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## **Are doctors in the university-based primary care clinic more evidence-based?**

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Sir,

### **Are doctors in the university-based primary care clinic more evidence-based?**

We did a replication of the study by Teng et al<sup>1</sup>, at the primary care clinic University of Malaya Medical Centre (UMMC) in the year 2001, where 12 medical officers recorded 203 episodes of upper respiratory tract infection (URTI). Although there were some differences in the demographic and clinical characteristics of URTI in both settings (UMMC had significantly fewer children and febrile patients but more patients with cervical lymphadenopathy), in terms of predictive features of streptococcal pharyngo-tonsillitis<sup>2</sup> there were no real difference. In spite of the above, doctors in UMMC were significantly less likely to diagnose bacterial URTI ( $\chi^2=7.794$ ,  $p=0.020$ ). The antibiotic prescribing rates in UMMC and Seremban health centers were 19.2% (95%CI: 13.8-24.6%) and 26.3% (95%CI: 20.8-31.8%) respectively. The difference observed was not statistically significant.

Using logistic regression, the two clinical features (cervical adenopathy and enlarged tonsils) that influenced the doctors' antibiotic prescribing in UMMC were evidence-based criteria, while the features that influenced the doctors in Seremban Health Centres were a mixture of evidence-based criteria (fever, cervical adenopathy, tonsil exudate) and those that were not (phlegm, red throat).

It appears that the doctors in a university-based primary care clinic were more likely to use evidence based approach in the management of URTI.

### **References**

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Yours sincerely

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