute abdominal complaints, using process data. Abstract EGPRW Meeting in Antwerp. Allgemein Medizin in Forschung und Lehre; 1989, p. 3.
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10. A. LUTTIK, H.M. JACOBS, R.A. DE MELKER. General practitioners and specialists working together; developing measurements for evaluation of process and outcome. Allgemein Medizin in Forschung und Lehre; 1989, p. 63.
11. H.M. JACOBS, A. LUTTIK, F.W.M.M. TOUW-OTTEN, R.A. DE MELKER. Outcome of care: the Sickness Impact Profile used in a primary care setting. In: Proceedings 20th Annual Scientific Meeting Boldrewood Conference Centre, 10-12 July 1991, Southampton, UK. Southampton: s.n., 1991.
12. H.M. JACOBS, A. LUTTIK, F.W.M.M. TOUW-OTTEN, M. KASTEIN, R.A. DE MELKER. Measuring impact of sickness in patients with nonspecific abdominal complaints in a Dutch family

practice setting. Medical Care; 30, 1992, p. 244-251.
13. F.W.M.M. TOUW-OTTEN. The use of the Sickness Impact Profile (SIP) in patients with minor ailments and its sensitivity to change in clinical condition. In: J.H.G. SCHOLTEN, C. VAN WEEL (red). Functional status assessment in Family Practice. Lelystad: Meditekst, 1992.
14. H.M. JACOBS. Health status measurement in family medicine research: the Sickness Impact Profile and its application in a follow-up study in patients with non-specific abdominal complaints. Proefschrift Universiteit Utrecht. Utrecht: Universiteit Utrecht, 1993.

1199 MUTUAL CONSULTATION BY GENERAL PRACTITIONER AND SPECIALIST.

1. Does a joint consultation by general practitioner and specialist prevent referrals?
2. Does the method of working of general practitioners change as a result of this?

Methods: Secondary analyses
Survey/enquete

Rijksuniversiteit Limburg; vakgroep Huisartsgeneeskunde; Postbus 616, 6200 MD Maastricht, tel. 043-882222.

Researchers: W.P.M. Vierhout, arts; dr. G.H.M.I. Beusmans, arts; dr. P. Pop, arts; prof. dr. J.A. Knottnerus.

1321 REFERRALS BY GENERAL PRACTITIONER TO SPECIALIST.

1. Research on the differences in referral rates.
2. Research on the influence of factors like distance to a hospital, size, type and organization of the practice, health status of the patient, on referral rates.

Methods: Survey/enquete
Contents analyses
Registration

Nederlands instituut voor onderzoek van de eerstelijnsgezondheidszorg (NIVEL); Postbus 1568, 3500 BN Utrecht, tel. 030-319946.

Researchers: prof. dr. J. van der Zee; drs. A.B.M. Gloerich.

1. A.B.M. GLOERICH, J. VAN DER ZEE. Probability of consultation and referral: locating groups at risk. Lezing European Meeting Health Services Research. s.l.: s.n., 1989.

1322 AFTERCARE AND CONTINUITY OF CARE.

1. To make an inventory of how a general practitioner is involved in intramural treatment, discharge and aftercare.
2. To gain insight in the care that patients expect and need after hospitalization.

Methods: Survey/enquete
Contents analyses
Registration

Nederlands instituut voor onderzoek van de eerstelijnsgezondheidszorg (NIVEL); Postbus 1568, 3500 BN Utrecht, tel. 030-319946.

Researchers: dr. A. Kerkstra; drs. T.J.J.M.T. Kersten.

1330 COOPERATION BETWEEN HOSPITAL AND GENERAL PRACTICE IN PAEDIATRICS.

In what way can improvement of paediatric care be obtained by improvement of coordination

between primary health care and second-line medical care.

Methods: Secondary analyses
Contents analyses
Registration
Survey/enquete

Erasmus Universiteit Rotterdam; Rotterdams Universitair Huisartsen Instituut; Postbus 1738, 3000 DR Rotterdam, tel. 010-4087620.

Researchers: drs. J.C. van der Wouden; L.W.A. van Suijlekom-Smit, arts; E. Kraaijeveld, arts; drs. M.A. Bruijnzeels.

1. E. KRAAIJEVELD, L.W.A. VAN SUIJLEKOM-SMIT, J.C. VAN DER WOUDEN. Care for children. Co-operation between general practitioners and pediatricians (abstract). Tijdschrift voor Sociale Gezondheidszorg, Suppl. European Health Service Research Day; 67, 1989, no. 11, p. 10.
2. E. KRAAIJEVELD, L.W.A. VAN SUIJLEKOM-SMIT, J.C. VAN DER WOUDEN, H.J. DOKTER. Children's access to health care services. Paper presented at the Ist WONCA European Regional Conference on Family Medicine. In: Ist WONCA European Regional Conference on Family Medicine. Barcelona: s.n., 1990.
3. L.W.A. VAN SUIJLEKOM-SMIT, E. KRAAIJEVELD, J.C. VAN DER WOUDEN. A simultaneous collaborative survey in general and pediatric practice. Paper presented at the European General Practice Research Workshop. In: Proceedings European General Practice Research Workshop. Oporto: s.n., 1991.

1342 OPEN ACCESS SERVICE TO UPPER GASTROINTESTINAL ENDOSCOPY FOR GENERAL PRACTITIONERS.
At the general practitioner's request, the effectiveness of gastroscopy is established concerning 1000 patients with upper gastrointestinal complaints. The analysis concerns clinically relevant patient characteristics as well as indication analysis, and diagnostic phasing with respect to the consequences of this analysis for policymaking. Also a cost-effectiveness analysis is done concerning the open access situation for gastroscopy.

Methods: Secondary analyses
Survey/enquete
Medical and biological research

Rijksuniversiteit Utrecht; Universitair Huisartsen Instituut; Bijlhouwerstraat 6, 3511 ZC Utrecht, tel. 030-331123.

Researchers: drs. M.E. Numans, arts; drs. N.J. de Wit; prof. dr. F.W.M.M. Touw-Otten.

1. M.E. NUMANS, H.M. JACOBS, J.W.M BOGAARD, F.W.M.M. TOUW-OTTEN, R.A. DE MELKER. Upper gastrointestinal endoscopy in dyspepsia, a useful diagnostic test in general practice? Allgemeinmedizin in Forschung und Lehre; 1988, p. 14-25.
2. M.E. NUMANS, H.M. JACOBS, J.W. BOGAARD, F.W.M.M. TOUW-OTTEN, R.A. DE MELKER. Open access to upper gastrointestinal endoscopy for general practitioners. s.l.: St. Federatie Med. Wet. Ver., 1989.
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4. M.E. NUMANS, N.J. DE WIT, F.W.M.M. TOUW-OTTEN, R.A. DE MELKER, J.W. BOGAARD. Open access to gastroscopy for general practitioners. European Journal of Clinical Investigation; 20, 1990, p. 119-124.
5. M.E. NUMANS, N.J. DE WIT, F.W.M.M. TOUW-OTTEN, R.A. DE MELKER, J.W. BOGAARD. Open access to gastrocopy for general practitoners. In: Proceedings 20th Annual Meeting Boldrewood Conference centre, 10-12 July 1991, Southampton, UK. Southampton: s.n., 1991.
6. N.J. DE WIT, M.E. NUMANS, F.W.M.M. TOUW-OTTEN, R.A. DE MELKER. Open access to upper gastrointestinal endoscopy for general practitioners in the Netherlands. In: 13th WONCA world conference, Canada, Vancouver. Vancouver: WONCA, 1992.

7. M.E. NUMANS, N.J. DE WIT, Y. VAN DE GRAAF, R.A. DE MELKER, F.W.M.M. TOUW-OTTEN. Prediction of upper gastrointestinal endoscopic findings in family medicine. In: 13th WONCA world conference, Canada, Vancouver. Vancouver: WONCA, 1992.

1435 EFFECTS OF REDUCTION OF HOSPITAL BEDS.
To map shifts in the care as it is given by hospitals, nursing homes, home help, home nursing and general practitioners, and to point out problems in the delivery of care that want answers in accordance with policy.

Methods: Registration
Survey/enquete

Stichting Welzijn Kennemerland; Spaarne 72, 2011 CL Haarlem, tel. 023-319318.

Researcher: drs. S.C. Gijzel.

1534 SOMATIZING PATIENTS: THE EARLY CASE DETECTION AND PREVENTION SEEN FROM A MENTAL HEALTH CARE PERSPECTIVE.
With respect to phase I (epidemiological research):
1. To what extent does any form of psychopathology occur in patients with largely misinterpreted abdominal- or low back pain complaints?
2. What do general practitioners and specialists mean by cooperation in somatizing patients?
3. What is meant by somatizing patients? With respect to phase II (experimental phase):
1. What is the effect of application of early, integrated diagnosis and a cooperation model on:
- health and satisfaction of the patient;
- satisfaction of the general practitioner;
- satisfaction of the specialist;
- costs of the treatment?

Methods: Contents analyses
Survey/enquete
Medical and biological research
Experiments in social science

Academisch Ziekenhuis van de Vrije Universiteit Amsterdam; Onderzoekscentrum 1e-2e Lijn; Postbus 7057, 1007 MB Amsterdam, tel. 020-5483300.

Researchers: dr. L. Meeuwesen; drs. F.J.M. Meiland.

1. W.A. ARRINDELL, L. MEEUWESEN, F.J. HUYSE. The satisfaction with life scale (SWLS): psychometric properties in a non-psychiatric medical outpatients sample. Personality and Individual Differences; 12, 1991, p. 117-123.

1929 COLLABORATION AFTER REFERRAL.
1. To what extent is it possible to develop a feasible collaboration protocol for the activities of both general practitioner and specialist with respect to a referral?
2. Are there any indications that this protocol could be of influence on:
- the organization of care;
- the frequency and quality of mutual communication?

Methods: Secondary analyses
Other methods

Academisch Ziekenhuis van de Vrije Universiteit Amsterdam; Onderzoekscentrum 1e-2e Lijn; Postbus 7057, 1007 MB Amsterdam, tel. 020-5483300.

Researcher: drs. L. Huyser-van Dungen.

2027 CONTINUITY OF CARE SUPPORTED BY ELECTRONIC COMMUNICATION.

1. Which medical patient data, collected by the specialist, are of importance to the general practitioner (and vice versa)?
2. Is it possible that efficient communication should decrease the number of medical examinations and tests performed by general practitioners and specialists?
3. For what reason does a specialist sometimes repeat a certain test, which was already done by a general practitioner? Does the outcome of this test and/or other patient data justify this repetition?
4. What part of the data, received by the specialist, is actually used by the general practitioner, and for what aspect of medical treatment?
5. Does timely information of general practitioner and internist concerning their respective treatment of one and the same patient, influence medical treatment?

Methods: Secondary analyses
Survey/enquete
Case study
Literature research
Other methods

Erasmus Universiteit Rotterdam; Vakgroep Medische Informatica; Postbus 1738, 3000 DR Rotterdam, tel. 010-4088126.

Researcher: drs. P.J. Branger.

1. P.J. BRANGER, J.S. DUISTERHOUT. Measuring electronic data interchange in primary care. COPA: Communication Project Apeldoorn. In: J.S. DUISTERHOUT, E.J.P.M. MOEL (red). Proceedings of the Fifteenth Annual Meeting of the MUMPS users' Group Europe. Amsterdam: s.n., 1990.
2. P.J. BRANGER, J.S. DUISTERHOUT. Continuity in medical care using electronic data interchange. In: R.A. MILLER (red). Proceedings Symposium on Computer Applications in Medical Care (SCAMC). Washington: s.n., 1990.
3. P.J. BRANGER, J.S. DUISTERHOUT. The general practitioner and electronic data interchange. COPA: Communication Project Apeldoorn. In: R. O'MOORE, S. BENGSSON, J.R. BRYANT, J.S. BRYDEN (red). Lecture notes in medical informatics. Berlin/NewYork: Springer Verlag, 1990.
4. P.J. BRANGER, J.S. DUISTERHOUT. The evaluation of the Communication Project Apeldoorn (COPA). In: J.S. DUISTERHOUT, A. HASMAN, R. SALAMON (red). Telematics in medicine. s.l.: North-Holland, 1991.
5. J.S. DUISTERHOUT, P.J. BRANGER. EDIFACT message handling and integration into applicaiotns in the COPA project. In: J.S. DUISTERHOUT, A. HASMAN, R. SALAMON (red). Telematics in medicine. s.l.: North-Holland, 1991.
6. P.J. BRANGER, J.S. DUISTERHOUT. Measuring elctronic data interchange in primary care. COPA: Communication Project Apeldoorn. MUG Quarterly; 21, 1991, no. 4, p. 9-11.
7. P.J. BRANGER, J.S. DUISTERHOUT. Electronic data interchange in medical care: an evaluation study. In: P.D. CLAYTON (red). Proceedings of the Fifteenth Annual Symposium on Computer Applications in Medical Care. s.l.: McGraw-Hill, 1992.
8. P.J. BRANGER, J.S. DUISTERHOUT. Evaluation of electronic data interchange in health care: communication project Apeldoorn. Rotterdam: EUR, 1992.

2192 COLLABORATION BETWEEN GENERAL PRACTITIONERS AND SPECIALISTS IN DEVENTER, THE NETHERLANDS.

To what extent have different forms of functional collaboration between general practitioners and specialists in Deventer, together with support of hospital and health insurer, resulted in the improvement of quality and efficiency on the level of separate projects (diabetes type II, COPD, chronic recidivist knee complaints, referral) and on a regional level?

Methods: Secondary analyses
Survey/enquete
Registration

Nationaal Ziekenhuisinstituut (NZi); Postbus 9697, 3506 GR Utrecht, tel. 030-739911.

Researchers: ir. J.H.M. Vissers; drs. M.F. Wesseling; ir. M.A. School.

2276 QUALITY OF THE REFERRAL PROCESS.
To what extent is the quality of the referral process influenced by nature c.q. seriousness of the complaint, and/or the role opinions and expectations of general practitioner, specialist and patient? Quality is operationalized in: efficiency, effectiveness, communication, satisfaction.

Methods: Contents analyses
Survey/enquete

Rijksuniversiteit Groningen; vakgroep Gezondheidswetenschappen; Ant. Deusinglaan 4, 9713 AW Groningen, tel. 050-632982.

Researchers: drs. C. Engelsman; drs. A. Geertsma.

1. C. ENGELSMAN, A. GEERTSMA. 'Shopping around': een onderzoek naar verwezen patienten die op eigen initiatief tijdens of na afronding van een verwijzing verder hulp zoeken. Groningen: RU Groningen, 1992.

2379 STUDY INTO THE EFFECTIVENESS OF A REACTIVATION PROGRAMME FOR COPD-PATIENTS IN PRIMARY HEALTH CARE.
1. The feasibility of this research in primary health care (testing of the organizational possibilities and implementation of the reactivation programme in primary health care).
2. The effectiveness of this research in primary health care (the effects of medicinal therapy versus the effects of medicinal therapy and a reactivation programme).

Methods: Literature research
Other methods

Vrije Universiteit Amsterdam; VU-Ziekenhuis; De Boelelaan 1117, 1081 HV Amsterdam, tel. 020-5485291.

Researchers: drs. W. Cambach; R.V.M. Chadwick.

2401 REFERRAL RELATIONSHIPS BETWEEN GENERAL PRACTITIONER AND MEDICAL SPECIALISTS.
On the basis of theories on inter-organizational relationships, research is done on the structure, origin, and dynamics of referral networks, and the factors that influence them. Relevant with respect to quality improvement: to what extent does the general practitioner, being the one who looks after the patient's interests, act selectively with respect to his or her choice of specialist? Also relevant for medical specialists with respect to the strategic importance of referral relationships.

Methods: Survey/enquete
Literature research
Other methods

Erasmus Universiteit Rotterdam; Studierichting Beleid en Management Gezondheidszorg; Postbus 1738, 3000 DR Rotterdam, tel. 010-4088157.

Researcher: L.C.M. Boonekamp.

1. L.C.M. BOONEKAMP, A.A. DE ROO. To whom do GPs refer: a study of the development and change of referral networks of general practitioners in the Netherlands. Journal of Management in Medicine; 6, 1992, no. 3, p. 35-42.

1078 TRANSITION PROJECT.

Which general and quantifiable mechanisms in general practice determine the transition of complaints by patients and of diagnoses, formulated by physicians in time, and to what forms of medical treatment does this trend lead?

Methods: Registration

Universiteit van Amsterdam; Instituut voor Huisartsgeneeskunde; Meibergdreef 15, 1105 AZ Amsterdam, tel. 020-5664650.

Researchers: prof. dr. H. Lamberts, arts; drs. J.S. Meijer; drs. C.J.J.M. IJzermans; drs. H.J. Brouwer; prof. dr. E. Schadé.

1. H. LAMBERTS, M. WOOD. ICPC: International Classification of Primary Care. Oxford: Oxford University Press, 1987.
2. H. LAMBERTS. International Classification of Primary Care. Family Practice; 1987, no. 4, p. 4-9.
3. H. LAMBERTS. The International Classification of Primary Health Care. Family Practice; 1987, no. 4, p. 4-9.
4. LAMBERTS, H., E. SCHADÉ. Surveillance system for primary care data: from a prevalence-oriented to an episode-oriented epidemiology. In: W.J. EYLENBOSCH, N.D. NOAH (red). Surveillance in Health and Disease. Oxford: University Press, 1988.
5. H. LAMBERTS. The use of the International Classification of Primary Care in an Episode-Orientated Database. In: B. BABER, D. CAO et al. MEDINFO 89. Amsterdam: MEDINFO 89, 1989.
6. H. LAMBERTS. Comprehensive use of ICPC: the eating of the pudding. In: The Family Physician 'Universal in Medicine': abstracts. s.l.: 12th. WONCA World Conference, 1989.
7. H.J. BROUWER. ICPC and the Transition Project: the reliability of routinely collected data in family practice. In: The Family Physician 'Universial Issues in Medicine'. Abstracts 12th WONCA World Conference 17-1-'89. s.l.: WONCA, 1989.
8. J.S. DE KANTER, H. LAMBERTS, J.D. MULDER. ICPC International Classification of Primary Care: short titles (Nederlandse vertaling). Leiden: NHG, 1989.
9. B. BARBER, O.A. JENSE, H. LAMBERTS, F. ROGER-FRANCE, P. DE SCHOUWER, H. ZOLLNER. The six safety first principles of health information systems: a programma of implementation. In: MEDICAL INFORMATICS REVIEW GROUP (red). Impact assessment and forecasts of information and communications technologies applied to health care. Ref: XIII-F/ai966D Brussel: European Community, 1990.
10. H. LAMBERTS. Health information systems in general practice in the European Community: the need for standardisation and harmonisation of registration and classification. In: MEDICAL INFORMATICS REVIEW GROUP (red). Impact assessment and forecasts of information and communications technologies applied to health care. Ref: XII-F/ai0966D. Brussel: European Community, 1990.
11. H. LAMBERTS. The use of functional status assessment within the framework of the International Classification of Primary Care. In: WONCA CLASSIFICATION COMMITTEE. Functional status measurements in primary care. New York: Springer-Verlag, 1990.
12. H.J. BROUWER, F. VAN STEKELENBURG. General Practice on St. Eustatius. West Indian Medical Journal; 39, 1990, p. 24-25.
13. W.W. ROSSER, H. LAMBERTS. Do our patients receive maximum benefit from preventive care: a North American perspective. British Journal of General Practice; 40, 1990, p. 426-429.
14. H. LAMBERTS, H.J. BROUWER. The International Classification of Primary Care in the European Community. In: Second European Conference on Health Services Research and Primary Health Care. Koln: s.n., 1990.
15. H. LAMBERTS, H.J. BROUWER, J. MOHRS. Reason for encouter-, episode- and process-oriented standard output: part 2. Amsterdam: Universiteit van Amsterdam, 1991.
16. H. LAMBERTS, H.J. BROUWER, J. MOHRS. Reason for encounter-, episode- and process-oriented standard output from the Transition Project: part 1. Amsterdam:

Universiteit van Amsterdam, 1991.

1153 GENERAL PRACTITIONERS' PRACTICE STYLES.

1. What patterns exist in the prescription- and referral behaviour of general practitioners.
2. Is there any relationship between these patterns and the method of working of general practitioners with regard to prevention of somatic fixation.
3. Is there any relationship between the method of working of general practitioners and the state of health, health behaviour, and the satisfaction with the care provided by general practitioners to their patients.

Methods: Secondary analyses
Survey/enquete
Observation
Medical and biological research

Katholieke Universiteit Nijmegen; Nijmeegs Universitair Huisartsen Instituut; Postbus 9101, 6500 HB Nijmegen, tel. 080-514411.

Researcher: dr. H.G.A. Mokkink.

1. J.TH.M. VAN EIJK, A. SMITS, W. MEYBOOM, H. MOKKINK, J. VAN SON. Outcome measurement in general practice. Allgemein Medizin; 4, 1987, p. 17.
2. GROL, R.P.T.M., EIJK, J.TH.M. VAN, HUIGEN, F.J.A., MESKER, P., MOKKINK, H.G.A., A.J.A. SMITS. To heal or to harm: the prevention of somatic fixation in general practice. London: RCGP, 1988.
3. H. MOKKINK, A. SMITS, R. GROL. GP's practice style, patients expectations and the amount of specialist care. In: Proceedings doctor-patient relationship and qualitative research. European General Practice Research Workshop. Budapest: s.n., 1990.
4. A.J.A. SMITS, H.G.A. MOKKINK, J.A.J. VAN SON, W.A. MEYBOOM, J.TH.M. VAN EIJK. Medical versus behavior skills of general practitioners. In: Proceedings International Conference on Communication in Health Care. Oxford: s.n., 1990.
5. J.TH.M. EIJK. Interdoctor variation: an obstacle to the study of general practice or an interesting object for study? In: Proceedings Doctors at work: general practice in facts and figures. s.l.: s.n., 1990.
6. H. MOKKINK, A. SMITS, R. GROL. Practice performance and quality of care: working styles of family physicians. In: Proceedings Conference on Assessing Clinical Competence. Ottawa: s.n., 1990.
7. H. MOKKINK. Practice styles of general practitioners. In: Proceedings International Conference on Communication in Health Care. Oxford: s.n., 1990.
8. R. MOKKINK, H. GROL. Quality of care and patient outcomes in family practice. In: Proceedings Conference International Society on Quality Assessment in Health Care. Stockholm: s.n., 1990.
9. R. GROL, J. DE MAESENEER, M. WHITHFIELD, H. MOKKINK. Risk taking in general practice. The Lancet; 1990, p. 1074.
10. R. GROL, M. WHITHFIELD, J. DE MAESENEER, H. MOKKINK. Attitudes to risk taking in medical decision making among British, Dutch and Belgian general practitioners. British Journal of General Practitioners; 1990, p. 134-136.
11. R. GROL, J. DE MEASENEER, M. WHITHFIELD, H. MOKKINK. Disease-centred versus patient-centred attitudes: comparison of general practitioners in Belgium, Britain and the Netherlands. Family Practice; 7, 1990, p. 100-103.
12. H.G.A. MOKKINK. Measuring the outcome of GP's practice style. In: Proceedings outcome research in general practice. s.l.: s.n., 1990.
13. F.J.A. HUYGEN, H.G.A. MOKKINK. Relationship between the working styles of general practitioners and the health status of their patients. British Journal of General Practice; 42, 1993, p. 141-144.

1247 OBSERVATION RESEARCH OF PATIENTS, COMPLAINTS AND PROCEEDINGS DURING OFFICE HOURS OF GENERAL PRACTITIONERS.

The total amount of 2690 general practitioner consultations in the videotheque constitutes a

permanent database for manifold research questions concerning doctor-patient communication. Insofar as these questions concern the recognition and treatment of psychological problems, they are dealt with in separate projects. This is also the case with patient education. Questions for the period to come: what kind of complaints occur in the office, to what proceedings does this lead and what are the consequences with respect to workload, communication, general practitioner, medical consumption, morbidity, patient and practice management.

Methods: Observation

Nederlands instituut voor onderzoek van de eerstelijnsgezondheidszorg (NIVEL); Postbus 1568, 3500 BN Utrecht, tel. 030-319946.

Researchers: dr. P.F.M. Verhaak; drs. F.J. Bruijel; prof. dr. J.M. Bensing.

1. R. BUYS, E.M. SLUIJS, P.F.M. VERHAAK. Byrne and Long: a classification for rating the interview style of doctors. Social Science and Medicine; 19, 1984, no. 7, p. 683-690.
2. P.F.M. VERHAAK. Variations in the diagnoses of psychosocial disorders: a general practice observation study. Social Science and Medicine; 23, 1986, no. 6, p. 595-604.
3. P.F.M. VERHAAK. Detection of psychologic complaints by general practitioners. Medical Care; 26, 1988, no. 10, p. 1009-1020.
4. P.F.M. VERHAAK, J.T. VAN BUSSCHBACH. Patient education in general practice. Patient Education & Counselling; 11, 1988, no. 2, p. 119-129.

1317 PRESCRIPTION BEHAVIOUR OF THE GENERAL PRACTITIONER.

Description of prescription patterns of general practitioners: quantity, nature, costs and quality.

Methods: Registration
Survey/enquete

Nederlands instituut voor onderzoek van de eerstelijnsgezondheidszorg (NIVEL); Postbus 1568, 3500 BN Utrecht, tel. 030-319946.

Researcher: drs. H. Flierman.

1329 DRUG RESEARCH IN GENERAL PRACTICE: IS IT FEASIBLE?

1. What is the quality of the research that was done on drugs in general practice in the United Kingdom over the past years.
2. What are the causes of failure of the present research. Commentary: Since the intake of patients proceeded too slowly, the original research (see title) was aborted. It was lateron continued with the notion that this research was obviously not feasible in the way it was originally conceived of. The research was continued with the following research question: why was it not feasible? To answer this, inquiries were assembled from participating general practitioners as well as from those who had consented to participate. Also, people were interviewed. Preceding to this a literary search was done on drug research in the Netherlands and on the quality of it. A subsequent article concerning a similar research, only this time centered around the most prominent journals which appear in the United Kingdom, is being prepared.

Methods: Case study
Observation
Medical and biological research

Erasmus Universiteit Rotterdam; Rotterdams Universitair Huisartsen Instituut; Mathenesserlaan 264, 3021 HR Rotterdam, tel. 010-4087621.

Researcher: drs. B.A. van Doorn, arts.

1332 COMPUTER FACILITATED CLASSIFYING SYSTEM FOR GENERAL PRACTITIONERS (BASED ON ICPC).
Instrument development: adapting ICPC for computerized application in general practice.

Methods: Contents analyses
Secondary analyses

Rijksuniversiteit Leiden; vakgroep Huisartsgeneeskunde; Postbus 9605, 2300 RC Leiden, tel. 071-275300.

Researchers: J.J. Boersma, arts; ir. J.S. Duisterhout; ir. F.M.H.M. Dupuits; W. Stalman, arts; R.S. Gebel, arts; A.F. van der Meulen, arts; K.H. Njoo, arts.

