

beginning of training, a formal introduction to the techniques and skills of case presentation may not always occur. A well organised case conference can be a sociable, enjoyable and effective method of education in psychiatry. Conferences provide a forum for the multi-disciplinary discussion of clinical cases and expose the trainee to patients, ideas and opinions they might otherwise not encounter. They are also excellent preparation for the MRCPsych examination.

HOLDEN, N.L. (1987) *Examination Techniques in Psychiatry*. London: Hodder & Stoughton.

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VINCENTI, G.E.P. (1990) A pre-planned assessment sheet. *Psychiatric Bulletin*, **14**, 230–232.

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### Feedback on the MRCPsych examination

Sir: It is reassuring to hear from Dr Mann that the College takes marking the MRCPsych examination so seriously, (*Psychiatric Bulletin*, 1993, **17**, 686) although this results in some delay in publication of the results. However, for those candidates who are unsuccessful, feedback on the relevant portion of the examination which they failed seems to be subject to considerable delay. In my own case, which is not exceptional, I received feedback for the Spring Exam three months after publication of the results and some three weeks before the Autumn diet. Consequently this feedback, although constructive and welcomed, is of limited utility. Why the delay, and can anything be done to expedite the feedback?

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### Outcome measures in mental health

Sir: In the current era of open access to patient notes, I would be very interested to discover psychiatrists' attitudes to the following matter.

I recently attended a conference on quality assurance at which Professor Wing of the College Research Unit spoke on outcome measures in mental health. One aspect which I did not hear addressed was whether patients would have access to the current rating given to them by a health care professional. With the recent emphasis on empowerment of patients, it could be argued that this is an essential piece of information; however it is also easy to see the

potential damage this may cause in certain circumstances. I feel these issues should however be addressed before outcome measures become a compulsory part of our clinical life and that we should be pro-active in developing a policy in this area rather than as on many occasions re-active.

J. COATES, *Belfast City Hospital, Belfast BT9 7AB*

Sir: Dr Coates refers to the simple scales now being developed by the Research Unit to measure outcomes in connection with the first mental *Health of the Nation* target (DOH, 1993). If and when these become part of the patient record they will be subject, like the rest of the clinical record, to the provisions of the Access to Health Records Act 1990 (NHS-ME, 1991). College guidance on this has been published (1992). A College document on confidentiality is also relevant (1990).

In general, the issues raised by the scales are no different from those involved in the use of other clinical records. Information from carers should also, of course, be recorded, raising problems that are discussed in the Act and in the College commentary.

DEPARTMENT OF HEALTH (1993) *The Health of the Nation. Key Area Handbook. Mental Illness*. Pp 44–45. London: DoH.

NHS-ME (1991) *Access to Health Records Act 1990: A guide for the NHS*. Health Publications Unit

ROYAL COLLEGE OF PSYCHIATRISTS (1992) *Access to Health Records Act 1990. College guidance (1992) Psychiatric Bulletin*, **16**, 114–113.

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### Monitoring of blood pressure at a GP depot clinic

Sir: Depot neuroleptics are often initially prescribed within a specialist setting such as in-patient or day hospital units. With increasing emphasis on community care, the burden of providing depot medication and to some extent psychiatric follow-up is being transferred to the primary health care setting. The question as to whether patients with chronic mental illness receive the same amount of screening in terms of blood pressure monitoring as those who have chronic medical illnesses requires closer scrutiny.

Eighteen patients, from a GP depot clinic, were matched for age and sex using the practice computer, with patients suffering from arthritis. A retrospective case examination for five years was performed; the number of presentations and blood pressure measurements for each period was then recorded.

Depot attenders were more likely to seek GP consultation, usually for physical complaints, even when noted to be suffering from active psychosis. Three per cent of depot group consultations led to a blood pressure measurement, compared with 8% of control group consultations ( $P < 0.005$ ).

Depot neuroleptics are associated with weight gain (a correlate for hypertension), and orthostatic hypotension. Both are indications for monitoring blood pressure. The closure of large psychiatric hospitals has led to increasing numbers of patients with mental illness being treated in a community setting. For some patients depot administration is the only point of contact with the mental health services.

The institution of blood pressure monitoring on depot clinic attendance provides an opportunity to meet *Health of the Nation* guidelines for an underprivileged group of patients.

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#### **Families and twins with schizophrenia**

Sir: At the Institute of Psychiatry we are carrying out research into genetic and environmental

variables which contribute to schizophrenia. As part of this research project, we are carrying out neuropsychological assessments along with magnetic resonance imaging (MRI) of families in which two or more individuals suffer from schizophrenia. We are also studying twin pairs in which one or both have schizophrenia.

This work is highly dependent for its success on the ascertainment of such families and twin pairs. We would be very pleased to be put in touch with any such families or twin pairs that have come to the attention of readers of the *Bulletin*. We would then personally get in touch with the members of the families and explain the details of the project to them. After informed consent, we hope to carry out neuropsychological assessments as well as MRI scans on the well and ill family members.

Please write to or telephone Dr T. Sharma who would be very happy to further explain the project. He can be contacted on 071 919 3342, 24-hour bleep: 081 812 2564, fax: 071 701 9044; Department of Psychological Medicine, Institute of Psychiatry, DeCrespigny Park, Denmark Hill, London SE5 8AF

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