

Supervision of repeat antidepressant prescribing in general practice

SIR: In the light of the Royal College of Psychiatrists' campaign "Defeat Depression", and the intended improvement in the treatment of depression by general practitioners (GPs), I would like to draw attention to the problem of supervision of repeat antidepressant prescribing.

An audit which I undertook of repeat prescribing in a semi-rural training practice, with a list size of 7600, gave the following results. A total of 88 patients were identified as receiving repeat prescriptions for antidepressants as defined by the British National Formulary (1991), groups 4.3.1 to 4.3.4. Of these, 45 (51%) had had repeat prescriptions for longer than 12 months, 5 (6%) for over 10 years. The total numbers, the lengths of prescription, and the predominance of elderly females, are similar to those found in studies by Kerr (1990) and Catalan *et al* (1988).

For the patients who had had repeat prescriptions for over 12 months, 31 (69%) had originally been started on them by their GP. Over the previous 12 months there was specific mention, written by the GP in the notes, of the presence or absence of depression, anxiety or other mental symptoms in 15 patients. Of the remaining 16, 14 had had consultations for other reasons, with no record of assessment of mental state or antidepressant medication review. The remaining two had not been seen at all in the past year.

There were 35 patients who had been started on, or recommended to start medication, by a psychiatrist. For the 21 patients started on antidepressants in the past 12 months, nine (42%) had already been seen for follow-up. However, for the 14 patients who had been on antidepressants for over 12 months, only two had been seen by a psychiatrist in the past year. Of the other 12, 8 had evidence in their notes of review by the GP. Of the four who had not been reviewed, two had consulted their GP in the past year for other problems, and two had not received any supervision of their antidepressant medication.

There is no reason to believe that these figures are unusual as the practice was "good average" on all the usual measures of GP performance, such as immunisation rates, etc. Note-keeping was of a high

standard, as the practice was participating in the Fourth National Morbidity Survey.

The results must therefore be of concern. Recognition of depression and initiation of treatment is not enough. With long-term treatment now being advocated, e.g. Frank *et al* (1992), the standards of long-term supervision must be examined. Psychiatrists must be aware that discharge back to the care of the GP of a patient on continuing antidepressants, does not guarantee long-term supervision. The situation contrasts with other chronic illnesses, for example, diabetes, where there is a concentration and organisation of primary-care resources, with nurse screening programs, treatment protocols, and practice-based diabetic clinics. We need to clarify the patients' need for long-term supervision and treatment, understand the requirements of the now probably fundholding GP, and examine the adequacy of our own long-term follow-up arrangements.

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FRANK, E., KUPFER, D. J., PEREL, J. M., *et al* (1990) Three year outcomes for maintenance therapies in recurrent depression. *Archives of General Psychiatry*, **47**, 1093–1099.

KERR, M. P. (1991) Antidepressant prescribing in general practice – how long can this go on? *Psychiatric Bulletin*, **15**, 281–283.

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CORRIGENDA

Journal, June 1992, **160**, 850–860. The following was omitted from the paper "The meaning of insight in clinical psychiatry" by I. S. Markova & G. E. Berrios. Acknowledgement – The work was carried out during Dr Markova's tenure of a research registrar post in the Cambridge Psychiatric Training Rotation.

Journal, June 1992, **160**, 868–869. The letters from Hans Förstl, A. C. Carr, and W. A. G. MacCallum should have appeared under the title 'The naming of syndromes'.

A HUNDRED YEARS AGO

The care of the feeble-minded

This is a class of persons for whom at present scarcely any provision is made, but public opinion has of late been directed to the subject. In 1888 a committee was

appointed by the British Medical Association to inquire into the physical condition of the child population, and amongst the 3,931 pupils in ten public elementary schools, 31 were found to be "exceptional" children. In July, 1890, the council of