1343 DIAGNOSTIC DECISION SUPPORT SYSTEM FOR GENERAL PRACTICE.
Is it possible, by means of an computer system, to arrive at:
1. structuring and standardization of medical (patient) data; 2. structuring and standardizing of the storage of
2. structuring and standardization of the storage of medical (patient) data;
3. the input of medical patient data during consultation;
4. broadening and deepening of the gathering of information
5. testing the patient's syndrome to a specific database of syndromes (generating a differentiated diagnosis) during consultation?
6. Do these possibilities lead to a change in problem solving behaviour among general practitioners, compared with a preceding study (Ridderikhoff '86)?

Erasmus Universiteit Rotterdam; Rotterdams Universitair Huisartsen Instituut; Mathenesserlaan 264 A, 3021 HR Rotterdam, tel. 010-4087627.

Researchers: dr. J. Ridderikhoff, arts; E. van Herk, arts.

1. J. RIDDERIKHOFF. Standardisation through systematisation. In: Proceedings Working Conference EFMI/Wg III. Brussel: EFMI/Wg, 1988.
2. J. RIDDERIKHOFF, E. VAN HERK. Diagnostic Decision Support System: a model for interactive and accumulative learning systems by means of the acquisition of uniform medical date and for groups of physicians. In: Proceedings Medical Informatics Europe. Rome: EFMI, 1989.
3. J. RIDDERIKHOFF. Methods in Medicine. Dordrecht: Kluwer Academic Press, 1989.
4. J. RIDDERIKHOFF. EFMI/AIM proposal. In: Proceedings Working Conference EFMI/Wg III. Utrecht: s.n., 1989.
5. J. RIDDERIKHOFF. Medical problem-solving: an exploration of strategies. Medical Education; 25, 1991, p. 196-207.

1510 INTERDOCTORVARIATION IN GENERAL PRACTICE.
1. In what kind of contact reason, diagnosis and diagnostic and therapeutic intervention does interdoctorvaration occur most?
2. What is the mutual relationship of these reasons with respect to interdoctorvariation?
3. How does this interdoctorvariation change in the course of an episode of illness?
4. What is the relative influence of population characteristics, of the system, and of the general practitioners on this variation?

Methods: Secondary analyses
Literature research

Universiteit van Amsterdam; Instituut voor Huisartsgeneeskunde; Meibergdreef 15, 1105 AZ Amsterdam, tel. 020-5664625.

Researcher: drs. A.M.F. Marinus.

1. A.M.F. MARINUS. Inter-doctor variation in Family Practice. The Family Physician "Universal Issues in Medicine". Abstracts. s.l.: 12th WONCA World Conference, 1989.
2. A.M.F. MARINUS. Inter-doctor variation in morbidity research. In: European Meeting Health Services Research. Utrecht: Nivel, 1989.

1532 ANTIMICROBIC MEDICINES IN GENERAL PRACTICE.
Research on referral patterns and the general practitioner's knowledge of antimicrobic medicines.

Methods: Survey/enquete

Groepspraktijk Het Roosendael; Kast. Hillenraedtstraat 123, 6043 HD Roermond, tel. 04750-21121.

Researchers: G.H.M.A. Sampers, arts; dr. A.W. Sturm.

1650 HOW DO GENERAL PRACTITIONERS COPE WITH FRUSTRATIONS IN THEIR DAILY WORK.
Within the scope of this research, the term frustrations refers to: being confronted with incapacities, own limitations or shortcomings, mistakes, rejecting patient behaviour. The research question is: how do general practitioners react, what kind of attribution style do they have, and what is their attitude?

Methods: Survey/enquete

Erasmus Universiteit Rotterdam; Rotterdams Universitair Huisartsen Instituut; Mathenesserlaan 264 A, 3021 HR Rotterdam, tel. 010-4087629.

Researcher: F.M. Braams, arts.

1653 A PROSPECTIVE DECISION-ANALYTIC STUDY OF THE USE OF DIAGNOSTIC FACILITIES BY GENERAL PRACTITIONERS.
1. To retrospectively and prospectively make a detailed description of the nature and size of additional research in general practice, concerning a large patient file in the Transition Project (over 50.000 complete patient years).
2. What connections exist between the patient's reasons for contact, the general practitioner's diagnosis, and the diagnostic and therapeutic interventions in the course of complete episodes?
3. To prospectively answer a number of management questions concerning additional research in general practice:
- What are the reasons for doing additional research? To what extent are they satified?
- How well is a general practitioner able to predict the outcome of the research, and does this ability increase in the course of this study?
- To what extent does the general practitioner base management decisions on the outcome of the research, and what is the influence of this on the further course of the episode of the disease in question?
- What is the value of management concerning a number of types of research in some important clinical problems in general practice?
4. To study the influence of the introduction of new technology ("dry substance chemistry") in general practice.
- with respect to organization: how often is equipment used? What problems occur with the implementation in practice? What are the costs?
- with respect to decision-making: to what extent does quick availability of the results influence management and is it possible to administer better doses additionally? Does this new possibility lead to more or less research? What shifts can possibly be established, with

what consequences?
- Quality, reliability: the factual 'technology assessment' is conducted by the laboratory of the AMC.

Methods: Secondary analyses
Medical and biological research
Registration
Literature research

Universiteit van Amsterdam; Instituut voor Huisartsgeneeskunde; Meibergdreef 15, 1105 AZ Amsterdam, tel. 020-5665343.

Researchers: drs. K. van Boven; drs. P.H. Dijksterhuis.

1795 QUALITY OF HEALTH CARE DELIVERED BY GENERAL PRACTITIONERS IN ALMERE, THE NETHERLANDS.
To what extent is the quality of care, delivered by general practitioners in Almere, as good as or better than the care delivered by general practitioners in the rest of the Netherlands? Quality is being studied on the basis of available protocols/standards with respect to the registration of contacts.

Methods: Secondary analyses
Observation

Nederlands instituut voor onderzoek van de eerstelijnsgezondheidszorg (NIVEL); Postbus 1568, 3500 BN Utrecht, tel. 030-319946.

Researcher: drs. H.J.M. Sixma.

1843 WORKLOAD AND CONTENT, AND THE QUALITY OF CARE IN GENERAL PRACTICE.
What determines the workload of general practitioners? What relationship exists between the workload of general practitioners and the content and quality of their care?

Methods: Secondary analyses
Survey/enquete

Nederlands instituut voor onderzoek van de eerstelijnsgezondheidszorg (NIVEL); Postbus 1568, 3500 BN Utrecht, tel. 030-319946.

Researcher: drs. J.B.F. Hutten.

1. P.P. GROENEWEGEN, J.B.F. HUTTEN. Workload and jobsatisfaction of general practitioners: a review of the literature. Social Science and Medicine; 32, 1991, p. 1111-1119.
2. P.P. GROENEWEGEN, J.B.F. HUTTEN, K. VAN DER VELDEN. List size, composition of practice and general practitoners' workload in the Netherlands. Social Science and Medicine; 34, 1992, no. 3, p. 263-270.

1862 USE OF DIAGNOSTIC FACILITIES IN HOSPITAL VELP, THE NETHERLANDS, BY GENERAL PRACTITIONERS.
It is investigated whether a still to be developed feedback system can improve the use of diagnostic facilities by general practitioners in hospitals.

Methods: Contents analyses
Registration

Nationaal Ziekenhuisinstituut (NZi); Postbus 9697, 3506 GR Utrecht, tel. 030-739490.

Researcher: ir. J. Vissers.

1886 ROUND-TABLE DISCUSSIONS AND LABORATORY TESTS.
To what extent do round-table discussions influence the general practitioner's request for some clinical-chemical laboratory tests?

Methods: Survey/enquete
Experiments in social science

Erasmus Universiteit Rotterdam; Rotterdams Universitair Huisartsen Instituut; Postbus 1738, 3000 DR Rotterdam, tel. 010-4087620.

Researchers: P. Axt-Adam, arts; H. Hoek.

1902 PREVENTION BY SECOND OPINION.
1. What is the nature of problems that occur in a second opinion practice in primary health care, and what course do these problems follow?
2. What decision-making principles are of relevance to giving a second opinion, with respect to the opinions of the patient, and his/her possibilities to make up his or her own mind?
3. What is the effect of the use of these principles on the patient's decisions, and does this lead to prevention of diagnostic and therapeutical interventions which might be unwished-for by the patient?

Methods: Secondary analyses
Survey/enquete
Registration

Universiteit van Amsterdam; Instituut voor Huisartsgeneeskunde; Meibergdreef 15, 1105 AZ Amsterdam, tel. 020-5664660.

Researcher: H.C.H. Coumou, arts.

1942 GENERAL PRACTITIONER ASSISTANCE PREVENTION PROJECT (GPAPP).
Is it possible to bring about a process, which makes prevention a customary part of patient care by means of offering specific support to general practices? If so, what conditions have to be fulfilled?

Methods: Secondary analyses
Survey/enquete
Observation
Literature research

Katholieke Universiteit Nijmegen; Nijmeegs Universitair Huisartsen Instituut; Postbus 9101, 6500 HB Nijmegen, tel. 080-514411.

Researchers: dr. R.P.T.M. Grol; drs. B.B. van Drenth; drs. J.C. van der Wouden; drs. M.H. Conradi.

1946 MONITORING OF PARTICIPATION AND FOLLOW-UP SCREENING CERVIX CARCINOMA IN GENERAL PRACTICE.
1. Does active involvement of general practitioners in the invitation of women for screening of cervix carcinoma, as compared to the national system, lead to:
- a higher response;
- a better follow-up?
2. How large is the number of women who, for medical reasons, does not have to be invited?

Methods: Survey/enquete
Medical and biological research

Katholieke Universiteit Nijmegen; Nijmeegs Universitair Huisartsen Instituut; Postbus 9101, 6500 HB Nijmegen, tel. 080-514411.

Researchers: prof. dr. C. van Weel; prof. dr. G. Vooys; drs. B.T.H.M. Palm; drs. A.C. Kant.

1982 THE GENERAL PRACTITIONER'S 'MEDICINE KIT': A PILOT STUDY.
What drugs are prescribed once a week or more on average by general practitioners in Rotterdam and in the region of Zwolle, the Netherlands?

Methods: Contents analyses
Secondary analyses

Erasmus Universiteit Rotterdam; Rotterdams Universitair Huisartsen Instituut; Mathenesserlaan 264 A, 3021 HR Rotterdam, tel. 010-4087628.

Researchers: G.Th. van de Poel; S.C. Wicherink; M. Bruijnzeels.

2074 ETHICAL QUESTIONS IN GENERAL PRACTICE.
Ethical questions in general practice.

Methods: Case study
Literature research

Akkersdijk, L.P.; Waldecklaan 2, 1213 XX Hilversum, tel. 035-856219.

Researcher: L.P. Akkersdijk.

2088 STANDARDS AND QUALITY OF CARE IN GENERAL PRACTICE.
1. What is the care given by the general practitioner actually like, measured against a number of DCGP-standards?
2. Which indicators can be used with respect to a judgement of the quality of the general practitioner's care?

Methods: Secondary analyses

Nederlands instituut voor onderzoek van de eerstelijnsgezondheidszorg (NIVEL); Postbus 1568, 3500 BN Utrecht, tel. 030-319946.

Researchers: drs. J.B.F. Hutten; D. Bijl, arts; M. Hofstra, arts.

1. D. BIJL, J.B.F. HUTTEN, H. SIXMA, J. VAN DER VELDEN, R.P.T.M. GROL. Acute otitis meida in Dutch general practice: keep your ear to the ground (ter publicatie aangeboden). s.l.: s.n..
2. T. VAN DER WEIJDEN, J.B.F. HUTTEN, B.J. BRANDENBURG, R.P.T.M. GROL, J. VAN DER VELDEN. Cholesteroldiagnosis and treatment in Dutch general practice: a comparison with national guidelines. (Cholesterolopsporing en -behandeling in de Nederlandse huisartspraktijk; een vergelijking met de NHG-standaard.) (ter publicatie aangeboden). s.l.: s.n..
3. M. HOFSTRA, J.B.F. HUTTEN, C.F. DAGNELIE, J. VAN DER VELDEN, R.P.T.M. GROL. Sore throat: not necessarily antibiotics; the management of sore throat in the Netherlands. (Akute keelpijn: niet noodzakelijk antibiotica; het beleid met betrekking tot akute keelpijn in Nederland.) (ter publicatie aangeboden). s.l.: s.n..

2091 INNER CITY PRACTICE.
1. What differences occur between the populations of large cities and those of less

urbanized regions, with respect to experienced health status and complaints?
2. What differences occur between large cities and less urbanized regions, with respect to contact frequency, and nature of the problems presented in general practice?
3. What differences occur between large cities and less urbanized regions, given the problems that are being presented, concerning the general practitioner's activities in the field of diagnostics, treatment, prescription, referral and follow-up?
4. What are the causes of the observed differences between large cities and less urbanized regions, and to what extent are theses causes different?

Methods: Secondary analyses

Nederlands instituut voor onderzoek van de eerstelijnsgezondheidszorg (NIVEL); Postbus 1568, 3500 BN Utrecht, tel. 030-319946.

Researcher: drs. R.A. Verheij.

2093 COORDINATED CARE FOR ADULT COPD PATIENTS.
Phase 1: feasibility study. Is it feasible to provide care for adult patients with moderate to serious COPD, according to an integrated protocol for primary health care and second-line medical care, in which are described the tasks of the involved health care workers and the manners of cooperation? Phase 2: effect study. Is being worked out.

Methods: Survey/enquete
Case study

Academisch Ziekenhuis van de Vrije Universiteit Amsterdam; Onderzoekscentrum 1e-2e Lijn; Postbus 7057, 1007 MB Amsterdam, tel. 020-5483300.

Researcher: drs. W. van Hensbergen.

2110 RESEARCH ON PEOPLE WHO SELDOM SEE THEIR GENERAL PRACTITIONER.
Why do some people seldom consult a general practitioner in case of health problems?

Methods: Survey/enquete
Literature research

Rijksuniversiteit Groningen; vakgroep Pedagogiek, Andragogiek en Onderwijskunde; Grote Rozenstraat 38, 9712 TJ Groningen, tel. 050-636512.

Researcher: drs. H.J. Beukema-Siebenga.

2112 FROM LOCUM GROUP TO GENERAL PRACTITIONER GROUP: A STUDY OF OBSTRUCTING AND SUPPORTING FACTORS.
1. Which of the job development/improvement plans of the National Association of General Practitioners (NAGP) in the Netherlands is adopted by locum groups who want to transform into general practitioner groups? Is it possible to distinguish a certain phasing or order?
2. To what extent and in what pace can the intended job development/improvement be achieved?
3. What does a certain degree of organization and level of job execution yield in terms of advantages for the participating physicians? How do they experience the balance of investments and profits?
4. What measure of organization is achieved within the general practitioner group, and between general practitioner groups and others who are involved, and what is the relationship between degree of organization and job level?
5. To what extent is there a correlation between the achieved measure of organization, the new job level, and the experienced balance of investments and profits, with respect to: general practice, general practitioner group and general practice environment?

Methods: Survey/enquete

Nederlands Ontwikkelings- en Ondersteuningsinstituut voor huisarts en eerstelijnszorg (Stichting O & O); Postbus 1555, 3500 BN Utrecht, tel. 030-332113.

Researcher: drs. A.J.H. van de Rijdt-van de Ven.

2121 DIFFERENCES BETWEEN FEMALE AND MALE GENERAL PRACTITIONERS.

1. Does the arrangement of the practice differ, especially with regard to the sex of male or female general practitioners?
2. Are there any differences between the complaints with which both female and male general practitioners are confronted by both female and male patients?
3. Is there a difference of interpretation of health problems by either male or female general practitioners, in terms of seriousness and psychosocial backgrounds?
4. Are there any differences between male and female general practitioners, with respect to the length of the consultations and the interventions made in them?
5. Does the quality of professional treatment differ (standards)?

Methods: Secondary analyses

Nederlands instituut voor onderzoek van de eerstelijnsgezondheidszorg (NIVEL); Postbus 1568, 3500 BN Utrecht, tel. 030-319946.

Researcher: drs. A. van den Brink-Muinen.

2126 REQUESTS FOR DIAGNOSTIC IMAGING BY THE GENERAL PRACTITIONER.

1. Does the indication for requested diagnostic imaging improve after intervention (intervention: continuing education and case discussion by radiologists to general practitioners)?
2. Does the presentation of the question and the method of providing data to radio diagnosticians improve after intervention?
3. Does the outcome of the requested test influence more strongly the working hypotheses and policies of the general practitioner?

Methods: Survey/enquete
Literature research

Vrije Universiteit Amsterdam; EMGO-Instituut; Sectie Huisarts- en Verpleeghuisgeneeskundig Onderzoek; Van der Boechorststraat 7, 1081 BT Amsterdam, tel. 020-5484541.

Researcher: drs. A. de Jonge.

2130 MANAGEMENT OF REPEATING PRESCRIPTIONS.

How do repeating prescriptions originate? Who decides (general practitioner or receptionist), and on what grounds?

Methods: Secondary analyses
Literature research

Dijkers, F.W.; Raadhuisstraat 11, 3299 AP Maasdam, tel. 01856-1253.

Researcher: F.W. Dijkers, arts.

2146 DISTRIBUTION OF THE INTRODUCTION OF GUIDELINES AND TESTING PROCEDURES FOR MEDICAL TREATMENT: INTRODUCTION-OF-GUIDELINES-PROJECT.

This project aims at the development and testing of strategies for the distribution and

introduction of guidelines and testing procedures for medical treatment as it is given by general practitioners. At the same time it is checked what factors and conditions may advance this introduction. Based on this, recommendations can be made concerning the ways to structure quality assurance of medical treatment by means of guidelines and testing procedures. Some concrete questions in this project are:
1. To what extent do general practitioners get acquainted with guidelines and testing procedures for medical treatment, following a period of large scale introduction?
2. Is there any significant increase of the acceptation of the guidelines and the readiness to adapt medical treatment procedures to those guidelines, after an introduction period?
3. What factors and prior conditions (financial, structural social, etc.) play a role in this process, and should be observed in order to reach the intended goal?
4. To what extent are introduction programmes concerning these guidelines being used and fitted into regular education and expertise improvement activities of general practitioners?
5. Is there a difference in getting acquainted with, accepting, being prepared to change and implementing introduction programmes, with respect to the guidelines between regions where support is offered by means of a consultant, and regions where this is not the case?
6. Does the use of a computer programme for testing according to the guidelines, offer extra support with the introduction of those guidelines?

Methods: Survey/enquete
Other methods

Katholieke Universiteit Nijmegen; Nijmeegs Universitair Huisartsen Instituut; Postbus 9101, 6500 HB Nijmegen, tel. 080-514411.

Researcher: drs. T. Zwaard.

2147 QUALITY ASSURANCE IN GENERAL PRACTICE AND THE USE OF GUIDELINES FOR MEDICAL TREATMENT.
1. To what extent do general practitioners adapt their treatment procedures following the introduction and testing of the guidelines for medical treatment?
2. Is there a difference in acceptation of the guidelines and changes of medical treatment between general practitioners who work with different testing methods (i.e.: general practitioners who only get feedback on their medical treatment; those in existing (locum) groups who discuss the testing results without supervision, and those who are offered a specific testing-education programme with respect to the guidelines)?
3. To what extent do differences exist among gps who adapt their treatment procedures to the guidelines, and those who do not, with respect to knowledge of the guidelines, readiness to change, practical- and financial barriers, satisfaction with the testing method, etc?
4. What factors and conditions do general practitioners think important with respect to truly changing their practice behaviour into the direction of the guidelines c.q. the standards of the Dutch College of General Practitioners?
5. What influence does either automatized or non automatized use of the testing procedures have?

Methods: Survey/enquete
Observation
Registration

Katholieke Universiteit Nijmegen; Nijmeegs Universitair Huisartsen Instituut; Postbus 9101, 6500 HB Nijmegen, tel. 080-514411.

Researcher: drs. J. Dalhuijsen.

2148 TESTING OF GENERAL PRACTITIONERS' PRACTICE MANAGEMENT.
Development of an instrument to measure the way in which the general practitioner manages his or her practice, aimed at the improvement of expertise and peer review.

Methods: Survey/enquete

Observation

Katholieke Universiteit Nijmegen; Nijmeegs Universitair Huisartsen Instituut; Postbus 9101, 6500 HB Nijmegen, tel. 080-514411.

Researcher: drs. P. van de Hombergh.

2188 MEDICAL CARE OUT OF OFFICE HOURS IN THE HAGUE, THE NETHERLANDS.

1. What connection exists between the accessibility of the general practitioner out of office hours, and the size of the request for help, which arizes from his or her practice, and is directed to the doctor night duty and the casualty departments of hospitals in The Hague?

2. How do caregivers in The Hague distribute the number of requests for help out of office hours?

Methods: Survey/enquete
Literature research
Registration

Engelenburg, J.L.; 2e Schuytstraat 238, 2517 TS Den Haag, tel. 070-3456733.

Researcher: J.L. Engelenburg, arts.

2194 PATIENTS WITH CHRONIC COMPLAINING BEHAVIOUR IN GENERAL PRACTICE.

1. How do general practitioners define chronic complaining behaviour?

2. In what part of the daily doctor-patient contacts is chronic complaining behaviour detected?

3. In what way do these patients distinguish themselves during this contact?

4. What diagnoses are made?

Methods: Survey/enquete

Rijksuniversiteit Groningen; vakgroep Huisartsgeneeskunde; Ant. Deusinglaan 4, 9713 AW Groningen, tel. 050-632963.

Researchers: K. van der Meer, arts; drs. R.J.A. Smith.

2216 A STUDY OF PRACTICE NURSES AND REQUESTS FOR HOUSE CALLS AND CONSULTATIONS IN GENERAL PRACTICE.

What role is played by practice nurses in the selection of patients' requests during a house call? The actual procedures are studied, as well as the presence or absence of solid arrangements between general practitioner and practice nurse, and the way in which these arrangements are put into practice. The study was done with respect to the desirability of a more standardized practice management. Next to a largely standardized questionnaire, the study also made use of case histories.

Methods: Survey/enquete
Case study

Jonge, M.J.A. de; Kersengaarde 269, 2272 NE Voorburg, tel. 070-3276571.

Researcher: dr. M.J.A. Jonge.

2221 RESEARCH ON THE DIRECT FINANCIAL CONSEQUENCES OF DRY DUST.

What are the costs and the quality of strictly clinical chemical determinations? Until recently, all blood research was done in laboratories. The new 'dry dust' technology enables the general practitioner to carry out most of the blood tests quickly in his or her own practice (home laboratory). It is studied what the direct financial consequences of the introduction of this technology are for health insurers. The cost price of blood tests in a home laboratory was calculated and compared with the cost price of 'traditional' blood tests. The data to do this were collected in a pilot project. It was also investigated to what extent the number of blood tests changes as a result of the installation of these home laboratories. On the basis of the results and by means of different assumptions about the extent to which this new technology should be introduced in the Netherlands, it can be calculated what are the direct financial consequences for health insurers.

Methods: Secondary analyses
Case study

Universiteit van Amsterdam; Stichting voor Economisch Onderzoek; Roeterstraat 11, 1018 WB Amsterdam, tel. 020-6242412.

Researchers: drs. M.J. van Leeuwen; drs. J.L.S. Dols.

2241 THE EFFECT OF PERSONAL FEEDBACK ON THE REQUEST BEHAVIOUR OF GENERAL PRACTITIONERS WITH RESPECT TO LABORATORY TESTS.

This research verifies to what extent feedback, provided by the DCC to the general practitioner, has led to a more rational and/or lower use of diagnostic tests by general practitioners. It is further investigated how fast changes occur, how long they remain, and what factors (e.g. continuing education, literature, etc.) also influence the general practitioner's request behaviour. This is studied by means of:
1. a measurement, both on beforehand and afterwards, of retrospective data from 1980 onwards (feedback started in 1985);
2. an experiment from the second half of 1989 onwards;
3. an extensive inquiry;
4. a continuous comparison with request numbers from reference laboratories.

Methods: Secondary analyses
Survey/enquete
Literature research

Diagnostisch Coordinerend Centrum Maastricht; Postbus 5800, 6202 AZ Maastricht, tel. 043-877389.

Researcher: drs. R.A.G. Winkens.

1. P. POP, R.A.G. WINKENS. A diagnostic centre for general practitioners: results of individual feedback on diagnostic actions. Journal of the Royal College of General Practitioners; 39, 1989, p. 507-508.
2. R.A.G. WINKENS. The effects of feedback on diagnostic actions of general practitioners: oral presentation held at the first WONCA European Regional Conference on Family Medicine/General Practice. Barcelona: WONCA, 1990.
3. R.A.G. WINKENS. The influence of feedback on diagnostic actions of general practitioners: oral presentation to be held at the 13th WONCA World Conference on Family Medicine. Vancouver: WONCA, 1992.
4. R.A.G. WINKENS, P. POP, R.P.T.M. GROL, A.D.M. KESTER, J.A. KNOTTNERUS. The effect of feedback on the test-ordering behaviour of general practitioners (geaccepteerd voor publicatie). British Medical Journal; 1992

2267 PREVENTION IN GENERAL PRACTICE.

1. To what extent is it possible, on the basis of standards set by the Dutch College of General Practitioners, to compound a coherent package of preventive activities for the

general practitioner?
2. To what extent does introduction of a "prevention package" lead to improvement of preventive care?
3. What conditions must be fulfilled to enable general practitioners to execute fully integrated preventive tasks?
4. In what way is it possible to guarantee that preventive care will become an integrated part of the general practitioner's care?

Methods: Survey/enquete

Nederlands Huisartsen Genootschap (NHG); Postbus 3231, 3502 GE Utrecht, tel. 030-881700.

Researchers: drs. A.J.M. Drenthen; drs. J.P.H. van den Hoogen.

2286 SCIENTIFIC SUPPORT OF DEVELOPMENT OF POLICY CONCERNING STANDARDIZATION.
1. Establishment of patient needs.
2. How to support the development of standards effectively (including framework).
3. Results and measuring the effects in patients.

Methods: Experiments in social science
Delphi-method

Nederlands Huisartsen Genootschap (NHG); Postbus 3231, 3502 GE Utrecht, tel. 030-881700.

Researchers: drs. H. Brouwer; drs. F.G. Schellevis, arts; prof. dr. B. Meyboom-de Jong, arts; drs. J.C. Winters, arts; dr. A.A. Kaptein; dr. P. Höppener; dr. E.H. van de Lisdonk; drs. J.P.H. van den Hoogen; drs. M.A. Bruijnzeels; drs. J.C. van der Wouden; prof. dr. R. de Melker, arts; dr. A. Luttik, arts; drs. H.J.J.M. Berden MBA; dr. G.E.H.M. Rutten, arts.

2301 DEVELOPMENT OF GENERAL PRACTICE IN EUROPE, BACKGROUND DOCUMENT TO A CHARTER OF GENERAL PRACTICE.
State of the art of general practice in Europe:
- as related to general practice in Europe;
- roles and functions of general practitioners;
- role of patients in general practice;
- training and education of general practitioners;
- research in general practice;
- structural framework (financing, payment, etc.).

Methods: Secondary analyses
Survey/enquete
Literature research

Nederlands instituut voor onderzoek van de eerstelijnsgezondheidszorg (NIVEL); Postbus 1568, 3500 BN Utrecht, tel. 030-319946.

