The Wisconsin Upper Respiratory Symptom Survey (WURSS)

A New Research Instrument for Assessing the Common Cold

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- OBJECTIVE To develop a sensitive, reliable, responsive, easy-to-use instrument for assessing the severity and functional impact of the common cold.
- STUDY DESIGN We created an illness-specific health-related quality-of-life outcomes instrument. This original questionnaire was used in a 1999 randomized trial of echinacea for the common cold. In 2000 we used cognitive interview and focus group qualitative methods to further develop the instrument. Semistructured interviews used open-ended questions to elicit symptoms, terminology, and perceived functional impact. Responses were used to improve the instrument.
- POPULATION The randomized trial watched 142 University of Wisconsin students for a total of 953 days of illness. The subsequent qualitative instrument development project recruited 74 adults with self-diagnosed colds for 56 in-person interviews and 3 focus groups.
- OUTCOMES MEASURED We measured specific symptoms, symptom clusters (dimensions), functional impact, and global severity.
- RESULTS The original questionnaire included 20 questions: a global severity indicator, 15 symptom-severity items using 9-point severity scales, and 4 yes/no functional assessments. Data from the trial provided evidence of 4 underlying dimensions: nasal, throat, cough, and fever and aches, with reliability coefficients of 0.663, 0.668, 0.794, and 0.753, respectively. Qualitative assessments from the interviews and focus groups led us to expand from 15 to 32 symptom-specific items and from 4 to 10 functional impairment items. The original 9-point severity scale was revised to 7 points. Two global severity questions bring the item count to 44. The instrument fits comfortably on the front and back of a single sheet of paper.
- CONCLUSIONS The Wisconsin Upper Respiratory Symptom Survey (WURSS) is ready for formal validity testing or practical use in common cold research. *(J Fam Pract 2002; 51:265)*

Do Primary Care Physicians Underprescribe Antibiotics for Peptic Ulcer Disease?

Report From an Italian Research Network

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- OBJECTIVE To determine how often primary care physicians prescribe eradication therapy for peptic ulcer disease (PUD) and nonulcer dyspepsia (NUD).
- STUDY DESIGN During a 2-year period (1998–2000) we analyzed data concerning patients with PUD or NUD seen by 80 Italian primary care physicians uniformly distributed throughout the country. We classified patients as having a definitive or a presumptive diagnosis on the basis of the completeness of the diagnostic workup and interpreted the prescription of antibiotics for dyspepsia as evidence of attempted eradication of *Helicobacter pylori*.
- POPULATION Consecutive ambulatory patients.
- OUTCOMES MEASURED The frequency with which predefined groups of patients received eradication therapy.
- RESULTS Of 6866 patients, 690 (10%) received eradication therapy. Of 2162 patients with PUD, 596 (27.6%) received eradication therapy; of 4704 patients with NUD, however, only 94 (2%) received this treatment ($P = .0001$). A total of 341 (37.7%) of 904 PUD patients with a definitive diagnosis were given eradication therapy and 255 (20.3%) of 1258 PUD patients with a presumptive diagnosis were given therapy ($P < .0001$). In NUD patients, 7 of 743 (0.9%) with a definitive diagnosis received eradication therapy, while 87 (2.2%) of 3961 of those with a presumptive diagnosis were given the same therapy ($P = .025$).
- CONCLUSIONS While Italian primary care physicians appropriately target eradication therapy for *H pylori* infection in patients with peptic ulcer disease rather than nonulcer disease, the intervention was still underused in these patients. Improvements in this prescribing behavior are needed. *(J Fam Pract 2002; 51:265)*

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