Clinical characteristics of new patients attending neurology outpatient clinics. Values are numbers (percentages) unless indicated otherwise

<table>
<thead>
<tr>
<th>Patients with suicidal ideation*</th>
<th>Patients without suicidal ideation</th>
<th>Relative risk (95% CI)</th>
</tr>
</thead>
<tbody>
<tr>
<td>(n=28)</td>
<td>(n=274)</td>
<td></td>
</tr>
<tr>
<td>Men 12 (46)</td>
<td>114 (42)</td>
<td>1.11 (0.71 to 1.72)</td>
</tr>
<tr>
<td>Women 14 (54)</td>
<td>160 (58)</td>
<td>0.84 (0.40 to 1.76)</td>
</tr>
<tr>
<td>Age &lt;40 years</td>
<td></td>
<td></td>
</tr>
<tr>
<td>15 (58)</td>
<td>128 (47)</td>
<td>1.50 (0.71 to 3.15)</td>
</tr>
<tr>
<td>Has medically unexplained symptoms</td>
<td>12 (46)</td>
<td>1.50 (0.71 to 3.15)</td>
</tr>
<tr>
<td>Has non-progressive neurological disease</td>
<td>12 (46)</td>
<td>1.50 (0.71 to 3.15)</td>
</tr>
<tr>
<td>Has potentially progressive neurological disease</td>
<td>2 (8)</td>
<td>0.49 (0.13 to 1.63)</td>
</tr>
<tr>
<td>Major depressive disorder diagnosed</td>
<td>23 (88)</td>
<td>54 (20)</td>
</tr>
</tbody>
</table>

Identified as needing psychiatric assessment§

| By general practitioner | 8 (31) | 43 (16) | NA |
| By neurologist          | 12 (46) | 40 (15) | NA |
| Not identified           | 11 (42) | 170 (62) | NA |

NA=not applicable.

*Prevalence is 9% (95% CI 6% to 12%).

Includes conditions such as epilepsy, headache, migraine, and neuropsychiatric conditions and other conditions.

Not specifically identified as being suicidal.

Comment

Our findings do not support the view that suicidal ideation occurring in neurology patients is largely a rational response to progressive physical illness. Instead, the findings underscore the importance of major depressive disorder in influencing the ways that medically ill patients think about their illnesses and themselves.

The prevalence of 9% (95% confidence interval 6% to 12%) for significant suicidal ideation described in this study is higher than the 2-3% described as occurring in primary care and community settings in the United States. We are unaware of any data that indicate what proportion of those who are medically ill and who report suicidal ideation actually go on to kill themselves. None the less, suicidal ideation of the type considered important in this study is clinically significant: it would be taken seriously during a psychiatric consultation.

It is encouraging that 58% of those patients with suicidal ideation were identified by either the general practitioner or the neurologist as needing psychiatric or psychological assessment or treatment. However, general practitioners and neurologists did not always identify the same patients. This highlights the importance of assessing the mental state of medically ill patients and the importance of communication of the findings between general practitioners and specialists.

Contributors: AC developed the primary hypothesis, discussed core ideas and study design, contributed to data collection and analysis, and participated in writing of the paper. SB assisted with data collection and analysis and contributed to writing the paper. CW and MS discussed core ideas and the design of the study and contributed to writing the paper. MS is guarantor for the paper.

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Competing interests: None declared.

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(Accepted 24 February 2000)

Home collection of urine for culture from infants by three methods: survey of parents’ preferences and bacterial contamination rates

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Urinary tract infection is common in childhood. Infants are most likely to scar and often have non-specific symptoms. Because of practical difficulties with collecting urine, samples are often not obtained.1 Most samples are collected by parents,2 yet nobody has sought parents’ views on available methods. We assessed contamination rates and parents’ opinions of three common methods used at home.

Subject, methods, and results

Parents of children aged 1 to 18 months volunteered to collect urine at home by pads, bags, and clean catch in a randomised order, on one day. The study had ethics committee approval. Demonstrations and instruction sheets were given. Parents washed their hands before each procedure and the child’s perineum before each collection. Pads (Newcastle sterile urine collection packs, Ontex UK, Corby) were placed inside the nappy and checked every 10 minutes until wet (but not soiled), then urine aspirated with a syringe. Bags (Hollister U-Bag, Hollister, Libertyville, IL) were applied and inspected every 10 minutes and removed to decant the urine. For clean catch samples, infants were nursed with a sterile bottle ready. Samples were immediately instilled on to dipslides (Till-U-Test, Dimanco, Bedfordshire) with sterile swabsticks and returned with forms recording parents’ collection times, comments, and rankings. Equipment costs were: pads 40p each for 10 (or 50p for a pack containing syringe, bottle, and two pads); bag 80p; sterile bottle 7p; dipslide and swabstick 50p.

Forty four parents attempted collections (29 boys, median age 4 months, range 1 to 18 months). No samples were obtained from one baby with diarrhoea, and no other child had a urine infection. Bacterial counts were < 10⁴/ml (typically reported as “insignificant” or “no growth”) from 31 (70%) pads, 29 (66%) bags, and 33 (75%) clean catch collections. Seven samples from pads, eight from bags, and one from clean catch collection had contamination (> 10⁴/ml of one or more
Assessments by 44 parents of three methods of home urine collection

<table>
<thead>
<tr>
<th>Parents’ assessments</th>
<th>No of parents:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Pad</td>
</tr>
<tr>
<td>Preference order</td>
<td></td>
</tr>
<tr>
<td>First</td>
<td>21</td>
</tr>
<tr>
<td>Second</td>
<td>19</td>
</tr>
<tr>
<td>Third</td>
<td>4</td>
</tr>
</tbody>
</table>

Open comments

Positive

- Easy, hygienic, or quick 25 24 8
- Comfortable for child 10 3 0

Negative

- Uncomfortable or distressing 1 26 3
- Fiddly or messy 9 10 20
- Unpractical or time consuming 10 0 26
- Difficult to get urine out of pad 8 — —
- Red marks left on skin — 11 —
- Too much trouble—gave up (boys) 1 (0) 4 (3) 9 (5)

Since Kass suggested a diagnostic cut off of a single bacterial species cultured at >10^5/ml, it has been widely taken as proof of a urine infection and assumed not to occur from skin contamination, even though his study and others’ recorded similar false positive rates to ours. False positive results potentially lead to inappropriate treatment and imaging. Suprapubic puncture is an unrealistic alternative in primary care. Although collecting multiple samples would reduce the false positive rate, it might delay antibiotic treatment.

We thank the parents for volunteering and their thoughtful comments and Dr Mohammad Raza for microbiological help.

Contributors: MGC had the original idea for the study and is the guarantor. The study was designed, the data analysed, and the paper written jointly by all the authors, LDTL carried out the clinical aspects and DMN and SJP the laboratory aspects of the study.

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