Researcher: drs. W.G.W. Boerma.

2311 THE DECISION-MAKING PROCESS AS A FACTOR IN PRESCRIPTION PROBLEMS.
In this research the question is answered to what extent variation in the choice of therapy can be explained by differences in:
1. knowledge of drug characteristics;
2. importance attached to the criteria of choice;
3. use of fixed routines. In doing so, the research aims at the rationality and reasonability of the therapeutic decision-making process. It also aims at finding a more specific explanation for relationships that were discovered in the past, between the quality

of prescription and physician characteristics such as age and style of working.

Methods: Survey/enquete
Experiments in social science
Registration

Rijksuniversiteit Groningen; Vakgroep Gezondheidswetenschappen; Noordelijk Centrum voor Gezondheidsvraagstukken; Ant. Deusinglaan 1, 9713 AV Groningen, tel. 050-636274.

Researcher: drs. P. Denig.

1. P. DENIG, F.M. HAAIJER-RUSKAMP. Therapeutic decision making of physicians. Pharmaceutisch Weekblad (Scientific Edition); 14, 1992, no. 1, p. 9-15.

2327 IMPROVING THE QUALITY OF GENERAL PRACTITIONERS' CARE IN PATIENTS WITH DIABETES MELLITUS TYPE II.

1. To what extent does structured care for patients with diabetes mellitus type II, lead to an improvement of attitude, of 'functional health status', and to a change of life style and of medical consumption, compared to the care as it was given up to now?
2. To what extent do general practitioners observe this structured care for patients with diabetes mellitus type II, and what problems arise with respect to the suggested approach?
3. What problems arise with respect to compliance with the rules of life of these patients, and what are the determinants of compliance?

Methods: Survey/enquete
Medical and biological research
Registration
Literature research

Vrije Universiteit Amsterdam; EMGO-Instituut; Sectie Huisarts- en Verpleeghuisgeneeskundig Onderzoek; Postbus 7161, 1007 MC Amsterdam, tel. 020-5484553.

Researchers: dr. J.H. Dekker, arts; F.G. Schellevis, arts.

2391 DEVELOPMENT OF A MODEL FOR CONTRACTING BETWEEN INSURERS AND GENERAL PRACTITIONERS.

1. Which data are desirable, and can also be collected for charting the activities of general practitioners?
2. How can the quality of general practice be judged on the basis of collected data?
3. Which data can be considered 'confounders' for judging the efficiency of general practice (the risk profile of the patient population in a general practice)?
4. Which incentives can be fixed in a contract in order to increase the desired quality and efficiency?

Methods: Action-research
Registration
Literature research
Other methods

Zilveren Kruis Ziektekostenverzekeraar; Afdeling Onderzoek; van de Mortelstraat 4, 2203 JD Noordwijk, tel. 01719-70911.

Researcher: drs. E. van Leengoed.

1314 CHRONIC DISEASES IN GENERAL PRACTICE.

1. What is the medical consumption of patients with one or more chronic diseases?
2. What policy do general practitioners pursue with respect to (patients with) chronic diseases?
3. What is the best policy concerning (patients with) these chronic diseases, given the present state of knowledge?
4. To what extent does introduction of this optimal policy actually lead to the intended goal?

Methods: Contents analyses
Survey/enquete
Registration

Nederlands instituut voor onderzoek van de eerstelijnsgezondheidszorg (NIVEL); Postbus 1568, 3500 BN Utrecht, tel. 030-319946.

Researchers: J. van der Velden MPH, arts; F.G. Schellevis, arts.

1. F.G. SCHELLEVIS, CHR. VAN WEEL, J. VAN DER VELDEN. The validity of diagnosis in chronic disease: lezing WONCA Jeruzalem juni 1989. Jeruzalem: WONCA, 1989.
2. J. VAN DER VELDEN, F.G. SCHELLEVIS, C. VAN WEEL. Comorbidity: concepts and classification. (concept) s.l.: s.n..
3. F.G. SCHELLEVIS, E.H. VAN DE LISDONK, J. VAN DER VELDEN, S. HOOGBERGEN, J.TH.M. VAN EIJK, C. VAN WEEL. The influence of comorbidity on consultation rates and intercurrent morbidity on patients with chronic diseases in general practice (ter publicatie aangeboden). s.l.: s.n..

2274 CHRONIC DISEASES AND PHYSICAL FUNCTIONING.

To what extent is the physical functioning of elderly people influenced by different chronic diseases in different ways? What is the influence of co-morbidity in this?

Methods: Survey/enquete
Medical and biological research

Vrije Universiteit Amsterdam; EMGO-Instituut; Sectie Huisarts- en Verpleeghuisgeneeskundig Onderzoek; Van der Boechorststraat 7, 1081 BT Amsterdam, tel. 020-5487304.

Researcher: drs. D.M.W. Kriegsman.

846 THE STROKE PATIENT AND THE GENERAL PRACTITIONER.

1. How do patients manage, who are struck by a CVA at home?
2. How do general practitioners treat these patients, and why?
3. How do general practitioners treat patients who have become invalid as a result of a CVA, and why?
4. What kind of advice can we give general practitioners when they are being confronted with a new CVA patient? What kind of follow-up should we advise? Is it possible to develop a good protocol, and what should it be like?

Methods: Survey/enquete
Medical and biological research
Contents analyses

Rijksuniversiteit Groningen; vakgroep Huisartsgeneeskunde; Ant. Deusinglaan 4, 9713 AW Groningen, tel. 050-632963.

Researchers: drs. J. Schuling, arts; dr. J. Greidanus, arts; J. Spekhorst, arts.

1088 INFLUENCE OF HCG ON CHOLESTEROL/TRIGLYCERIDE LEVEL OF THE BLOOD OF OBESITY- AND FREDRICKSEN 4-HYPERLIPIDAEMIE PATIENTS.

Does HCG influence loss of weight in general (as an aid) and could this be the cause of a significant decrease of the cholesterol/triglyceride level?

Methods: Medical and biological research

Drost, A.M.E.; Prof. Jordanlaan 2, 3571 KA Utrecht, tel. 030-715121.

Researcher: A.M.E. Drost, arts.

1106 PERIPHERAL ARTERIAL OBSTRUCTIVE DISEASE IN GENERAL PRACTICE: EARLY DETECTION, NATURAL COURSE AND INTERVENTION.

1. What is the natural course of Peripheral Arterial Obstructive Disease (PAOD) with and without complaints, as it is detected in general practice by means of measuring ankle pressure according to the Doppler principle? What is the effect of calcium carbasalate on
2. What is the effect of calcium carbasalate on the natural course of PAOD?

Methods: Literature research
Survey/enquete
Medical and biological research

Rijksuniversiteit Limburg; vakgroep Huisartsgeneeskunde; Postbus 616, 6200 MD Maastricht, tel. 043-882230.

Researchers: V. Kaiser, arts; H.E.J.H. Stoffers, arts.

1. V. KAISER. Peripheral arterial obstructive disease in general practice: diagnosis, natural history and intervention (abstract of the EGPRW-meeting in Amsterdam). Allgemein Medizin; 17, 1988, no. 1
2. V. KAISER, H.E.J.H. STOFFERS, J.A. KNOTTNERUS. Peripheral arterial obstructive disease in general practice: natural course. In: Wonca European Regional Conference on Family Medicine/General Practice; book of abstracts. Barcelona: WONCA, 1990.

1442 USE OF DIURETICS BY THE ELDERLY IN GENERAL PRACTICE.

1. What are the initial indications for the use of diuretics, and who does prescribe them?

2. What are the effects of stopping the prescription of diuretics in patients who use these drugs continually, but in whom the indication for further use is not convincing?
3. In what percentage of patients is it possible to stop the prescription of diuretics successfully?

Methods: Medical and biological research
Other methods

Erasmus Universiteit Rotterdam; Rotterdams Universitair Huisartsen Instituut; Mathenesserlaan 264 A, 3021 HR Rotterdam, tel. 010-4087621.

Researcher: E.P. Walma, arts.

1. A.W. HOES. Non potassium sparing diuretics and sudden cardiac death in hypertensive patients: a pharmacoepidemiologic approach. Proefschrift Erasmus Universiteit Rotterdam. Rotterdam: Erasmus Universiteit, 1992.

1516 PERIPHERAL ARTERIAL OBSTRUCTIVE DISEASE (PAOD) IN GENERAL PRACTICE: PREVALENCE AND DIAGNOSTIC MANAGEMENT.

1. What is the prevalence of asymptomatic and symptomatic PAOD in 40 to 75-year-old people in general practice, according to the Doppler method?
2. What is the sensitive, specific and predictive value of anamnesis and physical examination in PAOD?

Methods: Survey/enquete
Contents analyses
Medical and biological research

Rijksuniversiteit Limburg; vakgroep Huisartsgeneeskunde; Postbus 616, 6200 MD Maastricht, tel. 043-882222.

Researchers: H.E.J.H. Stoffers, arts; V. Kaiser, arts.

1. V. KAISER. Peripheral arterial obstructive disease in general practice: diagnosis, natural history and intervention (abstract of the EGPRW-meeting in Amsterdam 7-10 May 1987). Allgemein Medizin; 17, 1988, no. 1
2. H.E.J.H. STOFFER, V. KAISER, J.A. KNOTTNERUS. Peripheral arterial occlusive disease in general practice: prevalence and diagnostic management. In: Wonca European Regional Conference on Family Medicine/General Practice; book of abstracts. Barcelona: s.n., 1990.

1537 PRIMARY PREVENTION OF ARTERIAL THROMBO-EMBOLISMS IN PATIENTS WITH NON-VALVULAR ATRIUM FIBRILLATION IN GENERAL PRACTICE.

The research question is directed at the development of a method for primary prevention of CVA and of non-cerebral systematic embolisms (NSC-embolism) in patients with Non-Valvulary Atrium Fibrillation (NVAF) in general practice. The main questions are:
1. Is the preventive effect of oral anticoagulantia normal dose (2.5. < INR < 3.5) in NVAF patients in general practice, compared with aspirin therapy (150 mg a day) greater, with respect to reduction of incidence of CVA, NCS-embolism and vascular death?
2. Is the preventive effect of oral anticoagulantia mini dose (1.1 < INR < 1.6) in NVAF patients in general practice, compared with aspirin therapy (150 mg a day) greater, with respect to reduction of incidence of CVA, NCS embolism and vascular death?

Methods: Medical and biological research
Contents analyses

Rijksuniversiteit Limburg; vakgroep Huisartsgeneeskunde; Project-bureau PATAF; Postbus 616, 6200 MD Maastricht, tel. 043-882222.

Researchers: drs. B.S.P. Hellemons; drs. M. Langeberg.

1551 ARRYTHMIA IN GENERAL PRACTICE: PREDICTIVE VALUE OF SIGNS AND SYMPTOMS.

1. What is the predictive value of combinations of anamnesic data in patients who come with complaints and in (coincidental) findings, which are suspect for arrythmia, for the diagnosis of these arrythmia in general and for arrythmia that can be distinguished separately?
2. What is the predictive value of combinations of physico- diagnostic findings for the diagnosis of arrythmia in general, and for arrythmia that can be distinguished separately?
3. What is the predictive value of contextual factors (anamnesis, frequency of consultations, use of drugs, etc.) for the diagnosis of arrythmia in general, and for arrythmia that can be distinguished separately?
4. What is the surplus value of combinations of anamnesic, physico-diagnostic and contextual data for the diagnosis of arrythmia in general and for arrythmia that can be distinguished separately?
5. Which differences in the research data are obtained when a general practitioner collects (anamnesic) data according to a protocol, as opposed to when identical data are being asked from the patients by means of an inquiry?
6. What is the influenc of arrythmia on the quality of life of patients?

Methods: Contents analyses
Survey/enquete
Experiments in social science
Medical and biological research

Rijksuniversiteit Limburg; vakgroep Huisartsgeneeskunde; Postbus 616, 6200 MD Maastricht, tel. 043-882222.

Researcher: drs. P.J. Zwietering, arts.

1. P. ZWIETERING. Arrithmias in general practice: predictive value of signs and symptoms (abstract). In: J.A. KNOTTNERUS et al (red). Seminar on clinical epidemiology and health care research. Maastricht: RU Limburg, 1989.

1556 HYPERTENSION MONITORING.

What is the effect of application of the NUHI-monitoring system for hypertension (HMS) on:
1. the quality of hypertension treatment;
2. patient compliance;
3. the subjective and objective status of health of the patients?

Methods: Medical and biological research
Registration

Katholieke Universiteit Nijmegen; Nijmeegs Universitair Huisartsen Instituut; Postbus 9101, 6500 HB Nijmegen, tel. 080-514411.

Researchers: prof. dr. J.W. van Ree, arts; prof. dr. C. van Weel, arts; drs. J.P.H. van den Hoogen; dr. H.G.A. Mokkink.

1. I.F. ZIJLSTRA, F.W.J. GRIBNAU, F.M. HAAYER-RUSKAMP, P.F. REDDENGIUS, C. VAN WEEL, H. WESSELING, H.C.M. WOLLERSHEIM. Antihypertensive drugs in general practice: between ideal and reality. Pharmaceutisch Weekblad (scientific edition); s.a., no. 12, p. 3.
2. J.P.H. VAN DE HOOGEN. Monitoring of hypertensive patients in general practice. In: A.C. ARNTZENIUS, J.C. BIRKENHAGER, J.D. BARTH (red). Management of Artherosclerosis II. Leiden: Boerhaave Committee, 1989.

1717 SEX-ASYMMETRY AND VASOSPASMS.

1. What is known with respect to prevention and the course of vasospastic complaints in the population and in general practice?
2. Is it possible to explain the occurrence of vasospastic complaints, especially in women, by means of hormonal factors?

Methods: Contents analyses
Secondary analyses
Experiments in social science

Katholieke Universiteit Nijmegen; Nijmeegs Universitair Huisartsen Instituut; Postbus 9101, 6500 HB Nijmegen, tel. 080-514411.

Researchers: M.L. Bartelink, arts; dr. Th. Thien, arts; dr. E.H. van de Lisdonk, arts.

1. M.L. BARTELINK, H. WOLLERSHEIM, A. THEEUWES, D. VAN DUREN, TH. THIEN. Changes in skin blood flow during the menstrual cycle: the influence of the menstrual cycle on the periphera; circulation in healthy femal volonteers. Clinical Science; 78, 1990, p. 527-532.

1891 PREVALENCE AND RISK FACTORS OF ANEURYSM OF THE ABDOMINAL AORTA IN THE ELDERLY.
1. What is the age- and sex-specific prevalence of the aneurysm of the abdominal aorta in people of 55 and older?
2. Is it possible to point out risk factors which, if present, might increase the chance of finding an aneurysm of the abdominal aorta?

Methods: Survey/enquete
Medical and biological research

Erasmus Universiteit Rotterdam; Rotterdams Universitair Huisartsen Instituut; Mathenesserlaan 264 A, 3021 HR Rotterdam, tel. 010-4087621.

Researcher: drs. H.J.C.M. Pleumeekers.

2014 DIURETICS IN OEDEMA OF THE ANKLE IN THE ELDERLY IN GENERAL PRACTICE.
1. Does stopping the application of diuretics effect the degree of oedema of the ankle in patients who have had prescription of diuretics in the past because of diagnosed oedema of the ankle, and in whom, at the moment of stopping, there were no indications of insufficientia cordis?
2. What are the reasons for resuming the medication of diuretics in the population that was studied?

Methods: Survey/enquete

Rijksuniversiteit Limburg; vakgroep Huisartsgeneeskunde; Postbus 616, 6200 MD Maastricht, tel. 043-882222.

Researchers: drs. G.A. de Bruijne; prof. dr. J.A. Knottnerus.

1. A. DE BRUIJNE, J.W. DE JONGE, J.A. KNOTTNERUS, W. VAN ZUTPHEN. The use of diuretics in ankle edema caused by venous insufficiency. In: J.A. KNOTTNERUS et al (red). Seminar on clinical epidemiology and health care research. Maastricht: RU Limburg, 1989.

2016 IS HOME THROMBOLYSIS IN AN ACUTE MYOCARDIAL INFARCT FEASIBLE FOR GENERAL PRACTITIONERS IN THE PERIPHERY?
1. Is home thrombolysis in an acute myocardial infarct feasible for general practitioners in the periphery?
2. How effective is the use of a (3-channel) ECG (and possibly fax) in general practice?

Methods: Survey/enquete

Spoel, O.P. van der; Langbroekseweg 4, 3962 EH Wijk bij Duurstede, tel. 03435-71673.

Researcher: O.P. van der Spoel, arts.

2017 PREVENTION OF CARIOVASCULAR DISEASES BY MEANS OF SYSTEMATIC MONITORING AND TREATMENT OF HYPERTENSION IN GENERAL PRACTICE.

1. Is there a difference in the course of blood pressure, risk factors and other parameters, between hypertension patients in practices with and without systematic monitoring?
2. Does 10 years of systematic hypertension control reach the intended goal, and what patient factors influence the results?
3. In what way does stopping or decreasing medication influence the height of blood pressure?

Methods: Contents analyses
Secondary analyses
Medical and biological research

Vrije Universiteit Amsterdam; EMGO-Instituut; Sectie Huisarts- en Verpleeghuisgeneeskundig Onderzoek; Postbus 7161, 1007 MC Amsterdam, tel. 020-5484553.

Researchers: prof. dr. J.Th.M. van Eijk; drs. arts L.M. Harms.

2056 PATIENT DELAY IN ACUTE MYOCARDIAL INFARCTION.

To what extent is the amount of time between the moment when heart complaints begin and the actual moment when the patient summons for help, influenced by:
1. psychological factors; the patient's experience of pain, his/her knowledge of the disorder, the extent to which the patient is inclined to deny fearful and life threatening impulses, and general coping mechanisms;
2. psychosocial factors; the presence of family, and the measure of trust in the general practitioner.

Methods: Survey/enquete
Literature research

GGD Rotterdam e.o.; afdeling Epidemiologie; Schiedamsedijk 95, 3011 EN Rotterdam, tel. 010-4339443.

Researchers: dr. J.K. Bleeker; drs. L.M. Lamers.

2116 PREVENTION OF CARDIOVASCULAR DISEASES BY MEANS OF SYSTEMATIC CONTROL AND TREATMENT OF HYPERTENSION IN GENERAL PRACTICE.

1. Is there a difference between hypertension patients in practices with and in those without systematic control, with respect to the course of blood pressure, risk factors and other parameters?
2. Does 10 years of systematic hypertension control satisfy the intended goal, and what patient factors influence the outcome?
3. What is the effect of stopping or decreasing medication concerning the height of the blood pressure?

Methods: Secondary analyses

Vrije Universiteit Amsterdam; EMGO-Instituut; Sectie Huisarts- en Verpleeghuisgeneeskundig Onderzoek; Van der Boechorststraat 7, 1081 BT Amsterdam, tel. 020-5484553.

Researcher: drs. L.M. Harms.

1. L.M. HARMS. The outcome of longterm surveillance of hypertensive patients in general practice. In: WONCA poster session. s.l.: WONCA, s.a.

2131 REDUCING HOSPITALIZATION RATES FOR POSSIBLE MYOCARDIAL INFARCTION: IMPROVED DIAGNOSTICS IN GENERAL PRACTICE BY MEANS OF A STRUCTURED QUESTIONNAIRE AND AUTOMATIZED ECG. AND AUTOMIZED ECG-READINGS.

Is it possible to reduce the number of unjust hospitalizations because of 'supposed' myocardial infarction, by detecting a subgroup within the group of patients who are presented for hospitalization? Is it possible to establish the (near) fact that in this sub group no potential infarction development can be detected, which makes hospitalization necessary? This question is answered in two phases:
1. to develop a rule for decision-making (hospitalize or not) on the basis of 2000 patients;
2. testing this rule for decision-making in 3000 patients.

Methods: Survey/enquete
Medical and biological research
Other methods

Erasmus Universiteit Rotterdam; Rotterdams Universitair Huisartsen Instituut; Mathenesserlaan 164 A, 3021 HR Rotterdam, tel. 010-4087621.

Researchers: E.M.W. Grijseels, arts; A. Hougenest.

2249 PREVALENCE OF CARDIOVASCULAR MORBIDITY AND RISK FACTORS IN A POPULATION OF PEOPLE OVER 60.

Morbidity and risk factors for cardiovascular diseases. Prevalence of especially isolated systolic hypertension. A few separate studies are included, e.g. concerning the characteristics of diuretics users, loss of hearing, etc.

Methods: Contents analyses
Survey/enquete
Medical and biological research
Literature research

Erasmus Universiteit Rotterdam; Rotterdams Universitair Huisartsen Instituut; Mathenesserlaan 264 A, 3021 HR Rotterdam, tel. 010-4087620.

Researchers: G.L. van Dalsen, arts; dr. A. Prins; A.W. Hoes, arts.

2328 LONG TERM FOLLOW-UP OF A COHORT OF PATIENTS WITH CARDIOVASCULAR DISEASES.

1. What is the course of the functional health status of these patients up to 3 years after their stroke?
2. How does a patient judge his or her quality of life?
3. What disease episodes does the general practitioner register, and what kind of treatment does he or she start?
4. What help/aids/adaptations does the patient use, and what does he or she needs?

Methods: Survey/enquete
Literature research

Rijksuniversiteit Groningen; vakgroep Huisartsgeneeskunde; Ant. Deusinglaan 4, 9713 AW Groningen, tel. 050-632963.

Researchers: drs. H.I. Loor, arts; drs. J. Sander.

1361 CHRONIC RESPIRATORY ILLNESS IN CHILDREN.

1. How often do respiratory illnesses occur in children and young adults?
2. What is the course of these illnesses for individuals in a period of 10 to 15 years after?
3. Is there any relationship between the frequency of respiratory illnesses in the first years of one's life and the presence of chronic respiratory illnesses c.q. pulmonary functioning, 10 to 15 years later?
4. What role is plaid by a family anamnesis for COPD and constitutional excema in this?
5. Is there any relationship between the chronic respiratory illnesses mentioned under 3., and pulmonary functioning after a period of 10 to 15 years?

Methods: Registration

Katholieke Universiteit Nijmegen; Nijmeegs Universitair Huisartsen Instituut; Postbus 9101, 6500 HB Nijmegen, tel. 080-514411.

Researchers: dr. W.J.H.M. van den Bosch, arts; drs. H.J.M. van den Hoogen; prof. dr. C. van Weel, arts; B.G.M. Kolnaar, arts.

1467 CHRONIC OBSTRUCTIVE PULMONARY DISEASE.

1. To gain insight in the nature and course of COPD-related disease episodes by means of patient related research.
2. To formulate standards for good general practitioner's treatment of COPD on the basis of this.
3. To develop systematized education packages for the education and expertise improvement of general practitioners on the basis of this.

Methods: Contents analyses
Secondary analyses
Survey/enquete
Case study

Universiteit van Amsterdam; Instituut voor Huisartsgeneeskunde; Meibergdreef 15, 1105 AZ Amsterdam, tel. 020-5664749.

Researcher: drs. B.J.A.M. Bottema.

1. E. SCHADÉ, C. WALIG. Respiratory tract infections in general practice. In: C.P.A. VAN BOVEN (red). Treatment of respiratory tract associated infections. Amsterdam: Elseviers Science Publishers, 1986.
2. B.J.A.M. BOTTEMA. Asthma and chronic bronchitis in general practice. The Family Physician "Universal Issues in Medicine". s.l.: 12th WONCA World Conference, 1989.
3. B.J.A.M. BOTTEMA. Quality of care. In: WONCA Congress, mei 1992, Vancouver, Canada. Vancouver: WONCA, 1992.
4. B.J.A.M. BOTTEMA, E. SCHADÉ, C. VAN WEEL. COPD and comorbidity. In: STG congres, 2 april 1992, Utrecht. Utrecht: STG, 1992.
5. B.J.A.M. BOTTEMA, E. SCHADÉ, C. VAN WEEL. COPD and comorbidity. In: WONCA Congress, mei 1992, Vancouver, Canada. Vancouver: WONCA, 1992.

1471 ACUTE BRONCHITIS IN GENERAL PRACTICE.

1. What syndrome is usually referred to by general practitioners in the Netherlands by means of the diagnosis 'acute bronchitis'?
2. What is the usual policy in general practice concerning patients whom the general practitioner considers as suffering from acute bronchitis?
3. What is the course of this disease like for patients in general practice in the

Netherlands?
4. What is the optimal general practice policy with respect to this syndrome?

Methods: Survey/enquete
Contents analyses
Registration
Medical and biological research
Delphi-method

Rijksuniversiteit Leiden; vakgroep Huisartsgeneeskunde; Postbus 9605, 2300 RC Leiden, tel. 071-275318.

Researcher: Th.J.M. Verheij, arts.

1. TH.J.M. VERHEY, J. HERMANS, A.A. KAPTEIN, D. WIJKEL, J.D. MULDER. Acute bronchitis: general practitioners' views regarding diagnosis and treatment. Family Practice; 7, 1990, p. 175-180.

1494 CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD) IN GENERAL PRACTICE.
1. What is the nature and seriousness of the disorder of patients with chronic airflow obstruction in general practice?
2. What is the current diagnosis of the general practitioner, and how did this diagnosis come about?
3. What kind of therapy is used in these patients? After the first, descriptive phase, a research will be done on the drugs that are used by this group of patients. Also, a protocol will be developed, in which will be expressed what the optimal treatment in general practice should be like.

Methods: Contents analyses
Survey/enquete
Medical and biological research

Rijksuniversiteit Leiden; vakgroep Huisartsgeneeskunde; Postbus 9605, 2300 RC Leiden, tel. 071-275318.

Researchers: drs. A. Schrier; drs. F.W. Dekker.

1. A.C. SCHRIER, F.W. DEKKER, J.H. DIJKMAN, A.A. KAPTEIN, P.J. STERK. Quality of life in elderly patients with chronic nonspecific lung disease in general practice. European Respiratory Journal; 1989, no. 2, p. 731S.
2. F.W. DEKKER, A.C. SCHRIER, P.J. STERK, J.H. DIJKMAN. Value of peak expiratory flow measurement in assessing reversibility of airflow obstruction in general practice. European Respiratory Journal; 1989, no. 2, p. 745S.
3. A.C. SCHRIER, F.W. DEKKER, A.A. KAPTEIN, J.H. DIJKMAN. Quality of life in elderly patients with chronic nonspecific lung disease seen in general practice. Chest; 98, 1990, p. 894-899.
4. F.W. DEKKER, A.C. SCHRIER, P.J. STERK, J.H. DIJKMAN. Validity of peak flow measurement in assessing reversibility of airflow obstruction. Thorax; 47, 1992, p. 162-166.

1686 THE USE OF CORTICOSTEROID INHALANTS IN PATIENTS WITH CHRONIC OBSTRUCTIVE PULMONARY DISEASES (COPD) AND ASTHMA, SELECTED FROM GENERAL PRACTICE.
1. Does the use of a corticosteroid inhalant with a bronchial widener, in a group of patients in which it appeared that monotherapy with a bronchial widener was insufficient, in the long run lead to a decrease in the frequency and duration of the exacerbations?
2. What type of bronchial widener has the biggest effect, next to the corticosteroid inhalant: a B2-sympathicomimeticum or an anticholinergicum?

