PRIMAR Y CARE RESEARCH
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Most patients’ first contact with the physicians is at the primary care level. To enhance the quality of patient care, evidence-based primary care is indispensable. The Dutch College of General Practitioners has analysed clinical guidelines for family physicians and found that more than 800 important diagnostic and therapeutic decision areas were insufficiently supported by scientific evidence.1 In Malaysia, primary care research conducted thus far was limited. It has mainly been conducted by a small group of enthusiasts that include some universities academics, few general practitioners (GPs) who are linked to university as part time lecturers and a handful of full time GPs. Nevertheless, we should be encouraged that research in primary care has taken off and is progressing, albeit at a slower pace than we hope for. It is never too late to get on and do some research. There are plenty of research questions that can be generated from our daily practice. We must develop into a research-based discipline for the advancement of science as well as credibility of the discipline.

This issue features 3 original papers, a review, a case report as well as an evidence-based commentary.

Vinothini and colleagues conducted a study to assess the knowledge of HIV/AIDS among pregnant women in an urban health clinic. As there are 52,000 adults and children (ages 0-49) living with HIV/AIDS in the year 2003 in Malaysia 2, this has posed an increasing health burden to the nation. This study, using pregnant women as the study target, has highlighted the importance of educating these women about the prevention of vertical transmission and treatment of HIV/AIDS during pregnancy. It also draws the importance to clarify myths and misconception, and to strengthen the gap in knowledge of treatment of this condition.

A cross sectional study by Usha et al outlines the profile of patients utilizing out of hours weekend medical services. It identifies one of the commonest reasons for using these services seems to be patient convenience rather than health need. This raises the issue whether operating such services is a cost effective strategy to be continued or implemented in another health care setting.

The prevalence of emotional disorders among adults has been found to be common by Fuziah and colleagues in patients attending a rural primary care clinic. An understanding of its attributes will enable practitioners to look out for these patients and render them assistance.

Teng and colleagues had reviewed evidence on the definition and interaction between pain and culture. It has displayed how cultural diversity has influenced the expression of pain and we need to be culturally sensitive about this diversity to promote a better doctor-patient relationship and as well as providing better clinical care.

A case report by Chen on a patient with Ramsay Hunt syndrome has reminded us to keep in mind rare condition with common presentation such as earache so that early treatment with antiviral agents can be instituted.

This issue also features an evidence based commentary by Loh et al on the management of vulvovaginal candidiasis that find no difference in using anti-fungal drugs either orally or intravaginally.

We hope to have more potential researchers conducting as well as writing up their studies to achieve an evidence-based culture in primary care.

References: