

degeneration, primary progressive aphasia and corticobasal degeneration.

Caring for any patient is stressful, but carers of younger dementia sufferers, who often have to abandon employment to provide care, are particularly affected. Many carers are helped by joining carers groups. In the case of a carer looking after someone with a non-Alzheimer dementia, the experience of AD carers may be of limited relevance as their practical problems are quite different. Providing the family and carers with the correct diagnosis and explanation of the disease can be very beneficial and may open the door to specific support services such as The Pick's Disease Support Group.

As Williams (1995) recognises, planning comprehensive services for this group of patients on a local basis is problematic, especially given the heterogeneity of the clinical picture, and the difficulty of making the diagnosis in many cases. We have responded to this challenge by starting a novel service called CANDID (Counselling and Diagnosis in Dementia). This provides information, education and advice by telephone and the Internet to support professionals and families who are looking after a younger person with dementia. The feedback of specialist advice through the GP, hospital consultant and local services is proving to be particularly valuable for this group. The service is under close evaluation but may offer a model for providing coordinated care to the estimated 20–30 000 younger sufferers of dementia in the UK.

The Pick's Disease Support Group and CANDID can be contacted via Penelope Roques.

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Quality of statistics in psychiatric research

SIR: The level of statistical errors as revealed by McGuigan (1995) in the *British Journal of Psychiatry* during 1993 is obviously disturbing. Furthermore it is of great concern that this rate has not effectively reduced since the study of White (1979). However, I find such studies can be difficult to interpret in real terms. This is not least because what constitutes a statistical error can be purely subjective (Hand & Sham, 1995). It is the severity of any error, although also subjective in itself, rather than the number of errors *per se* that is of greater interest.

The medical literature is repeatedly trying to increase researchers' knowledge of statistics. I am concerned as a professional statistician that this is seen by many as providing the competency in the execution, rather than an education in the appreciation, of statistics. Statistics is a science that demands proper training. An increase in readily accessible computer software has also unfortunately encouraged individuals to develop the 'have a go approach'. In combination, these factors have contributed significantly to the present situation concerning the quality of statistics in medical journals. The main stumbling block as I see it is the lack of qualified statisticians and not until this issue is rectified will there be improvement. In particular it will facilitate the appointment to journals of professional statisticians as referees where typically there are few, if any, at present. This need is urgent since when one stops to consider the errors cited by both McGuigan (1995) and White (1979), one surely has to question the validity of research that has gone beforehand.

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