Methods: Contents analyses
Secondary analyses

Survey/enquete
Medical and biological research

Katholieke Universiteit Nijmegen; Nijmeegs Universitair Huisartsen Instituut; Postbus 9101, 6500 HB Nijmegen, tel. 080-515313.

Researchers: drs. E. Dompeling; prof. dr. C. van Weel, arts; prof. dr. C.L.A. van Herwaarden.

1. E. DOMPELING, P. VAN GRUNSVEN, C. VAN WEEL, J. MOLEMA, A.L.M. VERBEEK. It is not possible to predict the course of asthma or chronic bronchitis from one single assessment of PEV, symptoms and quality of life. European Respiratory Journal; 1990, p. 166.
2. E. DOMPELING, C.P. VAN SCHAYCK, C. VAN WEEL, H. FOLGERING, H.J.M. VAN DEN HOOGEN. The effect of verbal stimulation of patients with airflow obstruction on flow-volume indices. Joint meeting SEPCR-SEP, London. European Respiratory Journal; 1990, no. 3, p. 268.
3. A.M.J. WEVER, J. WEVER-HESS, C.P. VAN SCHAYCK, C. VAN WEEL. Evaluation of the Phadiatop test in an epidemiological study. Allergy; 45, 1990, p. 92-97.
4. E. DOMPELING, P.M. VAN GRUNSVEN, J. MOLEMA, H. FOLGERING, C.P. VAN SCHAYCK, C. VAN WEEL. The influence of stoppping maintenance treatment with inhaled corticosteroids on the long-term course of asthma and COPD. European Respiratory Journal; 4, 1991, no. suppl. 14, p. 479s.
5. E. DOMPELING, P.M. VAN GRUNSVEN, J. MOLEMA, C.P. SCHAYCK, H. FOLGERING, C. VAN WEEL. Patient compliance to inhaled beclomethasone dipropionate during long-term treatment of asthma and COPD. American Review of Respiratory Diseases; 143, 1991, no. suppl. 2, p. A35.
6. E. DOMPELING, P.M. VAN GRUNSVEN, C.P. VAN SCHAYCK, H. FOLGERING, J. MOLEMA, C. VAN WEEL. The long-term treatment of asthma and COPD: are patients compliant to inhaled beclomethasone dipropionate? European Respiratory Journal; 4, 1991, no. suppl. 14, p. 555s.
7. E. DOMPELING, P.M. VAN GRUNSVEN, C.P. VAN SCHAYCK, J. MOLEMA, H. FOLGERING, C. VAN WEEL. Stopping maintenance treatment with inhaled corticosteroids; the influence on the lung function decline and bronchial hyperresponsiveness in asthma or COPD. American Review of Respiratory diseases; 143, 1991, no. suppl. 2, p. A626.
8. E. DOMPELING, J. MOLEMA, C.P. VAN SCHAYCK, P.M. VAN GRUNSVEN, H. FOLGERING, C. VAN WEEL. Is bronchial hyperresponsiveness cause or consequence of airflow obstruction in asthma of COPD? European Respiratory Journal; 4, 1991, no. suppl. 14, p. 583s.
9. E. DOMPELING, C.P. VAN SCHAYCK, H. FOLGERING, H.J.M. VAN DEN HOOGEN, C. VAN WEEL. Accuracy, precision and linearity of the portable flow-volume meter Microspiro-298. European Respiratory Journal; 4, 1991, p. 612-615.
10. E. DOMPELING, C.P. VAN SCHAYCK, P.M. VAN GRUNSVEN, J. MOLEMA, H. FOLGERING, C. VAN WEEL. The effect of inhaled beclomethasone dipropionate during one year on fast progressive asthma and COPD. European Respiratory Journal; 4, 1991, no. suppl. 14, p. 379s.
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13. E. DOMPELING, C.P. VAN SCHAYCK, P.M. VAN GRUNSVEN, J. MOLEMA, H. FOLGERING, C. VAN WEEL. How to express bronchodilating responses? American Review of Respiratory Diseases; 145, 1992, no. suppl. 2, p. A62.
14. E. DOMPELING, C.P. VAN SCHAYCK, J. DE JONGH-VAN HOOF, C. VAN WEEL. The decline in FEV during long-term use of salbutamol and ipratropium bromide in asthma and COPD. American Review of Respiratory Diseases; 145, 1992, no. suppl. 2, p. A61.
15. E. DOMPELING, C.P. VAN SCHAYCK, P.M. VAN GRUNSVEN, J. MOLEMA, H. FOLGERING, C. VAN WEEL. The influence of inhaled beclomethasone during two years on the quality of life in asthma and COPD. American Review of Respiratory Diseases; 145, 1992, no. suppl. 2, p. A498.

16. E. DOMPELING, P.M. VAN GRUNSVEN, C.P. VAN SCHAYCK, J. MOLEMA, H. FOLGERING, C. VAN WEEL. Stopping maintenance treatment with inhaled sodim cromoglycate and inhaled steroids in asthma. American Review of Respiratory Diseases; 145, 1992, no. suppl. 2, p. A741.
17. E. DOMPELING, C.P. VAN SCHAYCK, P.M. VAN GRUNSVEN, J. MOLEMA, H. FOLGERING, C. VAN WEEL. Which clinical characteristics can predict the long-term response to inhaled beclomethasone in asthma and COPD? American Review of Respiratory Diseases; 145, 1992, no. suppl. 2, p. A742.
18. E. DOMPELING, C.P. VAN SCHAYCK, P.M. VAN GRUNSVEN, J. MOLEMA, H. FOLGERING, C. VAN WEEL. Inhaled beclomethasone improves the long-term course of asthma and COPD. American Review of Respiratory Diseases; 145, 1992, no. suppl. 2, p. A742.
19. E. DOMPELING, C.P. VAN SCHAYCK, P.M. VAN GRUNSVEN, J. MOLEMA, H. FOLGERING, C. VAN WEEL. The influence of inhaled beclomethasone on static lung function indices and diffusing capacity in asthma and COPD. American Review of Respiratory Diseases; 145, 1992, no. suppl. 2, p. A757.
20. E. DOMPELING, P.M. VAN GRUNSVEN, C.P. VAN SCHAYCK, C. VAN WEEL. The early detection of rapidly progressive asthma and COPD. American Review of Respiratory Diseases; 145, 1992, no. suppl. 2, p. A776.
21. E. DOMPELING, P.M. VAN GRUNSVEN, J. MOLEMA, C.P. VAN SCHAYCK, C. VAN WEEL, H. FOLGERING. Treatment with inhaled steroids in asthma and chronic bronchitis; long-term compliance and inhaler technique (in druk). Family Practice; 1992
22. E. DOMPELING, P.M. VAN GRUNSVEN, J. MOLEMAN, A.L.M. VERBEEK, C.P. VAN SCHAYCK. Early detection of patients with fast progressive asthma of chronic bronchitis in general practice (in druk). Scandinavian Journal of Primary Health Care; 1992
23. E. DOMPELING, C.P. VAN SCHAYCK, J. MOLEMA, H. FOLGERING, P.M. VAN GRUNSVEN, C. VAN WEEL. A comparison of 6 different ways of expressing the bronchodilating response in asthma and COPD; reproducibility and dependence of prebronchodilator FEV (in druk). European Respiratory Journal; 1992
24. E. DOMPELING, C.P. SCHAYCK, J. MOLEMA, H. FOLGERING, P.M. VAN GRUNSVEN, C. VAN WEEL. Inhaled beclomethasone improves the long-term course of asthma and COPD in comparison with bronchodilator therapy alone. European Respiratory Journal; 1992
25. E. DOMPELING, P.M. VAN GRUNSVEN, C.P. VAN SCHAYCK, H. FOLGERING, J. MOLEMA, C. VAN WEEL. Long-term patient compliance to and inhaler technique of inhaled steroids in asthma and COPD. In: 13th WONCA world conference on family medicine, May 1992, Vancouver, Canada. Vancouver: WONCA, 1992.
26. E. DOMPELING, C.P. VAN SCHAYCK, H. FOLGERING, P.M. VAN GRUNSVEN, J. MOLEMA, C. VAN WEEL. Is nonspecific broncial reponsiveness a risk factor for the progression of asthma and COPD? In: 13th WONCA world conference on family medicine, May 1992, Vancouver, Canada. Vancouver: WONCA, 1992.
27. E. DOMPELING, P.M. VAN GRUNSVEN, C.P. VAN SCHAYCK, J. MOLEMA, A.L.M. VERBEEK, C. VAN WEEL. Early detection of asthmatic or COPD patients at risk in family practice. In: 13th WONCA world conference on family medicine, May 1992, Vancouver, Canada. Vancouver: WONCA, 1992.

1926 A MEDICATION SCHEDULE FOR PATIENTS WITH COPD IN GENERAL PRACTICE.

1. Is it possible to use a gradual medication schedule for the institution of treatment of COPD patients in general practice?
2. What are the effects of the use of a similar medication schedule on respiratory symptoms, lung function and the quality of life?

Methods: Survey/enquete
Medical and biological research

Rijksuniversiteit Leiden; vakgroep Huisartsgeneeskunde; Postbus 9605, 2300 RC Leiden, tel. 071-275318.

Researchers: A.A.C. van der Zwan, arts; S. Verver.

1. A.C. SCHRIER, F.W. DEKKER, J.H. DIJKMAN, A.A. KAPTEIN, P.J. STERK. A quality of life in elderly patients with chronic non specific lung disease in general practice. European Respiratory Journal; 1989, no. 2, p. 731S.

2. F.W. DEKKER, A.C. SCHRIER, P.J. STERK, J.H. DIJKMAN. Value of peak expiratory flow measurement in assessing reversibility of airflow obstruction in general practice. European Respiratory Journal; 1989, no. 2, p. 745S.
3. A.C. SCHRIER, F.W. DEKKER, A.A. KAPTEIN, J.H. DIJKMAN. Quality of life in elderly patients with chronic nonspecific lung disease seen in family practice. Chest; 1990, no. 4, p. 894-899.
4. A.A.C. VAN DER ZWAN, F.W. KEKKER, J.D. MULDER. Quality of life in COPC patients. SEP-congres, Brussel, september 1991. European Respiratory Journal; 1991, no. 4, p. 573S.
5. S. VERVER, A.A.C. VAN DER ZWAN, J. EELHART, F.W. DEKKER. A method with fully portable equipment for measuring airway reponsiveness. SEP-congres, Brussel, september 1991. European Respiratory Journal; 1991, no. 4, p. 597S.

1973 HOME TREATMENT OF YOUNG CHILDREN WITH ASTHMA: LOCAL OR SYSTEMIC DRUG THERAPY.
Is locally administered (inhaling) of a B-mimeticum to be preferred over the usual treatment in general practice: systemic (oral) administering of a B-mimeticum?

Methods: Medical and biological research

Vrije Universiteit Amsterdam; Instituut voor Extramuraal Geneeskundig Onderzoek (EMGO); Van de Boechorststraat 7, 1081 BT Amsterdam, tel. 020-5483308.

Researcher: A.F. Nagelkerke, arts.

2103 NEEDS ASSESSMENT STUDY AMONG PATIENTS WITH CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD) IN GENERAL PRACTICE.
Inventory of COPD-patients with respect to the wishes and needs of these patients concerning:
1. scientific COPD-research;
2. COPD care, and
3. patient education. Information on these items might improve the coordination of medical care and patient education, and the scientific COPD-research.

Methods: Survey/enquete
Literature research

Rijksuniversiteit Leiden; vakgroep Huisartsgeneeskunde; Postbus 9605, 2300 RC Leiden, tel. 071-275318.

Researchers: drs. C.J.M. Koning; drs. F.W. Dekker; drs. A.R. Maillé.

1. C.J.M. KONING, F.W. DEKKER, A.R. MAILLÉ. Needs assessment among patients with chronic non-specific lung disease (CNSLD). In: Congres European Respiratory Society, Wenen, 29 augustus 1992. Wenen: ERS-Congres, 1992.
2. C.J.M. KONING, A.R. MAILLÉ. Needs assessment among patients with asthma and COPD. In: 6th European Health Psychology Society Conference, Leizig, 25-28 augustus 1992. Leipzig: s.n., 1992.

2144 EARLY DETECTION, MONITORING AND INTERVENTION OF COPD (DIMCA-PROJECT).
1. In how many patients with a light form of COPD does a quick progression occur?
2. Is it possible to sharpen diagnostics and monitoring, in order to drive back deficient diagnoses?

Methods: Survey/enquete
Medical and biological research

Katholieke Universiteit Nijmegen; Nijmeegs Universitair Huisartsen Instituut; Postbus 9101, 6500 HB Nijmegen, tel. 080-514411.

Researcher: drs. J. den Otter.

2145 STOPPING THE PRESCRIPTION OF INHALATION CORTICOSTEROIDS.

1. What is the behaviour of a particular patient and his or her general practitioner (and possibly also the lung specialist) like, in the year following the date on which they both have received information about the effects of bronchial wideners and inhalation corticosteroids in this patient?

2. What is the course of lung function like in this group of COPD-patients after inhalation corticosteroids are stopped?

Methods: Survey/enquete
Medical and biological research

Katholieke Universiteit Nijmegen; Nijmeegs Universitair Huisartsen Instituut; Postbus 9101, 6500 HB Nijmegen, tel. 080-514411.

Researcher: drs. P. van de Broek.

2330 RESEARCH ON THE CONTINUOUS TREATMENT WITH A LONG ACTIVE B-MIMETIC (FORMOTENOL) AND AN 'ON DEMAND' ADMINISTERED B-MIMETIC THAT IS ONLY ACTIVE FOR A SHORT PERIOD OF TIME.

What is the effect of treatment of asthma patients with a B-mimetic, which is active for a long period of time, on lung function, hyperreactivity and the quality of life?

Methods: Survey/enquete
Medical and biological research

Rijksuniversiteit Groningen; vakgroep Huisartsgeneeskunde; Ant. Deusinglaan 4, 9713 AW Groningen, tel. 050-112967.

Researchers: drs. T. van der Molen; dr. D.S. Postma.

- In how many patients is achieved both an acceptable and a good metabolite adjustment?
- How frequently are risk factors concerning cardiovascular diseases actually reduced?
- Is a contribution made to the timely adjustment of adequate treatment of micro angiopathic complications?
- Is there any improvement in the general well-being of the patient?
- Is the NIADM-patient satisfied with this form of guidance?

2. What is the effect of the SCS on the shifting of care?
- Is it possible, without referral to an internist, to initiate insulin treatment and to provide guidance by means of collaboration in the SCS?
- In how many patients is the NIADM checkup transferred from internist to general practitioner?
- How much and what percentage of NIADM patients does not need to go to the ophthalmologist for ophthalmic checkups anymore?

3. What is the effect of the SCS on the costs? (Side project in cooperation with the IMTA Rotterdam, the Netherlands).

4. What are the limiting conditions of the SCS?
- Is this protocol feasible?
- Is the collaboration optimal?
- Are there any superfluous parts in the protocol?

Methods: Secondary analyses
Survey/enquete
Medical and biological research

Academisch Ziekenhuis van de Vrije Universiteit Amsterdam; Onderzoekscentrum 1e-2e Lijn; Postbus 7057, 1007 AB Amsterdam, tel. 020-5483300.

Researcher: drs. J.J.J. de Sonnaville.

2084 PROBLEMS IN THE IMPLEMENTATION OF THE DUTCH COLLEGE OF GENERAL PRACTITIONERS' (DCGP) STANDARD FOR DIABETES TYPE II.

1. To what extent do what kind of problems occur in the treatment and accompaniment of diabetes type II patients, according to the directions of the DCGP- standard?
2. A distinction is made between problems concerning general practitioners, specialists and patients, and according to degree of urbanization.
3. What suggestions can be made for further development of the NHG-standard.

Methods: Secondary analyses
Survey/enquete

Academisch Ziekenhuis van de Vrije Universiteit Amsterdam; Onderzoekscentrum 1e-2e Lijn; Postbus 7057, 1007 MB Amsterdam, tel. 020-5483300.

Researcher: drs. G. Konings.

2272 1. GLUCOSE METABOLISM IN THE GENERAL POPULATION. 2. INFLUENCE OF GLYCEMIC CONTROL ON THE CV-RISK PROFILE. 3. STUDY OF DETERMINANTS OF GLUCOSE TOLERANCE.

1. Glucose metabolism in the general population:
- What is the distribution of parameters of glucose metabolism in the general population like?
- What is the relationship between the distribution of these parameters and the prevalence of related disorders?

2. The influence of long term glycemic control on the cardiovascular risk profile in NIDDM:
- is it possible to reach and maintain the target figures for glycemic control in primary health care?
- is it useful to stick to the "good" target figures, as compared with the "acceptable" ones, in terms of parameters of cardiovascular risk- and well-being effects?

3. Prospective study of determinants of glucose tolerance in persons with ITG: - is the conversion of IGT (disturbed glucose tolerance) to diabetes determined by a decrease of

the insulin secretion capacity or by an increase of insulin resistance?

Methods: Medical and biological research

Vrije Universiteit Amsterdam; Instituut voor Extramuraal Geneeskundig Onderzoek (EMGO); Van der Boechorststraat 7, 1081 BT Amsterdam, tel. 020-5484568.

Researchers: drs. I.M. Mooy; drs. P.A. Grootenhuis; drs. J.N.D. Neeling; drs. F.E.E. Does; drs. F.J. Snoek; drs. M.C. Nijpels.

1270 DIAGNOSIS OF CRITICAL ABDOMINAL COMPLAINTS.

What is the predictive value of (combinations of) data concerning anamnesis, physical examination, simple laboratory research and psychological research, with regard to abdominal complaints that either can or cannot be explained organically?

Methods: Survey/enquete
Contents analyses
Medical and biological research

Rijksuniversiteit Limburg; vakgroep Huisartsgeneeskunde; Postbus 616, 6200 MD Maastricht, tel. 043-882222.

Researchers: drs. J.W.M. Muris, arts; R.J.J. Starmans, arts; prof. dr. P. Pop, arts; dr. H. Schouten.

1. R. STARMANS, J.W.M. MURIS, G.H. FIJTEN, J.A. KNOTTNERUS. Methodologic problems in the assessment of diagnostic procedures in primary health care. European General Practice Research Workshop, Antwerpen. Zeitschrift fur Allgemeinmedizin; 18, 1989, p. IV.
2. F. VAN DER HORST, R. VAN DER GRINTEN, J.W.M. MURIS. Validity of self-reported health: 12th WONCA World Conference of General Practitioners/Family Physicians. s.l.: s.n., 1991.

2089 EPIDEMIOLOGY OF GASTRO-INTESTINAL DISORDERS AND THE ROLE OF THE GENERAL PRACTITIONER.

1. What gastro-intestinal disorders occur in a general population, whether or not in combination with other diseases (comorbidity), as specified for age, sex, sociodemographic characteristics, and life-style?
2. What gastro-intestinal disorders occur in general practice, whether or not in combination with other diseases (comorbidity), as specified for age, sex, sociodemographic characteristics?
3. How is it possible to describe the help seeking behaviour of patients with gastro-intestinal disorders in terms of rules of life, self-medication, drug use, and visits to caregivers?
4. What interventions does the general practitioner make in the case of gastro-intestinal disorders (treatment, diagnostics, prescription, referral)?

Methods: Secondary analyses

Nederlands instituut voor onderzoek van de eerstelijnsgezondheidszorg (NIVEL); Postbus 1568, 3500 BN Utrecht, tel. 030-319946.

Researcher: drs. M. de Waal.

2117 PATIENT EDUCATION WITH RESPECT TO IRRITABLE BOWEL SYNDROME (IBS) PATIENTS IN GENERAL PRACTICE: AN INTERVENTION STUDY.

What is the effect of systematic education of patients with Irritable Bowel Syndrome on:
1. consultation- and self care behaviour;
2. course and experiencing of complaints;
3. the number of consultations and referrals, and the amount of medicines taken?

Methods: Survey/enquete
Registration
Literature research

Vrije Universiteit Amsterdam; EMGO-Instituut; Sectie Huisarts- en Verpleeghuisgeneeskundig Onderzoek; Van der Boechorststraat 7, 1081 BT Amsterdam, tel. 020-5484553.

Researcher: drs. H.E. van der Horst.

1. H.E. VAN DER HORST, J.TH.M. VAN EIJK, F.G. SCHELLEVIS. Quality of research project concernig irritable bowel syndrome and their relevance to general practitioners. Poster WONCA 1992. Vancouver: WONCA, 1992.

2321 HELICOBACTER PYLORI IN PATIENTS WITH DYSPEPTIC COMPLAINTS IN GENERAL PRACTICE.
What is the value of the helicobacter pylori in patients with dyspeptic complaints of the epigastrium in general practice?

Methods: Medical and biological research

Rijksuniversiteit Utrecht; Universitair Huisartsen Instituut; Bijlhouwerstraat 6, 3511 ZC Utrecht, tel. 030-331123.

Researchers: drs. E. Boutens; dr. R.J.L.F. Loffeld; dr. E.E. Stobberingh.

1489 OSTEOARTHRITIS IN GENERAL PRACTICE: MANAGEMENT, CLINICAL TRIAL AND PROTOCOL.

1. What is the actual policy of general practitioners in the Netherlands with regard to patients with arthrotic complaints?
2. Two NSAID's are being compared in a randomized, dubbel-blind, parallelled experiment in which groups are being compared. The research is done in a general practice, and concerns patients with arthrosis.
3. What is the ideal policy of general practitioners in the Netherlands with regard to patients with arthrotic complaints?

Methods: Survey/enquete
Medical and biological research

Rijksuniversiteit Leiden; vakgroep Huisartsgeneeskunde; Postbus 9605, 2300 RC Leiden, tel. 071-275318.

Researcher: drs. G.H. de Bock.

1898 CLINICAL RHEUMATOLOGY.

1. To gain insight in the nature and course of episodes of rheumatoid illnesses, by means of patient related research.
2. On the basis of this, to formulate standards of good treatment by general practitioners in case of rheumatism.
3. On the basis of this, to develop systematized educational programmes for the education and improvement of general practitioners.

Methods: Contents analyses
Secondary analyses
Survey/enquete
Case study
Literature research

Universiteit van Amsterdam; Instituut voor Huisartsgeneeskunde; Meibergdreef 15, 1105 AZ Amsterdam, tel. 020-5664749.

Researchers: drs. W. Schuurman; M. van Daelen, arts.

2083 RHEUMATIC DISEASES IN GENERAL PRACTICE.

1. What problems occur in general practice concerning rheumatic diseases, in which cases support of the specialist may be of help to the general practitioner's treatment policy?
2. What size are these problems in practice?
3. What problems occur in general practice with respect to diagnosis and treatment of rheumatic patients who are usually treated by the specialist?

Methods: Contents analyses
Survey/enquete
Case study
Observation

Academisch Ziekenhuis van de Vrije Universiteit Amsterdam; Onderzoekscentrum 1e-2e Lijn; Postbus 7057, 1007 MB Amsterdam, tel. 020-5483300.

Researchers: drs. M. van Baar; drs. L. Huyser-van Dungen.

1289 VALUE OF THE PHADIATOP-TEST IN DIAGNOSING ALLERGY BY GENERAL PRACTITIONERS.
The purpose of this research is to determine the value of a new diagnostic test (Phadiatop) in general practice. In blood tests of 250 asthma sufferers IgE-, Phadiatop- and RAST-values were determined. The respective contribution of these tests to the diagnostic process are evaluated in different ways.

Methods: Survey/enquete
Medical and biological research
Contents analyses

Rijksuniversiteit Leiden; vakgroep Huisartsgeneeskunde; Postbus 9605, 2300 RC Leiden, tel. 071-275318.

Researchers: dr. A.A. Kaptein; drs. F.W. Dekker.

1. F.W. DEKKER, J.D. MULDER, J.A. KRAMPS, A.A. KAPTEIN, J.P. VANDENBROUCKE. The Phadiatop in vitrotest for allergy in general practice: is it useful? Family Practice; 7, 1990, p. 144-148.

1565 QUESTIONS ABOUT AIDS.
To what extent are general practitioners confronted with fear of or questions about AIDS? With what kind of questions do patients go to their general practitioner? What kind of action does the general practitioner undertake?

Methods: Survey/enquete
Registration

Nederlands instituut voor onderzoek van de eerstelijnsgezondheidszorg (NIVEL); Postbus 1568, 3500 BN Utrecht, tel. 030-319946.

Researchers: drs. L. Peters; drs. M.A.W. Moons.

2186 THE EFFECT OF INFLUENZA VACCINATION IN GENERAL PRACTICE.
1. What is the degree of vaccination of the risk groups, and of the other patients in general practice?
2. Do people who have been vaccinated and belong to a risk group, get influenza less often than those who have not been vaccinated but who still belong to a risk group?
3. Do people who have been vaccinated and belong to a risk group, get clinical influenza in a less serious measure (in terms of duration and complications) than those who have not been vaccinated and still belong to a risk group?
4. How does the clinically established diagnosis of influenza correspond to serological findings. What is the distinguishing capacity of the complex of symptoms on which the clinical diagnosis of influeza is based?
5. What is the relationship between the level of antibodies and the incidence of influenza in the risk groups?
6. What is the course of influenza in the general practices that were studied? How long does the illness last, and when does the patient function as he/she did before?

Methods: Other methods

Rijksuniversiteit Limburg; vakgroep Huisartsgeneeskunde; Postbus 616, 6200 MD Maastricht, tel. 043-882290.

Researcher: Th.M.E. Govaert, arts.

2210 THE NUMBER OF HIV-CONSULTATIONS IN GENERAL PRACTICE SINCE 1989, AND THE NATURE OF THE REQUESTS FOR HELP AND OF THE INTERVENTIONS.

1. What is the incidence of the requests for help with respect to HIV/AIDS in general practices in the Netherlands?
2. What is the nature of the requests for help with respect to HIV/AIDS in general practices in the Netherlands?
3. What is the nature of the interventions in these requests for help?
4. What is the result of these interventions for the health status of these patients?

Methods: Survey/enquete
Case study
Literature research

Universiteit van Amsterdam; Instituut voor Huisartsgeneeskunde; Meibergdreef 15, 1105 AZ Amsterdam, tel. 020-5664606.

Researchers: drs. W. Avenarius, arts; dr. L. Wigersma.

1. L. WIGERSMA, A. LEENTVAAR-JUIPERS, R.A. COUTINHO. Requests for the HIV antibody test in general practice: developments 1988-1991. In: Abstracts VIII International Conference on AIDS. Amsterdam: s.n., 1992.

2237 CALL FOR INFLUENZA VACCINATION.

1. Response after call on all people over 65.
2. Inquiry into the reasons of response.

Methods: Survey/enquete
Other methods

Essen, G.A. van; Paladijnenweg 30, 3813 DJ Amersfoort, tel. 033-720223.

Researcher: G.A. van Essen, arts.

2296 INFLUENCE OF THE USE OF ANTIBIOTICS BY VETERINARIES AND GENERAL PRACTITIONERS ON THE RESISTANCE OF THE INTESTINAL FLORA OF HEALTHY PEOPLE, GP'S PATIENTS AND PIG OWNERS. PRACTITIONERS, SLAUGHTERS AND PIG FARMERS.

