Correspondence

British National Formulary

Sir: Drs Srinivasan and Birch (*Psychiatric Bulletin*, January 1994, **18**, 52) have commented adversely on the British National Formulary (BNF). I would be grateful for the opportunity to set the record straight.

With reference to the dose of Depixol injection, doses in the BNF reflect the data sheet doses, which are the doses that have the confidence of the UK Licensing Authority. Thus, the dose of Depixol injection in the BNF reflects the dose in the 1993–94 ABPI Data Sheet Compendium.

With reference to the legal status of the BNF, it has the role of a pocket book, primarily for general practice, aimed at encouraging rational and cost-effective prescribing. The BNF is produced under the authority of a Joint Formulary Committee which includes representatives from the British Medical Association, the Royal Pharmaceutical Society and the Department of Health. Although individual drug monographs in the BNF reflect the data sheet requirements, the preamble to the drug monographs reflects the independent view of the Joint Formulary Committee. In providing its guidelines the Joint Formulary Committee uses advisers who are practising expert clinicians in the different specialties covered.

With reference to the Royal College Consensus Group, I attended the December 1993 meeting as an observer and explained the BNF policy to the meeting. The Joint Formulary Committee has always resisted requests to include doses of antipsychotics higher than those licensed, but for many editions has acknowledged that in some patients it is necessary to raise the dose above that which is normally recommended (with the proviso that this should be done with caution and under specialist supervision). The consensus group has thus used the BNF doses as a convenient shorthand for the licensed doses. Furthermore for BNF No 28 our brief statement on high-dose antipsychotic therapy will be expanded, by mutual agreement, to incorporate the conclusions of the Consensus Group.

Therefore, rather than being critical, I believe, the Consensus Group has welcomed the co-operation of the BNF.

With reference to lithium, the BNF is already in accord with the clinical guidelines produced by the Working Party of the Third British Lithium Congress.

ANNE B. PRASAD, *Executive Editor, British National Formulary, Royal Pharmaceutical Society of Great Britain, 1 Lambeth High Street, London SE1 7JN*

Neuroleptic usage

Sir: I read with interest D. Gill's letter regarding antipsychotic use in relation to dose, route and polypharmacy (*Psychiatric Bulletin*, 1993, **17**, 773–774). In 1992 I performed an audit of neuroleptic usage in acute patients at Central Hospital, Warwick in which additional p.r.n. prescribing indicated possible exceeding of BNF dose guidelines.

The total number of patients was 47 of whom 32 (68%) were on a neuroleptic (either regular or p.r.n.). Seventeen were on one regular neuroleptic, ten were on more than one and one was on three regular neuroleptics. Nine patients (or 28% of those on neuroleptics) were receiving antiparkinsonian medication of whom five were prescribed more than one neuroleptic. Fourteen patients were prescribed p.r.n. neuroleptics, five also taking one or two regular neuroleptics. Only three patients had not received any p.r.n. medication. For patients on more than one neuroleptic, where one was a p.r.n., most were written up by the duty doctor.

Despite careful prescribing habits of teams it seems that patients still run the risk of exceeding BNF doses and experiencing side effects when p.r.n. prescriptions are taken into account. Supplementary neuroleptic prescribing for acutely disturbed patients by duty doctors is common. Perhaps a time limit on all p.r.n. medication would avoid such unseen errors occurring.

SUSAN CARVILL, *Heathlands (Charles Burns Clinic) Birmingham B13 8QD*

Relatives and schizophrenia

Sir: In the study by Brian O'Shea (*Psychiatric Bulletin*, January 1994, **18**, 32–35) voluntary schizophrenia organisations were contacted for information, including enquiry into the helpfulness of the medical profession. I was surprised that no reply was received from the National Schizophrenia Fellowship in the UK. In my own study I interviewed relatives who were members of a branch of the NSF/UK and asked their views

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on psychiatric care (Sargeant, 1993), which were similar to those from the Schizophrenia Association of Great Britain received by O'Shea.

