I only get about in one building
I stay in one room
I stay in bed more
I stay in bed most of the time
I do not use public transport now
I do not go into the shopping centre.
I do not go out to visit people at all
I try to wear my clothes partly dressed or in pyjamas.
I do not do any of the clothes washing
I would usually do
My sexual activity is decreased.

Lest it should be thought that such items represent no more than “noise” in the background of the scoring system, it should be noted that those of the above list which feature on the mobility domain (one of 12 domains on the FLP) contribute 56% of that score. If respondents were followed up as outpatients an inappropriate impression of improvement could be gained simply because the respondent is no longer restricted by the requirements of the hospital.

Research designs which involve at least one hospital based completion of a health status measure are widely used. To avoid the danger of results being seriously confounded by setting fellow researchers should be alert to this problem and careful in their selection of questionnaires.

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Improving management of asthma

I wish to take issue with Bucknall and colleagues in their audit of asthma management.¹ I suggest that what they showed in their article is a change in care but not necessarily an improvement. Their paper discusses changes in process of management, but this has not been linked to an associated improvement in outcome. I think, therefore, that they are unable to conclude that progress through the audit cycle has been made with positive benefit – this statement cannot be made until improvement in outcome is linked with the change in asthma management.

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1 Bucknall CE, Robertson C, Moran F, Stevenson RD. Improving management of asthma: closing the loop or progressing along the audit spiral? Quality in Health Care 1992;1:15-20.


British eclampsia survey 1992

The British eclampsia survey was a descriptive epidemiological study of all cases of eclampsia in the United Kingdom.

The incidence and case mortality from eclampsia in Britain are not known.

However, eclampsia and pre-eclampsia remain major causes of maternal mortality in the United Kingdom and throughout the rest of the world.

Eclampsia contributes significantly to maternal mortality but it is now relatively rare in the United Kingdom and is encounter practical obstetricians. Only UK specialists about once every two years, too infrequently to allow the development of the skills or insights that come with frequent experience. The British Eclampsia Survey Team (BEST) will aggregate the currently scattered experience of specialists to create a corporate body of information on eclampsia which is available to all.

The team will review every case of eclampsia occurring in the United Kingdom during 1992. Notifications of cases of eclampsia are being systematically collected from all obstetric consultants and from a liaison midwife in each obstetric hospital in the United Kingdom. However, the team is also keen to receive notifications from anyone who has been involved in any aspect of the care of women with eclampsia or unexplained seizures in pregnancy during 1992. Maternal health, antenatal care, the features and management of eclampsia, and maternal and fetal outcomes are being analysed from a detailed hospital case note review and from a questionnaire to general practitioners. The incidence of eclampsia and the maternal and perinatal case fatality rates associated with eclampsia are being measured; maternal and perinatal morbidity are being recorded, and specific hypotheses concerning the dangers and preventability of eclampsia are being tested.

The survey is being carried out in association with the new medical audit unit of the Royal College of Obstetricians and Gynaecologists as a first step towards the foundations for a continuing national register for auditing eclampsia will be established.

Notification forms and further information about the study can be obtained from: BEST, Nuffield Department of Obstetrics and Gynaecology, FREEPOST, John Radcliffe Hospital, Headington, Oxford OX3 9BR (0865 221718).

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Audit spiral

The terms cycle and loop have been consistently applied to descriptions of the audit process. Indeed the steps involved – that is, evaluation of practice, comparison of practice with an accepted standard, and effecting change to improve practice – would follow one another repetitively in any clinical audit process. That this process is indeed a spiral of repeating cycles has been recognised¹ even if not widely emphasised and was nearly

1 Bucknall CE, Robertson C, Moran F, Stevenson RD. Improving management of asthma: closing the loop or progressing along the audit spiral? Quality in Health Care 1992;1:15-20.