1. Is there a difference in antibiotics resistance of the intestinal flora in populations with different chances of exposure to antibiotics (healthy: low; pig owners: high)?
2. How often do these antibiotics resistant bacteria cause infections which can not be treated with the usual medicines?

Methods: Medical and biological research

Rijksuniversiteit Limburg; vakgroep Medische Microbiologie; Postbus 5800, 6202 AZ Maastricht, tel. 043-876647.

Researchers: drs. N.H.H.J. London; drs. G.H.M. Nijsten.

2408 HIV-PROBLEMS AND THE GENERAL PRACTITIONER.

What is the knowledge and attitude of the general practitioner in the Netherlands with respect to HIV/AIDS problems?

Methods: Survey/enquete

Rijksuniversiteit Groningen; vakgroep Huisartsgeneeskunde; A. Deusinglaan 4, 9713 AW Groningen, tel. 050-632963.

Researchers: D. Tenback; A.J. de Greef; M. de Groot.

2251 TREATMENT OF DERMATOMYCOSES OF TOES/FEET AND GROINS IN GENERAL PRACTICE.
Are Creme Whitfield and Mycanosol creme equally effective in healing dermatomycoses of the toes and feet? What about side effects, practicality, etc?

Methods: Survey/enquete

Grooten, J.A.M.; Hemonylaan 20, 1074 BH Amsterdam, tel. 020-6790538.

Researchers: J.A.M. Grooten, arts; F.J. Meijman, arts.

2407 PREVALENCE OF CERVICAL CHLAMYDIA TRACHOMATIS IN WOMEN WITHOUT COMPLAINTS.
What is the prevalence of Chlamydia trachomatis in the cervixes of women who had not consulted the general practitioner for current gynaecological complaints (yet)?

Methods: Medical and biological research

Rijksuniversiteit Groningen; vakgroep Huisartsgeneeskunde; A. Deusinglaan 4, 9713 AW Groningen, tel. 050-632963.

Researchers: L.J.G. Veehof, arts; P.V.W. Vernimmen, arts; H.H. van der Wal, arts; drs. K.H. Groenier.

1487 SORE THROAT IN GENERAL PRACTICE, A DIAGNOSTIC AND THERAPEUTIC STUDY.

1. To gain insight in the nature and size of the flora in the throats of patients who consult the general practitioner with regard to a sore throat.
2. To gain insight in the meaning and the course of syndromes which are caused by these bacteria, and in the characteristics of patients that are important for prognosis.
3. To determine the diagnostic value of the streptest.
4. To study the influence of penicillin in a streptococcus infection with regard to clinical recovery and the spreading of the infection.
5. To gain insight in relevant complaints of general practitioners as well as in the flora in the throats of house-mates in a partial population.

Methods: Survey/enquete
Medical and biological research

Rijksuniversiteit Utrecht; Universitair Huisartsen Instituut; Bijlhouwerstraat 6, 3511 ZC Utrecht, tel. 030-331123.

Researchers: drs. C.F. Dagnelie; prof. dr. F.W.M.M. Touw-Otten; dr. Y. van de Graaf; dr. M.M. Kuyvenhoven.

1. R.A. DE MELKER. Recurrent upper respiratory tract infections viewed as a natural phenomenon and a problem with multiple causation. Allgemein Medizin; 1987, no. 16, p. 2-36.
2. C.F. DAGNELIE, R.A. DE MELKER, F.W.M.M. TOUW-OTTEN, J. VERHOEF, Y. VAN DE GRAAF. Sore throat in general practice, diagnostic and therapeutic performance. Abstract of the EGPRW Meeting in Antwerp. Allgemein Medizin in Forschung und Lehre; 1989, no. IV
3. F.W.M.M. TOUW-OTTEN, R.A. DE MELKER, C.F. DAGNELIE. Algorithms and protocols - How useful are they? Management of sore throat, an example. The Family Physician: 12th WONCA World Conference on Family Medicine, 1989; 17; 84. Jerusalem: WONCA World Conference, 1989.
4. F.W.M.M. TOUW-OTTEN, R.A. DE MELKER, C.F. DAGNELIE. Sore throat, a protocol for general practitioners; an example of how protocols are effected. The Family Physician: 12th WONCA World Conference on Family Medicine, 1989; 17: 84. Jerusalem: 12th WONCA World Conference, 1989.
5. R.A. DE MELKER, M.M. KUYVENHOVEN. Management of upper respiratory tract infection in Dutch general practice. British Journal of General Practice; 41, 1991, p. 504-507.
6. W.J. DIPPEL, F.W.M.M. TOUW-OTTEN, J.D.F. HABBEMA. Management of children with acute pharyngitis: a decision analysis. The Journal of Family Practice; 34, 1992, p. 149-159.
7. C.F. DAGNELIE, M.M. KUYVENHOVEN, R.A. DE MELKER, F.W.M.M. TOUW-OTTEN, Y. VAN DE GRAAF. Sore throat in family medicine, microbiology in different clinical pictures. In: 13th WONCA world conference, Canada, Vancouver 1992. Vancouver: WONCA, 1992.

1689 SINUSITUS MAXILLARY IN GENERAL PRACTICE: A DECISION ANALYSIS.

The goal of this research is to make the care which is delivered in general practice, more efficient. Therefore, a decision model is designed with regard to the following questions:
1. In what symptoms of sinusitis maxillary in adults was there an indication of antibiotics?
2. In what symptoms of sinusitis maxillary was there an indication of symptomatic therapy?
3. Is it possible to improve the diagnostics in these complaints by obliging the general practitioner to work according to a protocol? The criterion chosen here, is the duration of the complaints as experienced by the patient.

Methods: Survey/enquete
Contents analyses

Rijksuniversiteit Leiden; vakgroep Huisartsgeneeskunde; werkgroep Medische Besliskunde; Wassenaarseweg 62, 2301 CB Leiden, tel. 071-275318.

Researcher: drs. G.H. de Bock.

1691 RHINOPATHY (WITH EMPHASIS ON THE ALLERGIC FORM) IN GENERAL PRACTICE.
What is the optimal policy in general practice concerning patients with rhinopathy complaints, more specifically with allergic rhinitis?

Methods: Survey/enquete
Medical and biological research
Contents analyses

Rijksuniversiteit Leiden; vakgroep Huisartsgeneeskunde; Postbus 9605, 2300 RC Leiden, tel. 071-275318.

Researcher: M.J.J.S. Crobach, arts.

1. M.J.J.S CROBACH, J.D. MULDER. Hymenoptera stings and beta-blockers. The Lancet; 1989, no. 11, p. 916.
2. M.J.J.S. CROBACH. Rhinopathy as a diagnostic problem: evaluation of microscopy of a nasal smear. In: Federation of Medical Scientific Societies. Proceedings of the 32nd Dutch Federation Meeting. Nijmegen: St. Fed. Med. Wet. Ver. Ned., 1991.

1920 SINUSITIS MAXILLARY IN ADULTS.
1. What research data concerning anamnesis are relevant for diagnosis?
2. What additional studies have the biggest predictive value?
3. What is the best possible way of treatment?

Methods: Other methods

St. Elisabeth Ziekenhuis; afdeling KNO; Postbus 90151, 5000 LC Tilburg, tel. 013-391313.

Researchers: dr. F.L. van Buchem; dr. M.F. Peeters; prof. dr. J.A. Knottnerus.

1922 OTITIS MEDIA WITH EFFUSION IN GENERAL PRACTICE.
1. What is the diagnostic ability of general practitioners with respect to otitis media with effusion (OME) in an open population of children, in children with OME, and in otitis-prone children with the use of medical history (risk indicators), anamnesis, and otoscopy?
2. What are the remaining characteristics of the microtymp in general practice?
3. What are the indications for application of the microtymp as a diagnostic test, and what consequences do the test results have on the policy of the general practitioner?
4. Can predictive criteria for children with serious forms of OME be obtained?
5. How large is the effect of treatment with erythromycine in children of 1/2 to 12 years old, who, for a period of three months, have measured OME with the microtymp, in a double blind randomized research set-up in general practice?
6. Is it possible to limit the indication range for referral to the E.N.T. specialist to truly serious cases?

Methods: Medical and biological research

Rijksuniversiteit Utrecht; Universitair Huisartsen Instituut; Bijlhouwerstraat 6, 3511 ZC Utrecht, tel. 030-331123.

Researchers: drs. F.A.M. van Balen; prof. dr. F.W.M.M. Touw-Otten; prof. dr. R.A. de Melker; prof. dr. G.J. Hordijk; prof. dr. J. Verhoef; dr. Y. van de Graaf; dr. M.M. Kuyvenhoven.

1. R.A. DE MELKER. Validity reliability feasibility of a new hand-held tympanometer for use in primary care. In: NORTH AMERICAN PRIMARY CARE RESEARCH GROUP. Proceedings eighteenth annual meeting, May 13-16, 1990. Denver: s.n., 1990.

2. R.A. DE MELKER. Diagnostic value of microtympanometry and pneumatic otoscopy in primary care. In: Proceedings fifth international symposium recent advances in otitis media. Ohio: s.n., 1991.
3. S. STOOL, R.A. DE MELKER. Pneumatic otoscopy and microtympanometry: a validation study in a primary care setting. In: Proceedings fifth international symposium recent advances in otits media. Ohio: s.n., 1991.
4. R.A. DE MELKER. Diagnostic value of microtympanometry in primary care. British Medical Journal; 304, 1992, p. 96-98.
5. R.A. DE MELKER, F. VAN BALEN, C.L.M. APPELMAN. Otitis media in family practice, diagnostic procedures. In: 13th WONCA conference, Canada, Vancouver, 1992. Vancouver: s.n., 1992.

2325 CHILDREN WITH CHRONIC OTITIS MEDIA WITH EFFUSION (OME) IN GENERAL PRACTICE: A COMPARATIVE STUDY.

The diagnostic outcome of chronic (minimally 3 months) OME in 1 to 6 year-old children - who were diagnosed by general practitioners who, next to the usual diagnostic facilities, performed pneumatic otoscopy (group 1), and pneumatic otoscopy with tympanometry by means of the microtymp (group 2) respectively - was compared with that of general practitioners who only use anamnesis and otoscopy (group 3). Outcome parameters are: measuring of 'hearing', health status of the child, data on referral and data with respect to performed operations.

Methods: Survey/enquete
Medical and biological research

Rijksuniversiteit Utrecht; Universitair Huisartsen Instituut; Bijlhouwerstraat 6, 3511 ZC Utrecht, tel. 030-331123.

Researcher: dr. H.M. Pieters.

1. S. STOOL, R.A. DE MELKER. Pneumatic otoscopy and microtympanotry: a validation study in a primary care setting. In: Proceedings fifth international symposium recent advances in otitis media. Ohio: s.n., 1991.
2. R.A. DE MELKER. Diagnostic value of microtympanometry in primary care. British Medical Journal; 304, 1992, p. 96-98.

1492 ACUTE URINARY TRACT INFECTIONS IN GENERAL PRACTICE.

1. What is, with respect to diagnosis, the optimal policy in general practice concerning patients who are suspected by the general practitioner of suffering from acute urinary tract infections?
2. What is the course of the complaints, what side effects occur in the therapy, and how great is the compliance in different forms of therapy?
3. What is, with respect to therapy, the optimal policy in general practice in case of suspicion of an acute urinary tract infection?

Methods: Survey/enquete
Medical and biological research
Contents analyses
Registration

Rijksuniversiteit Leiden; vakgroep Huisartsgeneeskunde; Postbus 9605, 2300 RC Leiden, tel. 071-275318.

Researcher: E. van Pienbroek, arts.

1716 THE DIAGNOSTICS OF GLOMERULARY HAEMATURIA IN GENERAL PRACTICE.

1. What is the incidence of symptomless haematuria and to what extent does this disorder have glomerulary origins?
2. What is the usual referral pattern in case of symptomless haematuria, and which part of the cases lacked a definite diagnosis?
3. What is the course of the disease in patients who were diagnosed in the past to have glomerulary haematuria, or with whom it is established, by means of renewed sedimentary research, that the haematuria that was diagnosed at the time, is very probably of glomerulary origin?
4. Is it possible to develop a research method which can be used in practice, and which allows the general practitioner to make a correct diagnosis?

Methods: Experiments in social science
Observation

Katholieke Universiteit Nijmegen; Nijmeegs Universitair Huisartsen Instituut; Postbus 9101, 6500 HB Nijmegen, tel. 080-514411.

Researcher: drs. B.E. van der Snoek.

1737 ANTIBIOTIC RESISTANCE AND USE OF ANTIBIOTICS WITH RESPECT TO URINARY TRACT INFECTIONS IN GENERAL PRACTICE.

To gain insight in antibiotics resistance of uropathogenes in general practice. Is part of the research with respect to antibiotics resistance in micro organisms (air flow and pathogenes) isolated in general practice?

Methods: Medical and biological research

Rijksuniversiteit Limburg; vakgroep Medische Microbiologie; Postbus 5800, 6202 AZ Maastricht, tel. 043-876647.

Researchers: drs. T. Trienekens; dr. E.E. Stobberingh.

1. T.A.M. TRIENEKENS, E.E. STOBBERINGH, R.A.G. WINKENS, A.W. HOUBEN. Different lengths of treatment with cotrimoxazol for acute uncomplicated urinary tract infections in women.

British Medical Journal; 299, 1989, p. 1319-1322.

2. T.A.M. TRIENEKENS, E.E. STOBBERINGH, R.A.G. WINKENS, A.W. HOUBEN. Treatment with cotrimoxazole for urinary tract infections in women (letter). British Medical Journal; 300, 1990, p. 263.
3. T. TRIENEKENS, N. LONDON, E. STOBBERINGH. Antimicrobial susceptibilities of uropathogens from general practice of the south of The Netherlands. In: European Congress for Microbiology and Infectious Diseases. Oslo: ECCMID, 1991.
4. T. TRIENEKENS, N. LONDON, E. STOBBERINGH. A double blind randomized study of three days' versus seven days' norfloxacin (in druk). Family Physician; 1992

1893 PERCEIVED HEALTH OF WOMEN DURING THE CLIMACTERIUM AND THE INFLUENCE OF ESTROGEN THERAPY ON GENERAL WELL-BEING, AND THE USE OF MEDICAL SERVICES.

1. What connection exists between menstrual pattern and perceived health with respect to age in women of 45 to 60 years old?
2. What is the relationship between 45 to 60-year-old women's opinions about the climacterium and their perceived health?
3. What is the relationship between 45 to 60-year-old women's opinions about estrogen therapy and their perceived health, and is there any relationship with other variables?
4. In what respect do women who either do or do not use estrogen therapy, differ?
5. In what respect do users and non-users of estrogen therapy differ in the use of medical services, and in perceived health?

Methods: Survey/enquete
Literature research
Other methods

Erasmus Universiteit Rotterdam; Rotterdams Universitair Huisartsen Instituut; Mathenesserlaan 264 A, 3021 HR Rotterdam, tel. 010-4087620.

Researcher: drs. F.P.M.J. Groeneveld.

1961 VAGINAL SYMPTOMS IN GENERAL PRACTICE.

Research on:

1. the effect of metronidazol orally, on the course of vaginal complaints as a result of bacterial vaginosis in general practice, compared to lactic acid suppositories and placebos;
2. the course of vaginal complaints in women who can not be diagnosed microbally;
3. the predictive value of complaints and findings for diagnosis of vaginal complaints;
4. the validity of diagnostics in general practice with respect to vaginal complaints;
5. the diagnostics of chlamydia trachomatis in general practice.

Methods: Experiments in social science
Survey/enquete
Medical and biological research
Literature research

Vrije Universiteit Amsterdam; EMGO-Instituut; Sectie Huisarts- en Verpleeghuisgeneeskundig Onderzoek; Van der Boechorststraat 7, 1081 BT Amsterdam, tel. 020-5484553.

Researchers: drs. A.J.P. Boeke; drs. J.H. Dekker.

1. J.H. DEKKER. Bacterial vaginosis: a placebo controlled clinical trial in general practice. Presentation on the seminar of the Institute for Research in Extramural Medicine (EMGO). Amsterdam: VU Amsterdam, 1987.
2. A.J.P. BOEKE, J.H. DEKKER. Chlamydia trachomatis and vaginal symptoms in general practice. Poster presentation with accompanying paper; ISSTDR-1989 congress, Copenhagen, 10-13 september 1989. Copenhagen: s.n., 1989.
3. J.H. DEKKER. Study design of the clinical trial on bacterial vaginosis. Presentatie tijdens de cursus "Theory of epidemiologic research in extramural medicine", 20-01-89. Bilthoven: s.n., 1989.
4. J.H. DEKKER, A.J.P. BOEKE. Bacterial vaginosis in general practice: a randomized, placebo controlled clinical trial with metronidazole and lactic acid. Poster presentation with accompanying paper. ISSTDR-1989 congress, Copenhagen, 10-13 september 1989. Copenhagen: s.n., 1989.
5. A.J.P. BOEKE, J.H. DEKKER, J.TH.M. VAN EIJK, P.J. KOSTENSE, P.D. BEZEMER. The effect of lactic acid supps compared to oral metronidazole and placebo on bacterial vaginosis: a randomized clinical trial in general practice. In: Poster presentation at 13th WONCA

World Conference on Family Medicine, Vancouver, 1992. Vancouver: WONCA, 1992.
6. J.H. DEKKER, A.J.P. BOEKE, J. JANSSENS, J.TH.M. VAN EIJK. Vaginal symptoms of unknown etiology. In: Poster presentation at 13th WONCA World Conference on Family Medicine, Vancouver, 1992. Vancouver: WONCA, 1992.

1401 DEMENTIA IN GENERAL PRACTICE.

1. What is the incidence/prevalence of dementia in general practice?
2. How is it diagnosed?
3. How is dementia brought to the general practitioner's attention?
4. What does the general practitioner do?
5. What is the course of dementia?

Methods: Secondary analyses
Medical and biological research

Rijksuniversiteit Groningen; vakgroep Huisartsgeneeskunde; Ant. Deusinglaan 4, 9713 AW Groningen, tel. 050-632963.

Researchers: drs. R.J.A. Smith; drs. Th. Franck, arts.

1522 NEUROPSYCHIATRIC DIFFERENTIATION OF DEMENTIAL SYNDROMES.

This research is aimed at the early detection and differentiation of demential syndromes, and the distinction of depression and forgetfulness in old age. Research is being done on the applicability of quantifying instruments, such as several indicators that are being used in the description of nature and seriousness of the syndrome. With respect to this, and to the classification of the patient, research is done on risk factors for brain disfunctions.

Methods: Survey/enquete
Observation
Medical and biological research
Contents analyses

Rijksuniversiteit Limburg; vakgroep Neuropsychologie & Psychobiologie; Postbus 616, 6200 MD Maastricht, tel. 043-888430.

Researchers: drs. F.R.J. Verhey; drs. E. Reyersen van Buuren; drs. F. Vreeling.

1. F.R.J. VERHEY, E.J. REYERSEN VAN BUUREN, J. JOLLES. Neuropsychiatric disturbances in the presenium: possible contribution to early diagnosis of dementia. Clinical Neurology and Neurosurgery; 89, 1987, no. supll. II, p. 22.
2. E.J. REYERSEN VAN BUUREN, R.F.J. VERHEY, J. JOLLES. Contributions for neuropsychology to early diagnosis of demential syndromes and the implication for treatment and care. Clinical Neurology and Neurosurgery; 89, 1987, no. supll. II, p. 22-23.
3. F.R.J. VERHEY, E.J. REYERSEN VAN BUUREN, F.W. VREELING, J. JOLLES. Necessity of a multidisciplinary and systematic diagnostic model in early and differential diagnosis of demential sysndromes. In: Proceedings of the international symposium on Alzheimer's disease. Kuopio: s.n., 1988.
4. F.R.J. VERHEY, F.W. VREELING, J. JOLLES. DSM III and NINCDS/ADRDA criteria for dementia and Alzheimer's disease: impact of diagnostic procedures on daily practice. In: J. WURTMAN (red). Alzheimer's Disease: proceedings of the fifth meeting of the international study group on the pharmacology of memory disorders associated with aging. Zurich: s.n., 1989.

1956 DIAGNOSING DEMENTIA IN GENERAL PRACTICE.

Research on:

1. the validity of the general practitioner's judgement about the (non)existence of dementia;
2. the influence of system orientation and continuity in the general practitioner's method of working with respect to this validity.

Methods: Survey/enquete

Other methods

Vrije Universiteit Amsterdam; EMGO-Instituut; Sectie Huisarts- en Verpleeghuisgeneeskundig Onderzoek; Van der Boechorststraat 7, 1081 BT Amsterdam, tel. 020-5484553.

Researcher: drs. A.W. Wind.

1. A.W. WIND, J.M. KARSTEN, F.G. SCHELLEVIS, G. VAN STAVEREN. Diagnosing dementia in general practice. In: Proceedings of the 32nd Dutch Federation Meeting. Nijmegen: St. Fed. Med. Wtsch. Ver., 1991.

2388 CHRONIC USE OF PSYCHOPHARMACY IN PRIMARY HEALTH CARE.

1. Is it possible to pinpoint risk factors in daily life (especially with respect to the consumption of stimulants, life events, stress and stress reactions), which are related to the origin of episodic or chronic use of psychopharmacy?
2. To what extent do cause and characteristics of the prescription and use of psychopharmacy play a role in the episodic or chronic use of it?
3. What advice can be given to medical caregivers, especially to the general practitioner, with respect to preventing or pushing back the chronic use of psychopharmacy whenever possible?

Methods: Survey/enquete
Registration
Literature research

Rijksuniversiteit Limburg; vakgroep Huisartsgeneeskunde; Postbus 616, 6200 MD Maastricht, tel. 043-887054.

Researchers: drs. F. Vissers; dr. R. van der Grinten.

2412 AMBULATORY SUPPLY OF METHADONE.

1. To what extent does a differentiated system (as it exists in Amsterdam) of ambulatory supply of methadone to opiate addicts, to client groups that can be distinguished within the different programmes (of Municipal Medical Healthcare Services, general practitioners and clinics for alcohol and drugs)?
2. What is the effectiveness of the discouragement policy concerning addicts of foreign origins in Amsterdam, the Netherlands?

Methods: Secondary analyses
Registration

GG & GD Amsterdam; Stafbureau Epidemiologie en Documentatie; Postbus 20244, 1000 HE Amsterdam, tel. 020-5555314.

Researcher: S.A. Reijneveld, arts.

1. S.A. REIJNEVELD, H.N. PLOMP. Methadone maintenance clients in Amsterdam after five years. International Journal of the Addictions; 28, 1993, no. 1, p. 63-72.

1027 DEPRESSION: A SOLUTION TO THE PROBLEM.

1. Improving an already developed form of short-term intervention in the first possible stage of depression by the primary health worker (physician, social worker, etc.), with the aid of computers: support system.
2. Testing and improving the method which was developed in this way.
3. Constructing a theoretical model to support the practice.

Methods: Other methods

Universiteit van Amsterdam; Center for Innovation & Cooperative Technology; Grote Bickerstraat 72, 1013 KS Amsterdam, tel. 020-262624.

Researcher: drs. W.A.J. van de Sanden.

1198 ALCOHOL RELATED PROBLEMS AND COMPLAINTS IN GENERAL PRACTICE.

1. What is the prevalence of drinkers with serious alcohol related problems, and excessive drinkers among patients who consult the general practitioner in a certain period.
2. What proportion of this category of problem drinkers is diagnosed or recognized as such by the intervening general practitioner.
3. To what extent is it possible to make distinctions between:

- excessive drinkers who have been identified by means of screening and non-problem drinkers,
- excessive drinkers who are known by the general practitioner and excessive drinkers who are not recognized by the general practitioner, with regard to drinking pattern, complaints and syndrome, situational and patient related characteristics.

4. Do excessive drinkers, who have either been identified by means of screening or who have not been recognized as such at all by the general practitioner - on the basis of drinking pattern, nature of complaint or pattern of complaints, frequency of visits to the doctor, and other characteristics that are not related to the patient - differ from non problem drinkers.

Methods: Observation
Medical and biological research

Rijksuniversiteit Limburg; vakgroep Huisartsgeneeskunde; Postbus 616, 6200 MD Maastricht, tel. 043-882222.

Researcher: M. Cornel, arts.

1. M. CORNEL, W. VAN ZUTPHEN. Problem drinking in general practice (abstract). In: J.A. KNOTTNERUS et al (red). Seminar on clinical epidemiology and health care research. Maastricht: Rijksuniversiteit Limburg, 1989.
2. M. CORNEL, W.M. VAN ZUTPHEN. Recognition of problem drinkers and the role of the general practitioner. Canadian Family Physician; 35, 1989, p. 1167-1169.

1305 MENTAL HEALTH PROBLEMS IN GENERAL PRACTICE.

1. How often do psychological and social problems occur in general practice?
2. What does the general practitioner do with patients who present these problems?
3. What is the course of new complaints over a year?
4. To what extent do general practitioners' characteristics determine the recognition, treatment and course of these problems?

Methods: Secondary analyses
Survey/enquete

Rijksuniversiteit Groningen; vakgroep Huisartsgeneeskunde; Ant. Deusinglaan 4, 9713 AW Groningen, tel. 050-632963.

Researcher: K. van der Meer, arts.

1. .W. WILMINK, J. ORMEL, R. GIEL, B. KROL, E.G. LINDEBOOM, K. VAN DER MEER, J.H. SOETEMAN. General practitioners's characteristics and the assessment of psychiatric illness. Journal of Psychiatric Research; 23, 1989, p. 135-149.
2. J. ORMEL, W. VAN DEN BRINK, M.W.J. KOETER, R. GIEL, K. VAN DE MEER, G. VAN DE WILLIGE, F.W. WILMINK. Recognition, management and outcome of psychological disorders in primary care: a naturalistic follow-up study. Psychological Medicine; 20, 1990, p. 909-923.

1337 REFERRALS AND MENTAL HEALTH PROBLEMS IN GENERAL PRACTICE.
1. To what extent do general practitioners differentiate in their referrals, between general social work and the supply of mental health care, with respect to psychosocial problems?
2. To what extent does the nature and seriousness of these problems play a role in this?

Methods: Registration

Nederlands instituut voor onderzoek van de eerstelijnsgezondheidszorg (NIVEL); Postbus 1568, 3500 BN Utrecht, tel. 030-319946.

Researcher: drs. L. Peters.

1. L. PETERS. Referrals of mental health problems by general practitioners. In: A.I.M. BARTELDS et al. The Dutch sentinel practice network: relevance for public health policy. Utrecht: NIVEL, 1989.

1475 COURSE AND MULTI-AXIAL CLASSIFICATION OF NEW MENTAL HEALTH PROBLEMS IN GENERAL PRACTICE.
1. What is the course of new mental health problems in general practice (mental health problems include both functional psychiatric disorders and nervous-functional clusters of complaints)?
2. To what extent does the general practitioner recognize these problems, and to what extent does non-recognition correspond with characteristics of doctor-patient communcication, and with characteristics of the mental health problem?
3. What factors, which can be checked during the first consultation, predict the course of the disease? Or: can people, in whom complaints display a chronic course, be identified in an early stage?
4. What interventions (including referral) does the general practitioner make, and how do they relate to the course of the disease?
5. In what way is it possible to improve recognition and prognosis of mental health problems (on the basis of the results of 2. and 3.).