Communication between health professionals and relatives was poor and the relatives felt unsupported and isolated. They were often ignorant of the diagnosis initially and wanted more easy access to hospital beds, although good community management was preferred by relatives in my sample in contrast to the groups who replied to O'Shea. This difference may reflect difficulties in establishing community facilities before hospital beds are closed. Those relatives I interviewed wished to be involved with the professional multidisciplinary team. Although the relatives were often the primary carers, they were not always informed of decisions that affected them.

I agree that medical education needs to take account of the families from which patients come. I wonder whether this is better placed at the postgraduate level and in the continuing education arena than at undergraduate level where the syllabus is already large and expanding rapidly. If the carers are to be supported the professionals need to support. Medical students will then learn by example.

SARGEANT, R.J. (1993) Schizophrenia: the problems for the family. *Psychiatric Bulletin*, **17**, 14–15.

RHONA J. SARGEANT, *Uffculme Clinic, Queensbridge Road, Moseley, Birmingham B13 8QD*

Sir: Sargeant was 'surprised' to read that the National Schizophrenia Fellowship UK did not reply to my correspondence. Unfortunately, that is not uncommon in this type of research (O'Shea, 1990). What was far more surprising was the fact that the most distant country involved in all three of my papers (New Zealand), of which the article on schizophrenia was the third, was consistently first in giving replies. The difference between Sargeant's and my own findings in relation to where one might wish to be treated may be more apparent than real and may depend on the manner in which questions are phrased: if your choice is confined to choosing between hospitals it is reasonably straightforward, whereas if you prefer to be treated extramurally but the perceived facilities are inadequate then some distress may be engendered.

Finally, psychiatry, at least until recently, was all too often seen as something which could be left to those who specialised in it after qualifying. How many doctors need to remember, or do remember, the amount of anatomy that, at least in my time, they were forced to digest in medical school? Surely the branches of some vessels and nerves could be diverted to make way for a consideration of the family. After all, general practice used to be known as family medicine!

O'SHEA, B. (1990) Huntington's disease association in Australia. *Psychiatric Bulletin*, **14**, 94.

BRIAN O'SHEA, *Newcastle Hospital, Greystones, County Wicklow, Ireland*

Training in research methods

Sir: I was interested to read correspondence from Kidd, Stark & Henderson (*Psychiatric Bulletin*, January 1994, **18**, 55–56) about research by trainees, and the *BJP Review of Books* article 'Psychiatry's Research Toolbox' by Peter Jones, particularly his account of Freeman & Tyrers' *Research Methods in Psychiatry. A Beginner's Guide*. I wish I had been aware of the existence of this book when embarking upon my own research project. I had excellent supervision, but there are things that nobody tells you, such as securing a parking space close to the door to spare the *biceps brachii* and *atissimus dorsi* while carrying 2000 questionnaires to and from the printers, other departments and the post room. Probably the most important point in setting up a postal survey is ordering self-seal envelopes – this is obvious to those who have tried licking or sponging 2000 A4 envelopes. Warning about those excruciating cuts to the digits caused by edges of paper is warranted and the variant of lesions to the lips and tongue, caused by ignoring advice about envelopes.

Next time I will buy *Research Methods in Psychiatry. A Beginner's Guide*, go on a touch-typing course, keep triple-checked copies of my reference list in three separate buildings and become expert in the latest computer reference searching systems before I begin, and I will always be nice to librarians.

Training in research, and the availability of a good, basic textbook, it vital. The question no-one dares to ask is "OK – yes – but how do you *do* it?". The mystique needs to be removed, so we all feel confident enough to start early, setting up small, well organised projects which can be slotted into a busy job. If we are to be in print by senior registrar interviews, with the lengthy submission processes, one needs to start at an SHO level.

FREEMAN, C. & TYRER, P. (eds.) (1992) *Research Methods in Psychiatry. A Beginner's Guide*. London: Gaskell (Royal College of Psychiatrists).

JONES, P. (1994) Psychiatry's research toolbox. *BJP Review of Books*, **7**, 6–9.

HELEN M. BIRCHALL, *Leicester General Hospital, Leicester LE5 4PW*

Label of personality disorder

Sir: I am currently preparing a paper on the politics of personality disorder. I came across Dr

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