

# The importance of prognostic research

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'It will go away in a week or two,' is often sufficient treatment. Knowing the natural history or prognosis of common and rare conditions is essential to the general practitioner guiding a patient through the management thicket. Sometimes the natural history is all the patient wants, eg. the patient asking about skin lesions such as molluscum contagiosum or solar keratoses. Sometimes the natural history is helpful to dissuade a patient from treatment that is worse than the disease, eg. self limiting viral illnesses. Sometimes the natural history includes complications that require our skills in breaking bad news. For general practice, knowledge of the natural history is fundamental and often as, or more, important than the knowledge of treatment. However, research in natural history and prognosis has been neglected in favour of more glamorous areas such as therapeutics.

Pioneers of general practice research, such as William Pickles and John Fry, recognised the importance and opportunities of a careful study of the natural history. This led Pickles to identify Bornholm disease and hepatitis A. However, there is much left to do. For some conditions, a thorough study of the natural history can require the combined efforts of numerous practitioners following hundreds or even thousands of patients for decades. For example, we might ask whether paroxysmal atrial tachycardia (PAT) indicate an increased risk of coronary events or sudden death? One study followed 1359 patients for an average of 3.5 years, and showed no

increase in coronary outcomes or death.<sup>1</sup> Such research allows us to reassure patients with PAT and focus our management on the patient's understanding and fears, and on teaching simple means of coping with an episode.

Surprisingly, good natural history studies are lacking even for some common conditions such as the cough that follows a cold. The common advice is that a cold will last 14 days without treatment and two weeks with treatment. The truth is, that with over 200 common cold viruses, the natural history is much more variable than this. Jones has carefully documented that for patients who are troubled enough to present to a GP, the cough can last much longer than most of us would have expected. Her data (Figure 1) show that approximately one in five of such patients will recover in each week.<sup>2</sup> This is important information for us and our patients. Inaccurate prognostication may lead a patient to return (or go to another doctor) because the cough does not clear as quickly as suggested.

A postviral cough can be worrisome and troublesome to patients. For example, a GP colleague last year managed to fracture a rib from her violent coughing. Unfortunately, antibiotics rarely help and hope that beta agonists might do the trick has been dampened by a recent meta-analysis<sup>3</sup> that showed they had no effect unless the patient had bronchial hyper-reactivity. There are still promising lines of research. For example, cromoglycates have been shown to be helpful in treating even the cough of a pulmonary neo-

plasm,<sup>4</sup> but have not been trialled for postviral cough.

So, even as common and simple a condition as postviral cough, offer the curious GP rich veins of research. And while it may not save many lives, such research can save ourselves and our patients from needless anxiety and inappropriate treatments.

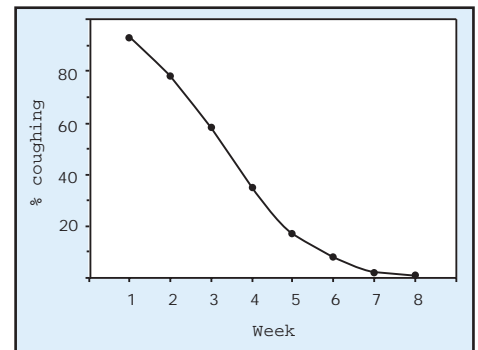


Figure 1. Slow decline in cough<sup>2</sup>

## References

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