Methods: Survey/enquete

Rijksuniversiteit Groningen; Afd. Sociale Psychiatrie; Postbus 30001, 9700 RB Groningen, tel. 050-613837.

Researchers: drs. G. van de Willige; M. Douma, arts; G.J. Bremer, arts; drs. K. van der Meer; drs. F.W. Wilmink; B. Krol.

1. F.W. WILMINK. Patient, physician, psychiatrist: assessment of mental health problems in primary care. Proefschrift Rijksuniversiteit Groningen. Groningen: Rijksuniversiteit, 1989.

1523 COGNITIVE DYSFUNCTIONS AND BEHAVIOURALLY ACTIVE NEUROPEPTIDES.
What role is played by neuropeptides in the manipulation of cognitive processes in human beings. On the one hand, research is done on the therapeutic role of these substances in

syndromes that are characterized by cognitive dysfunctions, and on the other hand there is the question whether or not these syndromes can be characterized by means of changes in the endogenously circulating neuropeptides. Special attention is paid to peptides that are related to the hypophysic hormone 'vasopressine', and to syndromes in which dysfunctions occur in the cerebral water balance.

Methods: Observation
Medical and biological research
Contents analyses
Survey/enquete

Rijksuniversiteit Limburg; vakgroep Neuropsychologie & Psychobiologie; Postbus 616, 6200 MD Maastricht, tel. 043-888430.

Researchers: drs. G. Wijnen; dr. A. Twijnstra.

1. N. BOHNEN Horm. Met. Res.; 22, 1990, p. 508-509.
2. N. BOHNEN J. Neurol.; 237, 1990, p. 586.
3. N. BOHNEN J. Psychosom. Res.; 35, 1991, p. 141-147.

1562 THE GENERAL PRACTITIONER AND THE ALCOHOL PROBLEM.

1. Is it possible to develop a protocol for general practice on behalf of the early detection of alcohol problems?
2. Is it possible to reach a consensus concerning such a protocol?
3. Does the use of a protocol on behalf of the early detection of alcohol problems lead to an increase in the detection of patients with alcohol problems?

Methods: Secondary analyses
Survey/enquete
Contents analyses
Other methods

Rijksuniversiteit Leiden; vakgroep Huisartsgeneeskunde; Postbus 9605, 2300 RC Leiden, tel. 071-275318.

Researchers: dr. H.L. Hoeksema; J.T.M. Oltheten, arts.

1632 PSYCHOSOCIAL PROBLEMS IN GENERAL PRACTICE: EPIDEMIOLOGIC REVIEW.

The goal is to offer a review of the psychological and social problems that occur in general practice, in the form of psychological symptoms and diseases, as well as of physical complaints.

Nederlands instituut voor onderzoek van de eerstelijnsgezondheidszorg (NIVEL); Postbus 1568, 3500 BN Utrecht, tel. 030-319946.

Researchers: dr. P.F.M. Verhaak; drs. M. Tijhuis.

1. P.F.M. VERHAAK, H.J. WENNINK, M.A.R. TIJHUIS. The relevance of the GHQ in general practice. Family Practice; 1990
2. P.F.M VERHAAK, H.J. WENNINK. What does a doctor do with psychosocial problems in primary care? International Journal of Psychiatry in Medicine; 20, 1990, no. 2, p. 151-162.
3. P.F.M. VERHAAK, J. BOSMAN, M. FOETS, J. VAN DER VELDEN. Psychosocial complaints in general practice. In: B. COOPER, R. EASTWOOD (red). Primary health care and psychiatric epidemiology. London: Routledge, 1992.
4. P.F.M. VERHAAK. Psychosocial complaints in general practice. Social Science & Medicine; 35, 1992, no. 2, p. 105-110.
5. P.F.M. VERHAAK. Referral of psychosocial complaints by general practitioners

(geaccepteerd voor publicatie). British Journal of General Practitioners; 1993

1688 DEPRESSION IN THE ELDERLY IN GENERAL PRACTICE.

1. How many elderly, who have contacted general practitioners, suffer from depressive complaints, symptoms or syndromes? What specific complaints, symptoms, or syndromes are involved?
2. What diagnostic and therapeutic activities do general practitioners perform in elderly patients with a depression?
3. What diagnostic instrument has the most predictive value with respect to the presence of depressions in the elderly?

Methods: Survey/enquete
Contents analyses

Rijksuniversiteit Leiden; vakgroep Huisartsgeneeskunde; Postbus 9605, 2300 RC Leiden, tel. 071-275318.

Researchers: drs. H.W.J. van Marwijk, arts; dr. A.A. Kaptein.

1924 VALIDATING PHASE CONSENSUS PROTOCOL "DIAGNOSTICS AND TREATMENT OF SLEEPING DISORDERS IN GENERAL PRACTICE".

What is the effect of the use of a consensus protocol on the prescription behaviour of general practitioners in case of sleeping disorders? Does the use of this protocol cause a decrease of the number of prescribed sedatives in the practices where the protocol is used?

Methods: Case study

Rijksuniversiteit Leiden; vakgroep Huisartsgeneeskunde; Postbus 9605, 2300 RC Leiden, tel. 071-275318.

Researchers: P.R. Eijkelenboom, arts; dr. M.P. Springer, arts.

1945 PARTNERS OF THE SERIOUSLY ILL.

1. What changes in the lives of patients as a result of the disease?
2. How do partners cope with the changed situation?
3. What kind of help does the partner need, and what kind of help can the general practitioner offer?

Methods: Secondary analyses
Survey/enquete

Katholieke Universiteit Nijmegen; Nijmeegs Universitair Huisartsen Instituut; Postbus 9101, 6500 HB Nijmegen, tel. 080-514411.

Researchers: prof. dr. H.G. van der Velden; dr. A.J.A. Smits; drs. M.B. Kuyper.

1. J.T.M. VAN EIJK, A. SMITS, F. HUYGEN, H. VAN DER HOOGEN. Effect of bereavement on the health of the remaining family members. Family Practice; 1989, no. 5, p. 278-282.
2. F.J.A. HUYGEN, H.J.M. VAN DEN HOOGEN, E.H. VAN DE LISDONK, A.J.A. SMITS. Impact of serious morbidity of individuals on the registered morbidity of their partners: an exploration with negative results (geaccepteerd voor publicatie). Family Systems Medicine; 1992

1979 NERVOUS BREAKDOWN IN GENERAL PRACTICE.

1. What are the characteristics of nervous breakdown patients in general practice?
2. Do different types of nervous breakdown patients exist in general practice?

3. What characteristics distinguish nervous breakdown patients from other patients in general practice?
5. What characteristics are significant for the general practitioner to allow him or her to make a reliable diagnosis with respect to nervous breakdown?

Methods: Survey/enquete

Bedrijfsvereniging DETAM; P/A Rotterdamweg 4, 1324 LN Almere, tel. 036-5330100.

Researcher: B. Terluin, arts.

2092 EPIDEMIOLOGY OF MIGRAINE AND RELATED DISORDERS, AND THE ROLE OF THE GENERAL PRACTITIONER.
1. What is the incidence of migraine and related disorders in a general population, whether or not in combination with other disorders, as specified for age, sex, sociodemographic characteristics?
2. What is the incidence of migraine and related disorders (comorbidity), as specified for age, sex, and sociodemographic characteristics?
3. To what extent has the percentage of patients who claim to have migraine, been objectified by the general practitioner?
4. How can the help seeking behaviour of patients with migraine and other disorders be described in terms of experienced health status, rules of life, self-medication, drug use, and visits to caregivers?
5. What interventions (diagnostics, prescription, referral, and other treatments) does the general practitioner make in the case of migraine and related disorders?

Methods: Secondary analyses

Nederlands instituut voor onderzoek van de eerstelijnsgezondheidszorg (NIVEL); Postbus 1568, 3500 BN Utrecht, tel. 030-319946.

Researchers: dr. H. Flierman; G. Donker, arts; drs. J.B.F. Hutten; D. Bijl, arts.

2234 PSYCHOLOGICAL PROBLEMS IN GENERAL PRACTICE AND IN MENTAL HEALTH CARE: POLICIES CONCERNING DIAGNOSIS AND INTERVENTION.
1. What decision does the general practitioner/caregiver make concerning patients/clients who possibly suffer from psychological dysfunctions?
2. What are the determinants of this decision?
3. What is the validity of the decision? The term 'decision' refers to both diagnosis and intervention.

Methods: Contents analyses
Survey/enquete
Experiments in social science
Literature research

GG & GD Amsterdam; afdeling Sociale en Psychiatrische Epidemiologie; Postbus 20244, 1000 HE Amsterdam, tel. 020-5555438.

Researcher: drs. J. Braspenning.

1. J. BRASPENNING. Judging the diagnosis of the general practitioner and the psychiatrist: a judgement analysis of mental health problems. Paper presented at the 13th Research Conference on Subjective Probability Utility and Decision Making. Fribourg: s.n., 1991.

2285 A COMPARATIVE DOUBLE BLIND STUDY OF NEFAZODONE AND FLUOXETINE IN THE TREATMENT OT DEPRESSIVE PATIENTS IN GENERAL PRACTICE.

1. What are the effectiveness and tolerance of nefazodone and fluoxetine in depressive patients in general practice?
2. What is the validity of the Depression Recognition scale for the recognition of depressive patients in general practice?

Methods: Survey/enquete
Medical and biological research

Rijksuniversiteit Leiden; vakgroep Huisartsgeneeskunde; Postbus 9605, 2300 RC Leiden, tel. 071-275318.

Researcher: L. van Dongen, arts.

2297 PSYCHOGERIATRIC PROBLEMS IN GENERAL PRACTICE.

1. What complaints and symptoms accompany the diagnosis "depression" and "dementia" in people over 55?
2. In what respect is it possible to differentiate between both diagnoses?
3. What treatment does the general practitioner give in these two diagnoses?

Methods: Secondary analyses

Nederlands instituut voor onderzoek van de eerstelijnsgezondheidszorg (NIVEL); Postbus 1568, 3500 BN Utrecht, tel. 030-319946.

Researcher: dr. T.H. Collijn.

2331 HYPOCHONDRIASIS: DIAGNOSTICS, ETIOLOGY AND TREATMENT.

1. Development of better diagnostics of hypochondriasis according to the DSM III-R and the DSM IV.
2. Prevalence, incidence and interventions in general practice.
3. Comparison of different treatment protocols: behaviour therapeutic, cognitive therapeutic and according to the medical model.

Methods: Contents analyses
Secondary analyses
Survey/enquete
Observation
Case study
Medical and biological research
Literature research

Rijksuniversiteit Groningen; vakgroep Huisartsgeneeskunde; Ant. Deusinglaan 4, 9713 AW Groningen, tel. 050-632979.

Researchers: drs. S. Visser; dr. T.K. Bouman.

2332 PSYCHIATRIC DISORDERS IN GENERAL PRACTICE.

1. To what extent does the disease and problem behaviour of patients with a psychiatric diagnosis differ from that of other patients?
2. What diagnosis (es) does the general practitioner make in these patients, and how does this relate to the DSM-III-R diagnose?
3. Do patients with a psychiatric diagnosis distinguish themselves from other patients with respect to their reasons for visiting the general practitioner?
4. To what extent can general practitioner's interventions in patients with a psychiatric diagnosis be distinguished from those in other patients?

Methods: Registration
Survey/enquete

Universiteit van Amsterdam; Instituut voor Huisartsgeneeskunde; Meibergdreef 15, 1105 AZ Amsterdam, tel. 020-5664744.

Researchers: dr. H.G.L.M. Grundmeijer, arts; drs. N. van de Berg.

1259 PREVENTION OF LOW BACK PAIN.
What effect has training patients with recently acquired low back pain complaints by means of advice concerning posture, and by means of exercise on:
1. the course of low back complaints;
2. the number of relapses;
3. the occurrence of unnecessary invalidity;
4. the occurrence of aggravation of invalidity?

Methods: Survey/enquete
Observation
Medical and biological research
Contents analyses

Nederlands Huisartsen Genootschap (NHG); Commissie Wetenschappelijk Onderzoek; Postbus 3231, 3502 GE Utrecht, tel. 030-881700.

Researchers: J. Boeke, arts; A.W. Chavannes, arts; drs. A. Faas; prof. dr. J.Th.M. van Eijk; drs. J. Gubbels.

1331 DEVELOPMENT OF A STANDARD FOR DIAGNOSIS AND TREATMENT OF SHOULDER COMPLAINTS.
1. Is it possible to arrive at a consensus among general practitioners and other involved disciplines, about a protocol concerning diagnostic and therapeutic proceedings in patients with shoulder complaints?
2. Is it possible with the help of the aforementioned protocol to arrive at a point where:
- patients with shoulder complaints are sooner free of complaints;
- less invalidity occurs;
- less referrals occur to second-line medical care than without a protocol-based approach?

Methods: Registration
Survey/enquete
Other methods

Erasmus Universiteit Rotterdam; Rotterdams Universitair Huisartsen Instituut; Mathenesserlaan 264 A, 3021 HR Rotterdam, tel. 010-4087624.

Researcher: drs. A.C. de Jongh.

1960 VALUE OF GENERAL PRACTITIONERS' DIAGNOSTIC PROCEDURES IN PATIENTS WITH LOW BACK PAIN.
Research on:
1. the validity of general practitioner's diagnostic procedures in cases of low back pain;
2. the extent to which the general practitioner is able to predict the course of low back pain complaints;
3. the extent to which the course of back pain complaints is determined by the activities of the general practitioner.

Methods: Survey/enquete
Medical and biological research
Literature research

Vrije Universiteit Amsterdam; EMGO-Instituut; Sectie Huisarts- en Verpleeghuisgeneeskundig Onderzoek; Van der Boechorststraat 7, 1081 BT Amsterdam, tel. 020-5484553.

Researcher: drs. J.M.M. van den Hoogen.

2113 THE TRIGGER-POINT CONCEPT IN PEOPLE WITH ASPECIFIC LOW BACK PAIN IN GENERAL PRACTICE.

1. What is the prevalence of the trigger-point criteria?
2. What is the underlying correspondence between two observers in the different trigger-point criteria?
3. Does the trigger-point group form a nosologic entity?
4. Does the trigger-point concept have clinical relevance (prognosis c.q. therapy)?

Methods: Medical and biological research

Erasmus Universiteit Rotterdam; Rotterdams Universitair Huisartsen Instituut; Mathenesserlaan 264 A, 3021 HR Rotterdam, tel. 010-4087620.

Researcher: drs. K.H. Njoo.

2295 ACUTE KNEE DAMAGE.

1. Under what conditions is it possible to introduce a protocol for diagnostics and treatment of acute knee damage, in primary health care?
2. What are the effects of such a protocol on the treatment of the general practitioner and on the patient's satisfaction?

Methods: Survey/enquete

Academisch Ziekenhuis van de Vrije Universiteit Amsterdam; Onderzoekscentrum 1e-2e Lijn; Postbus 7057, 1007 MB Amsterdam, tel. 020-5483300.

Researcher: drs. H.M. Smeets.

2329 SHOULDER COMPLAINTS, FOLLOW-UP.

1. What characteristics do patients have, who, during a certain period of time, visit their general practitioner because of shoulder complaints?
2. What role is played in this by the Standard for Shoulder Complaints, formulated by the Dutch College of General Practitioners?
3. How are the various groups of syndromes distributed over the patient population?
4. What therapeutic advice should be given?
5. What is the result of treatment?

Methods: Medical and biological research
Literature research

Rijksuniversiteit Groningen; vakgroep Huisartsgeneeskunde; Ant. Deusinglaan 4, 9713 AW Groningen, tel. 050-632963.

Researchers: drs. H. Spekke, arts; drs. J. Wouthuizen, arts; drs. J.C. Winters, arts; drs. J.S. Sobel, arts.

2377 PREVALENCE OF RACHITIS IN ANTHROPOSOPHIC GENERAL PRACTICE.

Descriptive research on the prevalence of rachitis in infants who were born between 1 October 1988 and 1 October 1989. They are being followed for 2 1/2 years by means of:
- research by the (general) practitioner;
- inquiries that were filled in by the parents;
- X-rays that were made of the pulse.

Methods: Survey/enquete
Medical and biological research

Louis Bolk Instituut; Hoofdstraat 24, 3972 LA Driebergen, tel. 03438-17814.

1177 FEAR OF CANCER.

How does fear of cancer influence the patient's habits of visiting the general practitioner, as well as the proceedings of the general practitioner with respect to other diseases?

Methods: Contents analyses

Universiteit van Amsterdam; Instituut voor Huisartsgeneeskunde; Meibergdreef 15, 1105 AZ Amsterdam, tel. 020-5664696.

Researchers: prof. dr. E. Schadé, arts; drs. H.J. Brouwer.

2275 DETERMINANTS AND CONSEQUENCES OF LOW SERUM CHOLESTEROL CONCENTRATION IN MIDDLE AGED MEN.

1. What are the determinants of low serum cholesterol concentration in middle aged men?
2. Are there any clues that low serum cholesterol concentration coincides with risk factors with respect to the origin and the progression of malignancies?

Methods: Medical and biological research

Erasmus Universiteit Rotterdam; Rotterdams Universitair Huisartsen Instituut; Mathenesserlaan 264 A, 3021 HR Rotterdam, tel. 010-4087621.

Researcher: P.H.A. Steegmans, arts.

2387 GENERAL PRACTICE OFFICE HOURS FOR THE HOMELESS IN UTRECHT, THE NETHERLANDS.

What are the reasons for contact, diagnoses and treatments in visitors of general practice office hours for the homeless?

Methods: Registration
Literature research

Laan, J.R. van der; Predikherenkerkhof 13, 3512 TJ Utrecht, tel. 030-321447.

Researcher: J.R. van der Laan, arts.

2419 (ACKNOWLEDGED) REFUGEES IN GENERAL PRACTICE.

Inventory study of RFE's, diagnoses and treatment in (acknowledged) refugees.

Methods: Registration
Literature research

Laan, J.R. van der; Predikherenkerkhof 13, 3512 TJ Utrecht, tel. 030-321447.

Researcher: E.J.J.M. Bloemen, arts.

766 MINOR AILMENTS IN GENERAL PRACTICE.
Are minor ailments being well described and dealt with? The following subjects are in preparation: bone length variation in children, calcaneodynia, ceruminal hump, corpus alienum ear, fissura ani, lasogen/snow-blindness, superficial burns, oxyuriasis, pediculosis capitis, perniones, phimosis in infants, pedes plani, cracked nipples, urticaria, fish hook in finger.

Methods: Contents analyses

Rijksuniversiteit Leiden; vakgroep Huisartsgeneeskunde; Postbus 9605, 2300 RC Leiden, tel. 071-275311.

Researchers: dr. M.P.D. Springer; J. van der Leden, arts; H. Stolk, arts; T.O.H. de Jongh, arts; W.M. Hoekstra, arts; Th.J.M. Verheij, arts.

1. P. WARMERDAM, J.D. MULDER DZN. Gynaecomastie. Modern Medicine; 13, 1989, no. 12, p. 1047-1051.
2. H. VAN WEEDE, J.G. STREEFKERK. Pediculosis capitis. Modern Medicine; 15, 1991, no. 9, p. 765-768.

1849 PAEDIATRICS IN GENERAL PRACTICE.
1. What morbidity occurs in the population of 0 to 14- year-old children?
2. What morbidity in the population of 0 to 14-year-old children is presented to the general practitioner?
3. What are the data concerning the morbidity of 0 to 14-year-old children, presented to the general practitioner, and his/her interventions as a result of this?

Methods: Secondary analyses

Nederlands instituut voor onderzoek van de eerstelijnsgezondheidszorg (NIVEL); Postbus 1568, 3500 BN Utrecht, tel. 030-339146.

Researchers: E. Kraaijeveld, arts; L.W.A. van Suylekom-Smit, arts; drs. M. van der Bruynzeels.

1. E. KRAAYEVELD. Care for children: cooperation between general practitioners and pediatricians. Lezing European Meeting Health Services Research. s.l.: s.n., 1989.
2. A.S. VIJLBRIEF, M.A. BRUYNZEELS, J.C. VAN DER WOUDEN, L.W.A. VAN SUYLEKOM-SMIT. Incidence and management of transient synovitus of the hip: a study in Dutch general practice. British Journal of General Practice; 42, 1992, p. 426-428.
3. M.E. VERBURGH, M.A. BRUYNZEELS, J.C. VAN DER WOUDEN, L.W.A. VAN SUIJLEKOM-SMIT, J. VAN DER VELDEN, A.W. HOES, M. OFFRINGA. Incidence of febrile seizures in the Neteherlands. Neuroepidemiology; 11, 1992, p. 169-172.
4. R. KOOREVAAR, M.A. BRUYNZEELS, J.C. VAN DER WOUDEN, E. VAN DER DOES, J. VAN DER VELDEN, L.W.A. SUIJLEKOM-SMIT. Patients suspect of meningitis: a study in general practice (ter publicatie aangeboden). s.l.: s.n..

2043 EUTHANASIA AND SUICIDE WITH THE HELP OF GENERAL PRACTITIONERS.
Goal: To gain insight in the practice of euthanasia and suicide with the help of general practitioners. Research question:
1. How often do general practitioners practice euthanasia and how often do they offer help in suicide?
2. How is this practice organized?
3. What is the relationship of reported and non reported cases of euthanasia?

Methods: Survey/enquete

Other methods

Vrije Universiteit Amsterdam; EMGO-Instituut; Sectie Huisarts- en Verpleeghuisgeneeskundig Onderzoek; Postbus 7161, 1007 MC Amsterdam, tel. 020-5483308.

Researcher: G. van der Wal, arts.

2215 EUTHANASIA AND OTHER MEDICAL DECISIONS CONCERNING THE END OF LIFE IN THE NETHERLANDS.

1. How big is the number of euthanasia cases in medical practice (ending life at request), and of the conscious active or passive ending of life not at request?
2. What are the characteristics of the people in whom euthanasia or ending of life does not take place at request, what are the characteristics of the physicians involved, and what are the characteristics of the decision-making situations involved?
3. To what extent are doctors familiar with demands of carefulness concerning the decision-making process around euthanasia, and to what extent are these actually observed? A research form was chosen in which three separate studies can be distinguished:
1. A random sample was taken from a still to be specified population of physicians. These were approached with the request to take part in an interview (retrospective study, physician interviews).
2. The treating physician was asked to provide a limited number of data on the sum total of deaths in a number of months in the Netherlands. This concerns the so-called mortality research, which was performed by the Netherlands Central Bureau of Statistics (NCBS).
3. The physicians from the separate research no 1 were also asked to record a small number of data concerning all deaths in which they were involved as treating physician for half a year. This is the so-called prospective study.

Methods: Secondary analyses
Survey/enquete
Case study
Literature research

Erasmus Universiteit Rotterdam; Instituut Maatschappelijke Gezondheidszorg; Postbus 1738, 3000 DR Rotterdam, tel. 010-4087714.

Researchers: J.J.M. van Delden; L. Pijnenborg.

1. P.J. VAN DER MAAS, J.J.M. VAN DELDEN, L. PIJNENBORG, C.W.N. LOOMAN. Euthanasia and other medical decisions concerning the end of life. The Lancet; 338, 1991, p. 669-674.

2266 THE CHILD IN GENERAL PRACTICE.

Incidence and policy of common disorders in children in general practice.

Methods: Secondary analyses

Erasmus Universiteit Rotterdam; Rotterdams Universitair Huisartsen Instituut; Mathenesserlaan 264 A, 3021 HR Rotterdam, tel. 010-4087620.

Researchers: drs. M.A. Bruijnzeels; E. Kraaijeveld, arts; L.W.A. Suylekom-Smit, arts; drs. J.C. van der Wouden; I. van der Ven-Daane, arts; M. van der Ven, arts; A.S. Vijlbrief, arts; C.A. van Vliet, arts.

1. A.M. BOHNEN, J. LUBSEN. Management of the child with acute otitis media: a decision analysis. Theoretical Surgery; 5, 1990, p. 147.
2. J.A. BRUIJNZEELS, E. KRAAIJEVELD, L.W.A. VAN SUIJLEKOM-SMIT, J.C. VAN DER WOUDEN, J. VAN DER VELDEN. The child in general practice. Paper presented at the congres 'Doctors at work'. In: Doctors at work. Utrecht: NIVEL, 1990.
3. M.A. BRUIJNZEELS, E. KRAAIJEVELD, L.W.A. VAN SUIJLEKOM-SMIT, J.C. VAN DER WOUDEN, J. VAN DER VELDEN. The child in general practice. Poster presented at the I WONCA European

Regional Conference on Family Medicine. In: Proceedings I WONCA European Regional Conference on Family Medicine Barcelona: s.n., 1990.

4. H.E. HART, M.A. BRUIJNZEELS, J.C. VAN DER WOUDEN, L.W.A. VAN SUIJLEKOM-SMIT, E. VAN DER DOES, J. VAN DER VELDEN. The child with fever in general practice. Poster presented at the congres 'Doctors at work'. In: Doctors at work. Utrecht: NIVEL, 1990.
5. M.E. VERBURGH, M.A. BRUIJNZEELS, J.C. VAN DER WOUDEN, L.W.A. VAN SUIJLEKOM-SMIT, J. VAN DER VELDEN, A.W. HOES, M. OFFRINGA. The incidence of febrile seizures in the Netherlands. Poster presented at the congres 'Doctors at work'. In: Doctors at work. Utrecht: s.n., 1990.
6. L.W.A. VAN SUIJLEKOM-SMIT, J.C. VAN DER WOUDEN, M.A. BRUIJNZEELS, J. VAN DER VELDEN. Epidemiological data from a registration study for health care policy. Paper presented at the European General Practice Research Workshop. In: Proceedings European General Practice Research Workshop. Oporto: s.n., 1991.
7. M.E. VERBURGH, M.A. BRUIJNZEELS, J.C. VAN DER WOUDEN, L.W.A. VAN SUIJLEKOM-SMIT, J. VAN DER VELDEN, A.W. HOES, M. OFFRINGA. Incidence of febrile seizures in the Netherlands (in druk). Neuroepidemiology
8. A.S. VIJLBRIEF, M.A. BRUIJNZEELS, L.W.A. VAN SUIJLEKOM-SMIT, J.C. VAN DER WOUDEN. Transient synovitis of the hip in Dutch general practice (in druk). British Journal of General Practice

2122 REDUCING STRESS IN GENERAL PRACTITIONERS WHO ARE CONFRONTED WITH DISSATISFIED PATIENTS (PILOT STUDY).

1. What psychological mechanisms can be held responsible for the experience of stress in patient contacts?
2. How does the general practitioner approach and treat the patient groups with whom he/she experiences stress?
3. What exactly is adequate behaviour in the contacts with dissatisfied patients?
4. What kind of intervention, bearing in mind the psychological mechanisms mentioned in 1., should make it easier for the general practitioner to cope with stress in contacts with dissatisfied patients?
5. What is the effect of these two different kinds of intervention on:
- stress, power, anger, depression and fatigue (POMMS);
- the primary reaction on a dissatisfied patient?

