I have rated the change in mental state according to the scale 1 worse, 2 no change, 3 marginally improved, 4 clear improvement, 5 marked improvement. Seven were ranked at 5, four were ranked at 4, one was ranked at 3 and one was ranked at 1.

Thirteen patients were started on clozapine after long intractible schizophrenic conditions. There were no problems with the white cell counts sufficient to cause the drug to be stopped and such side effects as there were settled, except for one severe extrapyramidal reaction. Most of the patients improved either clearly or markedy with regard to level of disturbance and emotional warmth. Seven of these patients now spend most of their time out of hospital and only return for the white cell counts and dispensing of the clozapine. Six of the patients had actually requested clozapine, and all of the patients and relatives were fully counselled on the side-effects before the drug was considered.

MICHAEL A. LAUNER

Burnley General Hospital
Lamont Clinic
Burnley BB10 2PQ

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Benzodiazepines as night sedation

DEAR SIRS

Various studies have shown that pharmacological dependence and tolerance to benzodiazepines occur with therapeutic dosages. Alternative ways of dealing with insomnia exist and it can be asked if benzodiazepines should ever be used to manage these conditions. The *British National Formulary* (1990) (BNF) states that "routine use of benzodiazepines as hypnotics, especially in hospitals, is undesirable and ideally they should be reserved for short treatment in acute distress". The Royal College of Psychiatrists (1988) statement on benzodiazepine prescribing for insomnia states that their use should be limited to cases where the condition is severe, disabling, or subjecting the individual to extreme distress.

Little is known about the prescribing habits or knowledge of new medical graduates on this topic. We surveyed 97 graduates of a single medical school in pre-registration house jobs, using a telephone questionnaire; 93 responded.

In the month prior to the study 92 of the doctors prescribed night sedation, 82 (92.5%) prescribing only benzodiazepines. One-third estimated that more than 50% of their patients received night sedation and 12 stated that more than 80% received it. One-half of the doctors stated that they prescribed night sedation in response to nursing requests or pressure, but 14 said they commenced patients on benzodiazepines routinely. The first choice of sedative for almost all of the respondents was temazepam. Just over 10% did not know that tolerance developed to benzodiazepines with the same number being unsure. Less than 5% did not know that the patient can become dependent on benzodiazepines and 2% were not sure. Approximately 9% of the doctors would discharge patients on benzodiazepines even if the patient was not taking these prior to admission.

The majority of the doctors surveyed were aware of the occurrence of tolerance and dependence with benzodiazepines, but this did not seem to influence their prescribing practice. Our figures highlight a need for more teaching about safe prescribing of benzodiazepines as night sedation to medical and nursing staff. Formal prescribing policies may protect inexperienced doctors from undue pressure to commence patients on night sedation. On a more optimistic note, only 9% of the doctors surveyed would continue benzodiazepines after discharge if the patient was not on them on admission. Although not strictly comparable, this contrasts well with 72.2% of patients on benzodiazepines after discharge from psychiatric hospital (Fry, 1989). This group of graduates are taught to use the BNF as a source of reference for drug dosages but its guidelines on prescribing practices do not seem to be followed. Of those surveyed, 10% asked our advice on prescribing benzodiazepines, possibly indicating a need for more direct guidance from senior doctors.

DENISE COPE
HELEN MEARS

Moorgreen Hospital
Botley Road, West End
Southampton SO3 3JB

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A full list of references is available on request to the authors.

Section 5(2) audit

DEAR SIRS

The visiting Mental Health Act Commissioners in August 1990 commented that Section 5(2) was