Editorial

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Published online: 21 March 2009
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The papers in the current issue cover a broad scope of important public health topics. The issue includes two studies conducted in Germany evaluating the day-to-day practice of prescribing drugs. For those who are interested in the implication of evidence-based approaches and health-care quality improvement, the first topic in the issue by Rohrbacher et al. could be of particular interest. In spite of evidence-based medicine (EBM) being widely practiced, medical professionals continue the discussion on the use and misuse of evidence-based approaches, fearing that the EBM may put their “therapeutic freedom” in danger and that they may be forced by politicians, purchasers and managers to cut health-care costs. Furthermore, some recent studies indicate that gaps exist between the introduced guidelines and the actually performed care. The authors provide a critical perspective on the current use of EBM. They have conducted a survey of prescribing general practitioners (GPs) and specialised practitioners on the one hand, and of patients with chronic diseases on the other hand. The results suggest that German practitioners do not slavishly follow the guidelines, but integrate their own experience, subjective findings and judgements as well as patients’ treatment preferences in the decision-making process. The outcomes of the patients’ survey indicate that patients expect to discuss the disease and therapy with their physician and put emphasis on their intention to participate in the treatment process.

The paper by Müller-Bühl et al. from Germany concerns the frequencies and reasons for changing drug medication in primary care after hospitalisation. Cost-saving instruments are applied to restrain drug expenditures in primary health care in

Germany. GPs changed drug recommendations of the discharge letters in 60.7% of the cases. Changes correlated significantly with the number of drugs and number of diagnoses ($p < 0.001$). The most important reasons for drug substitution are patient-related (42.4%), followed by cost savings (30.3%). GPs’ behaviour in prescribing drugs appears to be induced not only by rational prescribing, but also in particular by comprehensive knowledge and competence in long-term care of their patients. The paper deals with another important public health aspect as well: the need for better communication between primary and hospital physicians, which could ensure a continuum in patient care.

Al-Safi et al. carried out a cross-sectional study to evaluate the awareness of Jordanian university students of the positive health effects of garlic as well as the level of knowledge about its possible interactions with certain drugs. As garlic consumption is widespread in Jordan, but only 19% to 30% of the participants, mainly those who are highly educated and have health-related jobs, are acquainted with the possible serious events provoked by simultaneous use of certain drugs, the need for an all-embracing educating programme is obvious.

Two papers in this issue address preventive intervention concepts and action. Elkeles et al. from Germany present a nationally representative survey of utilisation, acceptability and perceived benefits of a Disease Management Programme (DMP) in relation to educational status performed by Barmer Health Insurance Company for customers with type 2 diabetes mellitus. Roessler and Ibsen from Denmark present a community-based intervention programme involving physically inactive participants with type 2 diabetes, dyslipidaemia or high blood pressure. The findings indicated an increase in physical activity both immediately after the training period and after 1 year.

Communicable diseases, especially influenza epidemics, occur annually and are responsible for thousands of human deaths. Awadalla et al. from Egypt surveyed the effect of

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some socio-demographic risk factors on development of influenza-like illness (ILI) through two consecutive seasons. The authors reported higher ILI-incidence in children, in people belonging to socially low level groups as well as subjects living in rural areas. In addition to the increased risk, these subjects possess low awareness of preventive communicable disease behaviours.

The last paper by Ganova-Iolovska and Geraedts reports on the Bulgarian experience in the development

and the actual application of clinical pathways (CPs). The implementation of CPs, i.e., using evidence-based standards in diagnostic and treatment algorithms, is aimed at optimising patient care, improving the outcomes, as well as reducing the health-care costs. Bulgaria uses CPs primarily as an instrument for resource allocation to inpatient health-care providers, but the utilisation of CPs for improving care quality is still unsatisfactory.