Methods: Contents analyses
Survey/enquete
Literature research

Erasmus Universiteit Rotterdam; Rotterdams Universitair Huisartsen Instituut;
Mathenesserlaan 264 A, 3021 HR Rotterdam, tel. 010-4087629.

Researchers: drs. E.M. Nijenhuis; drs. F.P. Bareman.

1548 DIABETES MEDICAL AUDIT.
What is the level of knowledge of participants in general practitioner training with respect to type II diabetes?

Methods: Survey/enquete

Zuidweg, J.; Heyedaal 10, 6228 GW Maastricht, tel. 043-615067.

Researcher: J. Zuidweg, arts.

1616 COST CONTAINMENT THROUGH QUALITY IMPROVEMENT.
What can be achieved by means of a specific programme for improvement of expertise with respect to cost containment and quality improvement? Commentary: General practitioners participate in an experimental programme for the improvement of expertise (feedback, continuing education, peer review), and for this they receive a compensation. The effects of this on the quality of medical treatment and on the production of care, are considered.

Methods: Secondary analyses
Survey/enquete

Nederlands instituut voor onderzoek van de eerstelijnsgezondheidszorg (NIVEL); Postbus 1568, 3500 BN Utrecht, tel. 030-319946.

Researchers: L. Stokx, arts; drs. A.B.M. Gloerich.

1899 EVALUATION OF THE FIRST PHASE OF TEMPORAL STIMULATION OF UNIVERSITY BASED GENERAL PRACTICES.
Evaluation of the first phase of temporal stimulation of university based general practices (subsidized by the Ministry of Welfare, Health and Cultural Affairs in the Netherlands (WVC)). To determine a subset of goals concerning the academization of general practices. To develop an instrument for measuring the realization of these goals.

Methods: Contents analyses
Secondary analyses
Survey/enquete

Universiteit van Amsterdam; Instituut voor Huisartsgeneeskunde; Meibergdreef 15, 1105 AZ Amsterdam, tel. 020-5664717.

Researchers: drs. J.S. Meijer; drs. F.E.M. Ooms; drs. P.C.C. van der Staay-Schneider; R.J.J. Kocken.

2287 MANNER AND MEASURE OF USE OF RECOMMENDED LITERATURE IN GENERAL PRACTICE VOCATIONAL TRAINING.
1. What books/categories of books are used?
2. What is the number of general practitioners in training that actually uses these books?
3. What are the similarities and differences between the 8 University Institutes of General Practice?

Edens, R.; Vogelwikke 14, 3831 WH Leusden, tel. 033-950232.

Researcher: R. Edens, arts.

2288 WHAT LITERATURE IS RECOMMENDED DURING THE GENERAL PRACTICE VOCATIONAL TRAINING?

What are the obvious similarities and differences in the recommended literature in the 8 general practitioners' professional education programmes? Only books (possibly loose-leaf systems) are concerned.

Methods: Registration
Literature research

Edens, R.; Vogelwikke 14, 3831 WH Leusden, tel. 033-950232.

Researcher: R. Edens, arts.

2289 KNOWLEDGE TESTS IN EXPERTISE IMPROVEMENT OF GENERAL PRACTITIONERS.

1. What does a test for measuring the overall level of knowledge of general practitioners have to look like?
2. What elements influence the knowledge of established general practitioners?
3. Under what conditions concerning content and procedures is it possible to fit the testing of knowledge into the improvement of general practitioners' expertise?
4. What is the effect (in growth of knowledge) of specific improvement of the expertise of general practitioners, measured by means of specific knowledge tests?

Methods: Survey/enquete
Experiments in social science
Literature research

Landelijk Samenwerkingsverband Interfacultair Overleg Huisartsgeneeskunde (IOH); Universiteitsweg 100, 3584 CG Utrecht, tel. 030-538396.

Researcher: drs. M.C. Pollemans.

2293 INVENTORY OF EDUCATION PROGRAMMES CONCERNING PSYCHOSOCIAL CARE FOR ETHNIC GROUPS.

1. What education programmes (meant for students of medicine, general practitioners in training, and general practitioners) exist in the Netherlands and in Belgium?
2. What is the character/quality of each separate programme?
3. What are the gaps in the subjects of the total package?
4. How can these programmes be used for improvement of expertise?

Methods: Secondary analyses
Survey/enquete
Literature research

Nederlands Ontwikkelings- en Ondersteuningsinstituut voor huisarts en eerstelijnszorg (Stichting O & O); Postbus 1555, 3500 BN Utrecht, tel. 030-332113.

Researcher: drs. M.A. Meulepas.

2358 LOCAL AND REGIONAL PLATFORMS AND PRIMARY HEALTH CARE: QUALITY CRITERIA AND QUALITY JUDGEMENT.

1. Which are - from the point of view of the patient - important quality criteria with respect to the four most central disciplines (general practice, social work, community nursing and home help) in primary health care?
2. What system of quality assurance is most desirable for decentralized patient/consumer platforms to make a concrete contribution to the improvement of the quality of care by means of a list of quality criteria, formulated from the point of view of the patient?

Methods: Secondary analyses
Survey/enquete

Nederlands instituut voor onderzoek van de eerstelijnsgezondheidszorg (NIVEL); Postbus 1568, 3500 BN Utrecht, tel. 030-319946.

Researcher: drs. D.M.J. Delnoy.

1126 THE EFFECTIVENESS OF MANUAL THERAPY, PHYSICAL THERAPY AND CONTINUED TREATMENT BY THE GENERAL PRACTITIONER FOR CHRONIC NON-SPECIFIC BACK AND NECK COMPLAINTS.

What are the effects of manual therapy, physical therapy, treatment by the general practitioner, and placebo therapy in patients with non-specific back and neck complaints in general practice?

Methods: Survey/enquete
Medical and biological research
Contents analyses

Rijksuniversiteit Limburg; vakgroep Epidemiologie en Gezondheidszorgonderzoek; Postbus 616, 6200 MD Maastricht, tel. 043-887352.

Researchers: prof. dr. L.M. Bouter; dr. B.W. Koes; dr. H. van Mameren.

1. B. W. KOES, L.M. BOUTER, P.G. KNIPSCHILD, H. VAN MAMEREN, A. ESSERS, D.M. HOFHUIZEN, .P. HOUBEN, G. VERSTEGEN. The effectiveness of manual therapy, physical therapy and continued treatment by the general practitioner back and neck complaints: study design of a randomized controlled trial. Tenth international meeting on clinical biostatistics, Maastricht, The netherlands. Maastricht: ISCB, 1989.
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5. L.M. BOUTER, G. TER RIET, B.W. KOES, P.G. KNIPSCHILD. Meta-analysis for therapists: on the importance of standardization and binding in the study of literature. 3rd. International Physiotherapy congress, juni 18-11. Sydney: Link Printing, 1990.
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7. J.F.E.M. KEIJSERS, M.W.H.L. STEENBAKKERS, R.M. MEERTENS, L.M. BOUTER, G.J. KOK. The efficacy of the back school: a randomized controlled trial. Arthritis Care and Research; 3, 1990, p. 204-209.
8. B.W. KOES, L.M. BOUTER, P.G. KNIPSCHILD, H. VAN MAMEREN, A. ESSERS, J.P. HOUBEN, G.M.J.R. VERSTEGEN, D.M. HOFHUIZEN. The effectiveness of manual therapy, physiotherapy and continued treatment by the general practitioner for non-specific back and neck complaints: design of a randomized clinical trial. Journal of Manipulative and Physiological Therapeutics; 14, 1991, p. 498-502.
9. B.W. KOES, L.M. BOUTER, H. BECKERMAN, G.J.M.G. VAN DER HEIJDEN, P.G. KNIPSCHILD. Physiotherapy exercises and back pain: a blinded review. British Medical Journal; 302, 1991, p. 1572-1576.
10. W.J.J. ASSENDELFT, L.M. BOUTER, A.G.H. KESSELS. Effectiveness of chiropractic and physiotherapy in the treatment of low back pain: a critical discussion of the British randomized clinical trial. Journal of Manipulative and Physiological Therapeutics; 14, 1991, p. 281-286.
11. SJ. VAN DER LINDEN, L. BOUTER, P. TUGWELL. What are the minimal methodological and statistical requirements for a good trial? The clinician's view. In: P. SCHLAPBACH, N.J. GERBER (red). Physioherapy: controlled trials and facts. Rheumatology, vol 14. Basel: Karger, 1991.
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the effects of back schools. Physiotherapy Theory and Practice; 7, 1991, p. 177-184.
13. B.W. KOES, W.J.J. ASSENDELFT, G.J.M.G. VAN DER HEIJDEN, L.M. BOUTER, P.G. KNIPSCHILD. Spinal manipulation and mobilization for back and neck pain: a blinded review. British Medical Journal; 303, 1991, p. 1298-1303.
14. B.W. KOES, L.M. BOUTER, H. VAN MAMEREN, A.H.M. ESSERS, G.M.J.R. VERSTEGEN, D.M. HOFHUIZEN, J.P. HOUBEN, P.G. KNIPSCHILD. A blinded randomised clinical trial of manual therapy and physiotherapy for chronic back and neck complaints: physical outcome measures. Journal of Manipulative and Physiological Therapeutics; 14, 1992, p. 16-23.
15. B.W. KOES, L.M. BOUTER, H. VAN MAMEREN, A.H.M. ESSERS, G.M.J.R. VERSTEGEN, D.M. HOFHUIZEN, J. HOUBEN, P.G. KNIPSCHILD. The effectiveness of manual therapy, physiotherapy and treatment by the general practitioner for chronic non-specific back and neck complaints. Spine; 17, 1992, p. 28-35.
16. B.W. KOES, L.M. BOUTER, H. VAN MAMEREN, A.H.M. ESSERS, C.M.J.R. VERSTEGEN, D.M. HOFHUIZEN, J.P. HOUBEN, P.G. KNIPSCHILD. Randomised clinical trial of manual therapy and physiotherapy for persistent back and neck complaints: results of one year follow-up. British Medical Journal; 304, 1992, p. 601-605.
17. B.W. KOES. Efficacy of manual therapy and physiotherapy for back and neck complaints. Proefschrift Rijksuniversiteit Limburg. Maastricht: RU Limburg, 1992.
18. J.F.E.M. KEIJSERS, L.M. BOUTER, R.M. MEERTENS, A.G.H. KESSELS, P.G. KNIPSCHILD. The impact of back school research on health care practice: a randomized trial among general practitioners and physiotherapists. Physiotherapy: Theory and Practice; 8, 1992, p. 79-83.
19. H. BECKERMAN, R.A. DE BIE, L.M. BOUTER, H.J. DE CUYPER, R.A.B. OOSTENDORP. The efficacy of laser therapy for musculoskeletal and skin disorders: a criteria based meta-analysis of randomized clinical trials. Physical Therapy; 72, 1992, p. 483-491.
20. W.J.J. ASSENDELFT, B.W. KOES, G.J.M.G. VAN DER HEIJDEN, L.M. BOUTER. The efficacy of chiropractic for back pain: blinded review of the relevant randomized clinical trials. Journal of Manipulative Physiological Therapeutics; 15, 1992, p. 487-494.
21. W.J.J. ASSENDELFT, L.M. BOUTER. Does the goose really lay golden eggs?: a methodological review of workers' compensation studies. Journal of Manipulative and Physiological Therapeutics; 16, 1993, p. 161-168.

2224 CONSULTATIVE PHYSICAL THERAPY RESEARCH (CPTR) IN PRIMARY HEALTH CARE.

1. What is the effect of introduction of CPTR on the quality of care?
2. What is the effect of introduction of CPTR on the number of referrals made by general practitioners to physical therapists and medical specialists?

Methods: Survey/enquete
Experiments in social science

Stichting Wetenschap en Scholing Fysiotherapie; Postbus 1161, 3800 BD Amersfoort, tel. 033-622980.

Researchers: dr. H.J.M. Hendriks; J.W. Brandsma; C. Wagner; J. Dekker.

2441 EFFECTIVENESS RESEARCH OF CONSERVATIVE TREATMENT (NON SURGICAL) THERAPY IN COXARTHROSIS PATIENTS.

The effects of different forms of conservative therapy will be examined, i.e. physical therapy, manual therapy, and treatment in general practice of coxarthrosis patients.

Methods: Medical and biological research
Survey/enquete

Rijks Hogeschool Groningen; Afdeling Fysiotherapie; Verl. Lodewijkstraat 56, 9723 AK Groningen, tel. 050-263581.

Researcher: drs. W. Jorritsma.

1318 OBSTETRIC CARE BY THE GENERAL PRACTITIONER.

1. Inventory of obstetric care by the general practitioner:
- in places where a midwife is present.
- in places where no midwife is present.
2. Inventory of why general practitioners either do or do not offer obstetric care.

Methods: Contents analyses
Survey/enquete
Registration

Nederlands instituut voor onderzoek van de eerstelijnsgezondheidszorg (NIVEL); Postbus 1568, 3500 BN Utrecht, tel. 030-319946.

Researcher: J. van der Velden MPH, arts.

1690 RESULTS OF OBSTETRIC CARE BY GENERAL PRACTITIONERS.

What are the results of the obstetric care given by participating general practitioners with respect to the childbirths they were involved in? Is the quality of the obstetric care of these general practitioners in agreement with the goals of this kind of care: selection, guidance, intervention, and efficiency?

Methods: Contents analyses
Secondary analyses
Survey/enquete

Rijksuniversiteit Leiden; vakgroep Huisartsgeneeskunde; Postbus 9605, 2300 RC Leiden, tel. 071-275320.

Researchers: F.W. Dekker, arts; J.J. Rijn, arts; G.J. van Vliet, arts.

2085 GENERAL PRACTITIONERS' AND MIDWIVES' POLICY IN CASE OF (IMMINENT) ABORTION.

1. To what extent do general practitioners and midwives agree about a reserved policy concerning moral support in case of (imminent) abortion, and to what extent do they act according to this policy?
2. What problems does the general practitioner experience when working according to the DCGP-standard for (imminent) abortion?
3. What is the well-being of (pregnant) women when the general practitioner acts according to the DCGP-standard for (imminent) abortion, and how do they experience this policy. What are the experiences of general practitioners in cases where they act according to the DCGP-standard for (imminent) abortion?
4. For what reason do women with an (imminent) abortion end up in second-line medical care?

Methods: Secondary analyses
Survey/enquete
Registration

Academisch Ziekenhuis van de Vrije Universiteit Amsterdam; Onderzoekscentrum 1e-2e Lijn; Postbus 7057, 1007 MB Amsterdam, tel. 020-5483300.

Researcher: drs. M.A.H. Fleuren.

2053 ELECTRONIC PROCESSING OF RECEIPTS CONNECTED WITH MORBIDITY: DEVELOPMENT OF THE PRESCRIPTION-PREDICTION SYSTEM.

1. Registration of drug use, connected with morbidity.
2. Registration of drug effects. Goal of this Prescription-Prediction system is to develop a new way to register morbidity related drug use. This will now be integrated in the choice- and prescription process of the general practitioner. In the future, this system will offer additional possibilities for research in the field of drug use with respect to the quality of care and in the field of registration of drug effects, e.g. with respect to the evaluation of product innovation (Post Marketing Surveillance).

Methods: Other methods

Katholieke Universiteit Nijmegen; Academisch Ziekenhuis; afdeling Klinische Farmacologie; Postbus 9101, 6500 HB Nijmegen, tel. 080-514810.

Researchers: drs. R.F. Brenninkmeijer; prof. dr. A.N. Holmberg; prof. dr. E. van der Kleijn.

1. R.J.M. TER WEE, E. VAN DER KLEIJN, R.F. BRENNINKMEIJER, A.N. HOMBERG. Development of an electronic prescription processing option: an aid for general practice. British Journal of General Practitioners; 41, 1991, p. 151-154.

1719 MULTIDISCIPLINARY COLLABORATION AND THE QUALITY OF CARE FOR THE CHRONICALLY ILL.
Is the quality of the supply of care to chronically ill patients of general practitioners who work in a health centre, better than to those of general practitioners who work in a solo practice?

Methods: Survey/enquete
Secondary analyses

Nederlands instituut voor onderzoek van de eerstelijnsgezondheidszorg (NIVEL); Postbus 1568, 3500 BN Utrecht, tel. 030-319946.

Researcher: dr. A. de Veer.

1786 EXPERIMENTAL COLLABORATION OF GENERAL PRACTITIONERS AND PRACTITIONERS OF ALTERNATIVE MEDICINE.
It is checked by means of the establishment of experimental collaboration of general practitioners and practitioners of alternative medicine, if, and to what extent, integration of regular and alternative medicine can be realized in practice.

Methods: Survey/enquete
Observation
Registration

Nederlands instituut voor onderzoek van de eerstelijnsgezondheidszorg (NIVEL); Postbus 1568, 3500 BN Utrecht, tel. 030-319946.

Researchers: drs. G.J. Visser; drs. P. Peters.

1793 PHARMACOTHERAPEUTIC CONSULTATION AND REFERRAL BEHAVIOUR: A QUEST FOR QUALITY.
To what extent does quality improvement of pharmacotherapeutic consultation lead to:
1. more rational agreements concerning prescription;
2. the fulfilment of these agreements;
3. a more rational prescription of participating general practitioners?

Methods: Contents analyses
Case study

Nederlands instituut voor onderzoek van de eerstelijnsgezondheidszorg (NIVEL); Postbus 1568, 3500 BN Utrecht, tel. 030-319946.

Researcher: dr. D. de Bakker.

2174 PREVENTION AND EARLY TREATMENT OF CHRONIC BENIGN PAIN.
In order to be able to investigate the preventive function of multidisciplinary pain study groups, a study was initiated in which a group of patients who suffered from imminent Chronic Benign Pain Syndrome (CBPS) was included, next to a group of pain patients with a CBPS that was already crystallized out. Both groups were treated by care givers from multivarious disciplines. Next to this, a patient group in which CBPS was imminent, and who were treated the usual way (by the general practitioner), was included in the study.

Methods: Secondary analyses
Survey/enquete

Rijksuniversiteit Groningen; vakgroep Gezondheidswetenschappen; A. Deusinglaan 1, 9713 AV Groningen, tel. 050-614133.

Researchers: W.K.H. Reezigt; I. van Kamp.

2307 A COMBINED APPROACH OF OBESITY BY GENERAL PRACTITIONER AND DIETICIAN.

1. How successful is a combined approach of obesity by general practitioner and dietician?
2. What is the extra effect of a movement programme?
3. To what extent does the treatment of obesity supplement the treatment of hypertension and diabetes type II?

Methods: Medical and biological research

Rijksuniversiteit Limburg; vakgroep Humane Biologie; Postbus 616, 6200 MD Maastricht, tel. 043-888606.

Researchers: prof. dr. W.H.M. Saris; drs. D.L.E. Pannemans; J.W.M. Muris, arts.

2356 COLLABORATION BETWEEN GENERAL PRACTITIONER AND SPEECH THERAPIST.

1. What do general practitioners know about the specialty of speech therapists?
2. How do/did they obtain their knowledge?
3. What disturbances are referred by general practitioners, and how does such a referral come about?
4. Is knowledge of speech therapy and referral behaviour influenced by:
- kind of practice (group/solo);
- status of being physician-instructor;
- number of professional years;
- the presence of certain specialized institutions in the environment of the practice;
- keeping practice in a village/medium sized town/big city?
5. What bottlenecks are there in the collaboration between general practitioner and speech therapist?
6. What policy should speech therapists adopt in order to solve these problems (advice)?

Methods: Survey/enquete
Literature research

Leidse Hogeschool voor Beroepsonderwijs; Afdeling Logopedie; Endegeesterwater 2, 2333 CG Leiden, tel. 071-171121.

Researchers: A.F. Blonk; J. van Gemund; J.F. de Goede; C. Jansen; J.A. Klever; P. Zwart.

2385 COPD IN CHILDREN.

What supply is provided, and what approach chosen by a health center, concerning COPD care for children from 0 to 12 and their parents? Commentary: the concern is with both the mono-disciplinary method of working, and the collaboration between the different disciplines, i.e. general practice, physical therapy, community nursing, pharmacy, social work.

Methods: Survey/enquete

Landelijke Vereniging van Gezondheidscentra; Koningslaan 19, 3583 GD Utrecht, tel. 030-522804.

Researcher: drs. K.A.C.M. Starmans.

2386 POLICY CONCERNING PRESCRIPTION AND DELIVERY.

1. Which different forms of pharmacotherapy-consultation can be distinguished in health centers?
2. What is the result of these different forms of consultation?

3. What conditions and choices are necessary in order to arrive at an optimum supply of pharmaceutical care?

Methods: Survey/enquete
Other methods

Landelijke Vereniging van Gezondheidscentra; Koningslaan 19, 3583 GD Utrecht, tel. 030-522804.

Researchers: drs. K.A.C.M. Starmans; drs. I.E. Wouterlood.

2411 TERMINAL HOME CARE.
What supply and what approach does a health center use in terminal home care? Commentary: both the mono-disciplinary method of working, and the collaboration between different disciplines, i.e. general practice, community nursing, home help and possibly physical therapy and social work, are concerned.

Methods: Survey/enquete
Literature research
Other methods

Landelijke Vereniging van Gezondheidscentra; Koningslaan 19, 3583 GD Utrecht, tel. 030-522804.

Researcher: drs. I.E. Wouterlood.

2435 HOME CARE.
Functional approach of home care. The 4-C-programme: continuity of care, complementarity, coordination and communication.

Universiteit van Amsterdam; Vakgroep Huisartsgeneeskunde; Meibergdreef 15, 1105 AZ Amsterdam, tel. 020-5669111.

Researcher: prof. dr. E. Schadé.

331 CONTINUOUS MORBIDITY REGISTRATION SENTINEL STATIONS IN THE NETHERLANDS.
To gain an insight into the frequency of certain syndromes and requests for help as they occur in general practice.

Methods: Registration

Nederlands instituut voor onderzoek van de eerstelijnsgezondheidszorg (NIVEL); Postbus 1568, 3500 BN Utrecht, tel. 030-319946.

Researcher: A.I.M. Bartelds, arts.

1. H.J.A. COLLETTE. The Sentinel Practices System in the Netherlands. In: P.E. LEAVERTON (red). Environmental Epidemiology New York: Preager Special Studies, 1982.
2. E. KETTING. Contraception and fertility in the Netherlands. International Family PLanning Perspectives; 8, 1982, no. 4
3. R.F.W. DIEKSTRA, A.C. DE GRAAF, M. VAN EGMOND. On the epidemiology of attempted suicide: a sample survey study among general practitioners. Crisis; 5, 1984, no. 24, p. 108-118.
4. M.R. VAN SANTEN, A.A. HASPELS. Interception II: Post coital low dose estrogens and norgestrel combination in 633 women. Contraception; 31, 1985, no. 3
5. M.R. VAN SANTEN, A.A. HASPELS. A comparison of high dose estrogens versus low dose ethinyle stradiol and norgestrel combination in post-coital interception: a study in 493 women. Fertility and Sterility; 43, 1985, no. 2
6. FR.TH.M. SPIEKSMA, A. VAN DER ASSEM, H.J.A. COLLETTE. Airborne Pollen Concentration in Leiden, The Netherlands, 1977-1981: II Poaceae (grasses), variation and relation to fever. Grana; 24, 1985, p. 99-108.
7. A.I.M. BARTELDS, J. FRACHEBOUD, J. VAN DER ZEE. The Dutch sentinel practice network: relevance for public policy. Utrecht: NIVEL, 1989.
8. R.F.W. DIEKSTRA, M. VAN EGMOND. Suicide and attempted suicide in general practice, 1979-1986. Acta Psychiatrica Scandinavia; 79, 1989, p. 268-275.
9. A. HOFMAN, J.H.A. COLLETTE, A.I.M. BARTELDS. Incidence and risk factors of Parkinson's disease in The Netherlands. Neuro-Epidemiology; 1989, no. 8, p. 296-299.
10. J.J. KERSSENS, P.P. GROENEWEGEN. Referrals to physiotherapy: the relation between the number of referrals and the inclination to refer. Social Science and Medicine; 30, 1990, no. 7, p. 797-804.
11. M.J.W. SPRENGER. The impact of influenza. Proefschrift Erasmus Universiteit Rotterdam. Rotterdam: Erasmus Universiteit, 1990.
12. J. FROOM, L. CULPEPPER, P. GROB. Diagnosis and antibiotic treatment of acute otitis media: report from International Primary Care Network. British Medical Journal; 300, 1990, p. 582-586.
13. V. VAN CASTEREN, E. DECLERCQ. Study of the use of some selected groups of laboratory tests in general practice. Brussel: Eurosentinel, 1991.
14. O.J.L. VAN RIJN. Burn injuries among young children. Proefschrift Rijksuniversiteit Limburg. Maastricht: RU Limburg, 1991.
15. V. VAN CASTEREN, A. BARTELDS. Prescription of H.I.V.-test by Sentinel networks of general practitioners in various European countries. Poster presentation for the VIIth International Conference on AIDS. Florence: s.n., 1991.
16. V. VAN CASTEREN, E. DECLERCQ. Study of the use of some selected groups of laboratory tests in general practice. Brussel: Eurosentinel, 1991.
17. J. FROOM, L. CULPEPPER. Otitis media in day-care children: a report from the International Primary Care Network. Journal of Family Practice; 32, 1991, no. 3, p. 289-294.
18. M.J.W. SPRENGER, P.G.H. MULDER, W.E.P. BEGER, N. MASUREL. Influenza: relation of mortality to morbidity parameters, Netherlands, 1970-1989. International Journal of epidemiology; 20, 1991, no. 4, p. 1118-1124.
19. H.W. HOEK. The incidence and prevalence of anorexia nervosa and bulimia nervosa in primary care. Psychological Medicine; 21, 1991, p. 455-460.
20. H.W. HOEK, M. MAIWALD, A. BARTELDS, J. BOSVELD. The incidence of eating disaorders and the influence of urbanisation. Abstract Fifth International Conference on Eating

Disorders. New York: s.n., 1992.
21. V. VAN CASTEREN, P. LERQUIN, A. BARTELDS. Demand patterns for H.I.V.-tests in general practice: information collected by Sentinel Networks in 5 European countries (in druk). European Journal of Epidemiology; 1993
22. H. CULPEPPER, J. FROOM. Acute otitis media in adults (in druk). Journal of the American Board of Family Practice; 1993

869 CONTINUOUS MORBIDITY REGISTRATION (CMR).

The CMR project concerns research of the occurrence and distribution of diseases and health disorders in a population of about 12.000 patients in 4 practices that are connected with the institute. The data that are being registered daily in these practices, serve both the descriptive and the explanatory epidemiological research of the morbidity that is presented. Some of the questions that occur in this project are:
1. What kind of health disorders are presented to general practitioners?
2. To what extent is made an appeal on laboratory or X-ray facilities, on medical specialists, hospitals and/or other professional health care workers or agencies?
3. Which factors determine what complaints are presented to the practitioner?
4. In which patients and/or families do these disorders occur? CMR also offers the possibility to make longitudinal studies of disease and health in the various stages of life of both individuals and families.

Methods: Registration

Katholieke Universiteit Nijmegen; Nijmeegs Universitair Huisartsen Instituut; Postbus 9101, 6500 HB Nijmegen, tel. 080-514411.

