illness. It is difficult to understand why they recommend the treatment of antipsychotic induced hyperprolactinaemia with the addition of either of these drugs to conventional antipsychotics rather than changing to clozapine. We feel that treatment with clozapine should be considered as an alternative to this polypharmacy, and we are concerned that Duncan and Taylor's review did not mention this option.

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Sir: In our article, we noted that clozapine was the only antipsychotic not to cause hyperprolactinaemia. Clozapine may therefore successfully be used in patients with neuroleptic-induced hyperprolactinaemia. This fact was only implied in our article and we agree with your correspondents that the option to use clozapine should have been more explicit. In addition, as your correspondents state, clozapine is licensed to be used where patients are intolerant of standard neuroleptics for any reason.

In practice, we always suggest clozapine to prescribers as one of several possible therapeutic gambits in hyperprolactinaemia. In our unit, clinicians prefer to try dose reduction or amantadine. As far as we are aware, none of over 100 patients taking clozapine in our unit were prescribed the drug because of previous problems with hyperprolactinaemia.

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The total adult population of our catchment area is approximately 203 878. Assuming the point prevalence of schizophrenia to be between 2.5 to 5.3 per 1000, the number of expected patients with schizophrenia in our community would be between 509 and 1080. Of these 152–324 would be treatment resistant (Kane *et al*, 1988). If the estimated cost of clozapine per annum is £2500, the likely cost to our service of prescribing clozapine to all patients who theoretically could benefit from it would be £380 000–810 000. This upper figure is twice our annual drug budget.

Furthermore, at present, the cost to our service of prescribing clozapine is approximately £175 355 per annum. This is 36% of the total drug budget and amounts to about 54% of the sum expended on antipsychotic drugs. To put it in another way, 36% of the whole budget is spent on 56 patients who amount to less than 1% of patient contacts in one year.

The issue of cost-effectiveness of clozapine must be conducted within the context of actual budgets and of opportunity costs. We mean by this that there are competing claims upon a limited budget and that the needs of other patients and the fixed costs of institutions must be included in the cost-benefit analysis of clozapine. This is particularly true in services which no longer contain large groups of chronically ill patients within long-stay wards. The gains which would have been made in being able to secure discharges to community facilities are not evident in such settings. And, if there are already facilities for intensive follow-up and treatment at home, the cost benefits of reduced admissions would be negligible.

In conclusion, we believe that a thorough cost-benefit analysis of the use of clozapine in the UK context is now urgently needed.

KANE, J., HONIGFELD, G., SINGER, J., *et al* (Clozaril Collaborative Study Group) (1988) Clozapine for the treatment resistant schizophrenic: a double blind comparison with chlorpromazine. *Archives of General Psychiatry*, **45**, 789–796.

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The use of new antipsychotics

Sir: We read with interest Professor Kerwin's article on the use of new antipsychotic drugs such as clozapine (*Psychiatric Bulletin*, January 1996, **20**, 23–29). He argued that "enthusiasm for the use of new antipsychotics has not been as great as one might expect" and attributes this, partly, to cost. We wish to contribute to the debate by discussing further the issue of cost.

Competence consent and dementia

Sir: The articles by Bartlett (*Psychiatric Bulletin*, November 1996, **19**, 670–672) and Burns & Harris (*Psychiatric Bulletin*, February 1996, **20**, 107–108) help to clarify our ethical responsibilities to patients with dementia. However, competence, consent and dementia remain a dilemma.

When I set up a research project involving home visits to elderly people with dementia I had to