tion, it would be wrong to assume that it is the same as my negative consultation, which was presumably more negative. But there are similarities and there is change, and we do not know whether the substitution of rationality for authority in the new consultation has adversely affected the placebo action. That this is a possibility is suggested by the statement of Pendleton *et al* that: "there may be costs involved for the patients who are deprived of the anxiety reducing effects of a powerful healer."¹⁷

For a thousand years the action of the placebo has made vast numbers of patients feel better; have we today produced a consultation in which the placebo does not act? If we are going to practise, and even more important to teach, the shared consultation we must be able to show clearly what effect it has not only on patient satisfaction but also on recovery from illness.

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Audit Report

How effective is case finding at detecting diabetes and hypertension in the community?

Our three partner vocational training practice has 5550 patients with an average age-sex distribution. Threshold diastolic (phase V) pressures of 100 mm Hg and 105 mm Hg have been established as the definition of hypertension in the age groups 40-59 and 60 and over, respectively, for the past decade in the practice.¹ The diagnosis of diabetes is confirmed by an increased blood glucose concentration (fasting specimen ≥ 7 mmol/l or two hour post-prandial concentration ≥ 10 mmol/l) and glycosylated haemoglobin $\geq 10\%$.

In the autumn of 1984 the case records of every patient aged 40-64 were examined except of those already recorded as being hypertensive on the disease register.² All patients who did not have a normal blood pressure reading entered in the medical record within the previous 18 months were invited by letter to attend for a blood pressure and urine check.

The screening was performed by nurses trained in the use of a random zero sphygmomanometer. Patients who had a high (rechecked) reading or glycosuria were referred to the family doctor for further investigation and management.

There were 105 hypertensive patients and 22 diabetics, known already from our usual case finding policy (including four men who had both diseases). Only 15 (3%) of the 572 attenders at the

subsequent screening clinics were found to be hypertensive (12 patients) or diabetic (three). None had both diseases. All three diabetics and seven hypertensive patients were aged over 60.

The screening for this study took over three months to organise and implement; extra time, labour, and funds were required; and only one in 40 attenders had an (asymptomatic) abnormality. Opportunistic case finding by family doctors therefore remains probably the most feasible and cost effective measure in the community for the foreseeable future.—ROBERT FAIRLEY, general practitioner, Health Centre, Bridge of Allan. (Accepted 13 March 1987)

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