Researchers: dr. E.H. van de Lisdonk; dr. W.J.H.M. van den Bosch, arts; prof. dr. C. van Weel, arts.

1. J.C. BAKX, J.C. SEIDELL, P. DEURENBERG, H.J.M. VAN DEN HOOGEN. Development of hypertension in obese subjects seen in general practice. Family Practice; 4, 1987, no. 1, p. 11-18.
2. J. VAN EIJK, F. HUYGEN, H. VAN DEN HOOGEN, A. SMITS. The death of a family member and the morbidity of the remaining family members. Allgemein Medizin; 16, 1987, p. 126-130.
3. C. VAN WEEL, W.J.H.M. VAN DEN BOSCH, H.J.M. VAN DEN HOOGEN, A.J.A. SMITS. Development of respiratory illness in childhood - a longitudinal study in general practice. Journal of the Royal College of General Practitioners; 37, 1987, no. 302, p. 404-408.
4. C. VAN WEEL. The Continuous Morbidity Registration Nijmegen; a database for longitudinal epidemiology in primary care. In: Lecture notes in medical informatics. Present status of computer support in ambulatory care. Munchen: Springer Verlag Munchen, 1987.
5. F.J.A. HUYGEN. Longitudinal studies of family units. Journal of the Royal College of General Practitioners; 72, 1988, no. 38, p. 168-170.
6. E.H. VAN DE LISDONK. Perceived and presented morbidity in general practice. Scandinavian Journal of Primary Health Care; 7, 1989, p. 73-78.
7. C. VAN WEEL, A.J.A. SMITS, W.J.H.M. VAN DER BOSCH. Studies using Nothingham Health Profile in general practice. Functional Status Measurement in Primary Care; 1990, p. 222-231.

1179 THE RELIABILITY OF STATISTICS CONCERNING CAUSES OF DEATH.

1. Does the cause of death, as determined by the general practitioner, coincide with the cause of death as it is classified by the Netherlands Central Bureau of Statistics?
2. If this is not the case, what then causes this discrepancy?

Methods: Contents analyses
Secondary analyses
Survey/enquete
Case study

Universiteit van Amsterdam; Instituut voor Huisartsgeneeskunde; Meibergdreef 15, 1105 AZ

Amsterdam, tel. 020-5664696.

Researcher: prof. dr. E. Schadé, arts.

1. E. SCHADÉ. The reliability of statistics regarding causes of death: abstract for the 11th WONCA-conference, London. London: s.n., 1986.
2. E. SCHADÉ. Reliability and validity of the classification of mortality in general practice: abstract for the 11th WONCA-Conference, London. London: s.n., 1986.
3. E. SCHADÉ. Reliability and validity of the classifcation of death in general practice. Scandinavian Journal of Primary Health Care; 5, 1987, p. 109-113.
4. E. SCHADÉ. Reliability and validity of causes of death statistics, especially related in relation to cancer registration. In: C. COLEMAN, J. WAHNENDORF (red). Directory of on-going research in cancer epidemiology. Lyon: Int. Agency for Res. in Cancer, 1991.

1283 GENERAL PRACTICE SENTINEL STATIONS ROTTERDAM.

Quick recognition of a number of infectious diseases, frequency of occurrence, trends in seasons and over the years, measure of insufficient reporting of diseases that must legally be reported, prevention of infectious diseases per neighbourhood.

Methods: Survey/enquete

GGD Rotterdam e.o.; afd. Infektieziekten en Hygiene; Schiedamsedijk 95, 3011 EN Rotterdam, tel. 010-4339933.

Researcher: H.W.M. Baars, arts.

1399 GENERAL PRACTITIONERS SENTINEL STATION-PROJECT REGION GRONINGEN, THE NETHERLANDS.

Goal: to obtain data concerning health status.

1. To obtain more insight in the specific supply of problems and in the risk groups of the registrating general practices (region Groningen).
2. To obtain feedback on own practice data in comparison with other practices.
3. To arrive at a more (prevention) controlled approach of registered problems, and in cooperation with e.g. regional institutes for mental welfare, local public health services and hospitals.
4. To arrive at a collective, preventive task in the region of Groningen, the Netherlands, in cooperation with the local public health services.
5. To use data from the study for education (students) and continuing education.
6. To arrive at common publications (comparable to those of other region-bound sentinel projects).

Methods: Registration

Rijksuniversiteit Groningen; vakgroep Huisartsgeneeskunde; Ant. Deusinglaan 4, 9713 AW Groningen, tel. 050-632963.

Researchers: drs. T.A. Tanja; drs. A. Hiddema-van de Wal; drs. A.J. ten Hoopen; drs. J. Broer.

1468 DIAGNOSIS RELATED GROUPS.

1. To what extent is it possible to characterize the clusters of Schneeweis (USA), Hodgkin and Metcalfe (UK) by relatively homogenous general practitioner activities as they are registered in the Transition Project? Is it possible, on the basis of that, to judge the application of these clusters in the Netherlands?
2. Is it possible, on the basis of registered activities that are related to diagnosis, and together with theoretic starting-points, to arrive at clusters that can be used better? The ICPC is seen here as the most relevant reflection of the general practice framework.

Methods: Secondary analyses
Contents analyses

Universiteit van Amsterdam; Instituut voor Huisartsgeneeskunde; Meibergdreef 15, 1105 AZ Amsterdam, tel. 020-5664696.

Researchers: prof. dr. E. Schadé, arts; prof. dr. H. Lamberts.

1. E. SCHADÉ. Diagnostic clusters based on ICPC- a new and promising development. The Family Physician "Universal Issues in Medicine". Abstracts. s.l.: 12th WONCA World Conference, 1989.

1482 REGISTRATION IN GENERAL PRACTICE IN ROTTERDAM, THE NETHERLANDS.
First of all, to realise a continuous, computerized registration system of all doctor-patient contacts in a number of general practices. The objective of the Municipal Medical Healthcare Service (GGD) with such a registration system, is to collect information on the status of health of the population, which is usually lacking.

Methods: Secondary analyses
Contents analyses
Registration

GGD Rotterdam; Postbus 70032, 3000 LP Rotterdam, tel. 010-4339620.

Researcher: B.J.C. Middelkoop.

1794 GEOGRAPHICAL VARIATION IN MORBIDITY AND INTERVENTIONS IN GENERAL PRACTICE.
1. To what extent does variation exist in the occurrence of diseases in general practice, and in activities of the general practitioner, with respect to region and degree of urbanization?
2. To what extent do possible differences remain if checks are run with respect to differences in physician- and patient characteristics?

Methods: Secondary analyses
Observation

Nederlands instituut voor onderzoek van de eerstelijnsgezondheidszorg (NIVEL); Postbus 1568, 3500 BN Utrecht, tel. 030-319946.

Researcher: dr. D. de Bakker.

2118 THE IMPACT OF LIFE-THREATENING DISEASE: A STUDY INTO THE CONSEQUENCES OF DETECTION OF A LIFE-THREATENING DISEASE ON THE PARTNER'S HEALTH.
Does the occurrence of a life-threatening disease lead to a greater receptiveness c.q. disease in the partner? What role is played by stress management, how the primary patient experiences the disease, and the quality of the primary environment?

Methods: Secondary analyses
Survey/enquete
Medical and biological research
Literature research

Vrije Universiteit Amsterdam; EMGO-Instituut; Sectie Huisarts- en Verpleeghuisgeneeskundig Onderzoek; Van der Boechorststraat 7, 1081 BT Amsterdam, tel. 020-5484553.

Researcher: drs. D.M.W. Kriegsman.

1. D.M.W. KRIEGSMAN, J.TH.M. VAN EIJK. The impact of threatening bereavement on health. In: Traumatic stress reactions-prevention, coping and treatment. Second European Conference on Traumatic Stress. Noordwijkerhout: s.n., 1990.
2. D.M.W. KRIEGSMAN, J.TH.M. VAN EIJK. The impact of threatening bereavement on health. In: Grootschalig longitudinaal verouderingsonderzoek in Nederland. Egmond aan Zee: MW-Dwarsverband Gerontologie, 1990.

1402 ANTIBIOTICS AND COPD IN GENERAL PRACTICE: INFLUENCE ON OROPHARYNGEAL AND BRONCHIAL FLORA OF AMOXYCILLIN AND CO-TRIMOXAZOLE DURING EXACERBATION.

1. Of what does the oropharyngeal flora in this group of COPD-patients consist when there is no exacerbation (base-line)?
2. Of what does the oropharyngeal and bronchial flora in this group of COPD-patients consist before and after antimicrobic medicines are administered?
3. How does the oropharyngeal and bronchial flora recover after this medication?
4. Of what does the oropharyngeal and bronchial flora of this group of COPD-patients consist at the time of the next exacerbation?

Methods: Medical and biological research

Rijksuniversiteit Groningen; vakgroep Huisartsgeneeskunde; Ant. Deusinglaan 4, 9713 AW Groningen, tel. 050-632963.

Researchers: prof. dr. G. Koeter; prof. dr. D. van der Waay; drs. A.P.E. Sachs.

1552 CONSEQUENCES OF STROKE-HANDICAPS FOR THE PATIENT'S SPOUSE.

1. What consequences does the CVA patient's partner experience in his or her private life?
2. Does a CVA influence the degree of well-being of the partner?
3. What kind of help does the partner receive, and how does he or she appreciate this?

Special attention is paid to the role of the general practitioner.

Methods: Survey/enquete

Rijksuniversiteit Groningen; vakgroep Huisartsgeneeskunde; Ant. Deusinglaan 4, 9713 AW Groningen, tel. 050-632969.

Researcher: drs. L.M. Schure.

2035 MORBIDITY/MEDICAL CONSUMPTION.

Goal:

1. to gain insight in the health status of 50 to 80-year-old people in general practice populations within the sphere of activities of the Sick Fund 'Het Groene Land', the Netherlands;
2. to connect the health status that was measured with data on the number of cases of hospitalization, statistic data on prescription and referral, in the general practices concerned.

Methods: Survey/enquete

Rijksuniversiteit Groningen; Faculteit der Geneeskunde; vakgroep Sociale Geneeskunde en Epidemiologie; A. Deusinglaan 4, 9713 AV Groningen, tel. 050-66278.

Researchers: drs. C.W. Bajema; dr. J.W. Groothoff.

2081 USE OF HEALTH CARE FACILITIES BY THE POPULATION OF URK, THE NETHERLANDS.

1. What factors of the population influence the relatively small use of health care facilities by the population of Urk?
2. What factors on the part of the general practitioner influence the relatively small use of health care facilities by the population of Urk?

Methods: Secondary analyses
Survey/enquete
Literature research

Ziekenfonds Het Groene Land; Werkhorst 36, 7944 AV Meppel, tel. 05220-66911.

Researchers: H.J. Poppen; W.A. de Lege.

1698 REFERRAL OF INFANTS AND PRE-SCHOOL CHILDREN BY THE HEALTH CENTER.
To gain insight in number and kind of referrals of the health center physician to the general practitioner.

Methods: Registration

Projectbureau Consultatiebureau-artsen; Stichting Kruiswerk IJssel Zwartewater; Postbus 221, 8000 AE Zwolle, tel. 038-539033.

Researcher: E.A. Brouwers-de Jong.

1768 MÜNCHHAUSEN SYNDROME BY PROXY (E PROXIMO), THE HINTERLAND OF CHILD-ABUSE.
1. On what level can be found our present knowledge of the syndrome of Munchhausen by proxy?
2. Is the naming of this syndrome correct?
3. What estimation with respect to size should be made concerning the therapeutic problem in primary and secondary health care?
4. Is it possible to identify aetiologic factors by means of registration research in primary and secondary health care, as well as by analysis of case histories?
5. Is it possible to derive specific instructions from the aforementioned questions 1 to 4, with respect to the care given by the general practitioner or the paediatrician, and with respect to prevention?

Methods: Contents analyses
Secondary analyses
Survey/enquete
Case study

Ligthart, L.E.E.; Giethuiserf 31, 4901 NC Oosterhout, tel. 01620-32261.

Researchers: dr. L.E.E. Ligthart; prof. dr. K. Gill; dr. W.E. Tjon-A-Ten.

2054 RESEARCH ON REFERRAL BEHAVIOUR OF GENERAL PRACTITIONERS WITH RESPECT TO EARLY DETECTION.
1. Why are children being brought to an Early Detection (ED) team?
2. What kind of problems does the general practitioner experience with respect to ED?
3. To what extent is it possible to set up a consultation relationship with intermediaries who are professionally involved with children?
4. How can ED be integrated in general practice?
5. What problems does the general practitioner experience in collaboration with second-line medical care?
6. To what extent does the general practitioner want collaboration in order to improve ED?
7. To what extent do general practitioners think that continuing education is necessary for ED?
8. Is the general practitioner prepared to fulfil the function of case manager with respect to ED?

Methods: Literature research
Contents analyses
Secondary analyses
Survey/enquete

VTO-team Heuvelland; Postbus 1054, 6201 BC Maastricht, tel. 043-252456.

Researchers: drs. J.H.H. Smitsmans; dr. F.M. Gerards.

1155 AGING, MORBIDITY AND THE GENERAL PRACTITIONER.
1. What is the extent and nature of the morbidity and mortality that is presented by male and female elderly people?
2. In what people, as a result of aging, do such changes in the extent and nature occur in the morbidity presented by them, that their validity and/or their life is threatened by these changes?
3. What is the possible indicating function of serious and multiple pathology?
4. To what extent is there any connection between existing (multiple) pathology in terms of presented morbidity on the one hand, and the patient's 'functional health status' on the other?

Methods: Secondary analyses

Katholieke Universiteit Nijmegen; Nijmeegs Universitair Huisartsen Instituut; Postbus 9101, 6500 HB Nijmegen, tel. 080-514411.

Researcher: J.W.G. Schellekens, arts.

1340 COGNITIVE DYSFUNCTIONS IN AGING.
To what extent do cognitive dysfunctions occur in:
1. ambulant patients;
2. primary health care patients;
3. people that do not ask for help? This study concerns research in general practice populations and in populations with a risc factor for aging/forgetfulness (painters, welders, etc.). To what extent can a 'memory consultation hour' or 'memory outpatient clinic' contribute to a primary health care consultation with respect to differential diagnostics concerning different forms of dementia? Also, the question is raised concerning the size of the involved population in primary health care.

Methods: Survey/enquete
Experiments in social science

Rijksuniversiteit Limburg; vakgroep Neuropsychologie & Psychobiologie; Postbus 616, 6200 MD Maastricht, tel. 043-888430.

Researchers: drs. P.J. Houx; drs. F.R.J. Verhey, arts; drs. F.W. Vreeling, arts.

1. P.J. HOUX, F.W. VREELING, J. JOLLES. Cognitive aging and risk factors for dementia. In: R.J. WURTMAN, S.H. CORKIN, J.H. GROWDON (red). Alzheimer's disease: proceedings of the 5th meeting of the international study group on the pharmacology of memory disorders associated with aging. Zurich: Center Brain Sc. & Metabolism, 1989.
2. P.J. HOUX, F.W. VREELING, J. JOLLES. Risk factors for age-associated cognitive decline. In: C.F.A. VAN BEZOOIJEN, R. RAVID, A.A.J. VERHOFSTAD (red). From gene to man: gerontological research in The Netherlands. Den Haag: Pasmans, 1991.
3. P.J. HOUX, F.W. VREELING, J. JOLLES. Age-associated cognitive decline is related to biological life events. In: K. IQBAL, D.R.C. MCLACHLIN, B. WINBLAD, M. WISNIEWSKI (red). Alzheimer's disease: basic mechanisms, diagnosis and therapeutic strategies. Chichester: Wiley, 1991.
4. P.J. HOUX, F.W. VREELING, J. JOLLES. Rigorous health screening reduces age effect on memory scanning task. Brain and Cognition; 1991
5. P. HOUX. Cognitive aging and health-related factors. Maastricht: RUL, 1991.

2320 ZUIDERPOLDER-PROJECT, EVALUATION OF A HOME CARE PROJECT IN THE NETHERLANDS FOR ELDERLY PEOPLE WHO ARE INDICATED FOR AN OLD PEOPLE'S HOME.
Does the living environment in the 'project for living independently' lead to a prolongued

stay in people's own independent living environment? Does this living environment offer a reasonable alternative for an old people's home, and does this lead to a higher quality of their lives?

Methods: Survey/enquete
Case study

Rijksuniversiteit Utrecht; Universitair Huisartsen Instituut; Bijlhouwerstraat 6, 3511 ZC Utrecht, tel. 030-331123.

Researchers: drs. M. Kastein; drs. A. Luttik; prof. dr. R.A. de Melker.

2380 LONGITUDINAL STUDY INTO FUNCTIONAL STATUS AND NEED FOR CARE OF THE ELDERLY IN GRONINGEN, THE NETHERLANDS.

1. To what extent and how are functional status (i.e. physical and social functioning), well-being, orientation on care arrangements, and medical consumption in the elderly, related?

2. To what extent and in what way are functional status of the elderly (i.e. physical and social functioning), their well-being, orientation on care arrangements, and medical consumption, influenced by physical and mental capacities, individual psychosocial characteristics, and environment characteristics, including life style and behaviour variables?

Methods: Survey/enquete

Rijksuniversiteit Groningen; Noordelijk Centrum voor Gezondheidsvraagstukken; A. Deusinglaan 1, 9713 AV Groningen, tel. 050-633065.

Researchers: dr. G.I.J.M. Kempen; drs. B.J.M. Steverink; drs. L.M. van Eijk; drs. E.I. Brilman; ir. I. Miedema; drs. J. Relyveld; drs. E.W. Wolffensperger; drs. A.P. Nieboer; prof. dr. B. Meijboom-de Jong.

1. G.I.J.M. KEMPEN. The MOS short-form general health survey: single item versus multiple measures of health-related quality of life; some nuances. Psychological Reports; 70, 1992, p. 608-610.
2. G.I.J.M. KEMPEN. Psychometric properties of Bradburn's Affect Balance Scale among elderly persons. Psychological Reports; 70, 1992, p. 638.
3. J. ORMEL, G.I.J.M. KEMPEN, B.J.M. STEVERINK, L.M. VAN EIK, E.I. BRILMAN, E.W. WOLFFENSPERGER, B. MEIJBOOM-DE JONG. The Groningen Longitudinal Aging Study (GLAS) 1002-1997) on functional status and need for care; outline of a NESTOR research program. Groningen: RU Groningen, 1992.

1396 ASSOCIATION OF CVA-PATIENTS.

What are the advantages and disadvantages of patients' associations in general, and of an association of CVA-patients in particular?

Methods: Secondary analyses
Survey/enquete

Rijksuniversiteit Groningen; vakgroep Huisartsgeneeskunde; Ant. Deusinglaan 4, 9713 AW Groningen, tel. 050-632963.

Researcher: prof. dr. B. Meyboom-de Jong, arts.

2373 INCIDENCE OF RACHITIS IN ANTHROPOSOPHIC GENERAL PRACTICES.

Descriptive research on the incidence of rachitis in infants who were born between 1 October 1988 and 1 October 1989. They are being followed for 2 1/2 years by means of:
- research by the general practitioner;
- filling in inquiries by the parents;
- taking X-rays of the pulse.

Methods: Delphi-method

Universiteit van Amsterdam; Instituut voor de Wetenschap der Andragogie; Grote Bickerstraat 72, 1013 KS Amsterdam, tel. 020.

Researcher: drs. N. Willemse.

1470 THE ROLE OF GENERAL PRACTITIONER AND PRACTICE NURSE AS INTERMEDIARIES IN A MINIMAL INTERVENTION PROGRAMME FOCUSSED ON SMOKING CESSATION.

1. Is it possible to develop a brief intervention programme, aimed at smoking cessation, which can be applied in everyday general practice by both general practitioner and practice nurse together?
2. What factors stimulate/limit the implementation of a brief intervention programme, aimed at smoking cessation, in general practice?
3. What is - within the scope of the intervention programme
- the effect of a continuing education course, aimed at knowledge, attitude and behaviour of general practitioners and practice nurses, with respect to smoking prevention?
4. What is the effect of the intervention programme on knowledge, attitude and smoking behaviour of the patients?
5. What is the effect of the general practitioner's own smoking behaviour on the effects of the intervention programme.

Methods:
Contents analyses
Secondary analyses
Survey/enquete
Observation
Literature research

Universiteit Twente; vakgroep Psychologie; Postbus 217, 7500 AE Enschede, tel. 053-893328.

Researchers: drs. M.E. Pieterse; drs. A.G. Boekema.

2046 SMOKING IN HEALTH CARE: A RESEARCH IN ROTTERDAM, THE NETHERLANDS.

1. Smoking habits in the past, present and future.
2. Motivation with respect to smoking or non smoking.
3. Knowledge of smoking related diseases.
4. Attitude towards patients, advice concerning stopping with smoking.
5. Opinions with respect to the function of physicians as role models.
6. Opinions about legal measures.

Methods: Survey/enquete

Erasmus Universiteit Rotterdam; Instituut Maatschappelijke Gezondheidszorg; Postbus 1738, 3000 DR Rotterdam, tel. 010-4087714.

Researchers: ir. H.M. Dekker; dr. A.M.S. Dill; ; H.P. Adriaanse.

1324 PROFESSIONAL CARE, SELF CARE AND MUTUAL CARE.

1. Research on subjectively experienced health status in a random sample of 100 patients in the practice of each cooperating general practitioner.
2. Research on illness behaviour and medical consumption, and especially on that illness behaviour which does not result in a request for professional help.

Methods: Survey/enquete
Registration
Contents analyses

Nederlands instituut voor onderzoek van de eerstelijnsgezondheidszorg (NIVEL); Postbus 1568, 3500 BN Utrecht, tel. 030-319946.

Researcher: dr. M. Foets.

2273 CHRONIC DISEASE AND (CHANGES IN) FAMILY SUPPORT IN THE ELDERLY.

1. Does any coherence exist between the course of chronic diseases and necessary, actual, and perceived care from family networks?
2. Are there any differences between patients with different chronic diseases, with respect to this coherence?
3. What role is played by the problem solving capacity of the chronic patient, and other burdening circumstances that are not related to the disease?

Methods: Survey/enquete
Medical and biological research
Literature research

Vrije Universiteit Amsterdam; EMGO-Instituut; Sectie Huisarts- en Verpleeghuisgeneeskundig Onderzoek; Van der Boechorststraat 7, 1081 BT Amsterdam, tel. 020-5487304.

Researcher: drs. D.M.W. Kriegsman.

226 INFORMATION SYSTEMS OF PROFESSIONALS IN PRIMARY HEALTH CARE IN THE NETHERLANDS.
Compounding, distribution, establishment and departure of health care professionals in primary health care.

Methods: Registration

Nederlands instituut voor onderzoek van de eerstelijnsgezondheidszorg (NIVEL); Postbus 1568, 3500 BN Utrecht, tel. 030-319946.

Researcher: drs. J.B. Pool.

1. F. VAN DAM, J. POOL, L. HINGSTMAN. Figures from the information system on professionals in Dutch primary health care: statistical data on 1 january 1988 on General Practitioners and midwives. Utrecht: NIVEL, 1988.
2. F. DAM, J. POOL, L. HINGSTMAN. Figures from the information system on professionals in Dutch primary health care: statistical data on 1 january 1987 on physiotherapists. Utrecht: NIVEL, 1989.
3. L. HINGSTMAN, H. BOON. Regional dispersion of independent professionals in primary health care in the Netherlands. Social Science and Medicine; 28, 1989, no. 2, p. 121-131.

876 REGISTRATION NETWORK GENERAL PRACTICE.
Developing and maintaining a registration network of general practices. This is a provision for the collection, processing, storage, analysis, management and distribution of information from patient care c.q. the proces of health care delivery in general practice on behalf of scientific research. Data are collected by 37 general practitioners from all of their registered patients. Eventually, data from all 70.000 patients will be ranged in this register. Patients' background variables and medical problems are being registered. This will result in a large framework for random samples in primary health care, concerning universal, patient-controlled and longitudinal research. A GPIS (General Practitioner Information System) has been installed for practice management in the participating practices. On this GPIS is grafted a GPRS (General Practitioner Research System) for systematic description of the supply and processing of problems. For this, classification systems are used, which are tested for reliability and adequacy (ICPC en ICHPPC-2 defined).

Methods: Secondary analyses
Registration

Rijksuniversiteit Limburg; vakgroep Huisartsgeneeskunde; Postbus 616, 6200 MD Maastricht, tel. 043-882222.

Researchers: prof. dr. J.A. Knottnerus, arts; prof. dr. ir. A. Hasman; J.F.M. Metsemakers, arts; drs. P. Höppener, arts.

1. J.A. KNOTTNERUS, J. METSEMAKERS, P. HÖPPENER, C. LIMONARD. Burden of illness in a Dutch general practice population, and its clustering over households (abstract). Maastricht/Budapest: RU Limburg/Eur. GP Res. Works., 1990.
2. J.F.M. METSEMAKERS, P.A.J. BOUHUIJS, H.A.M. SNELLEN-BALENDONG. Do we teach what we preach: comparing the content of problem-based medical curriculum with primary health care data. Family Practice; 8, 1991, no. 3, p. 195-201.

2173 ECONOMIC EVALUATION OF ELECTRONIC COMMUNICATION BETWEEN INSTITUTIONS.
Introduction of electronic communication in health care may possibly lead to improvement of the effectiveness of facilities, and to cost reductions. At the moment, a number of pilot

studies are made in order to establish the extent to which this is realized. In these studies two forms of communication are introduced, i.e. between hospital and general practitioner (pilot 1), and between general practitioner and pharmacy (pilot 2).

Methods: Secondary analyses
Survey/enquete
Case study

Rijksuniversiteit Limburg; vakgroep Economie van de Gezondheidszorg; Postbus 616, 6200 MD Maastricht, tel. 043-887443.

Researcher: drs. M. L' Ortye.

2397 RESEARCH ON INDICATION RELATED MEDICATION DATA.

1. What is the reliability and validity of a general practitioners' registration file with indication related medication data?
2. What are the costs and benefits of determinist and probabilistic direct linking of indication and medication?
3. What are the costs and benefits of determinist and probabilistic indirect linking of indication and medication?
4. What should be demanded of data?

Methods: Registration

Rijksuniversiteit Groningen; Noordelijk Centrum voor Gezondheidsvraagstukken; A. Deusinglaan 1, 9713 AV Groningen, tel. 050-633216.

Researcher: dr. F.M. Haaijer-Ruskamp.

1925 QUALITY OF LIFE OF PATIENTS WITH ASTHMA OR COPD IN GENERAL PRACTICE.

Goal of this study: to develop a questionnaire with which to establish the 'quality of life' of COPD patients. Subsequently:

1. to gain insight in the 'quality of life' of COPD patients who received treatment in general practice.
2. to gain insight in the relationship between 'quality of life' and
- contextual characteristics (among other things: problem solving capacity, seriousness of the disorder)
- medical consumption.

Methods: Survey/enquete
Literature research

Rijksuniversiteit Leiden; vakgroep Huisartsgeneeskunde; Postbus 2088, 2301 CB Leiden, tel. 071-275318.

Researchers: drs. A.R. Maillé; dr. A.A. Kaptein.

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