only two. They found a 10–20 kg weight gain in 21% and 2% of their patients respectively, and though difficult to compare directly, the percentages of excessive weight gain and complaints of the same are almost identical in both studies.

Gastro-intestinal disturbances including nausea and vomiting, loose motions and a salty taste in the mouth was reported by 3%; 6% of their patients had diarrhoea.

Seven per cent had raised serum creatinine levels (> 125 μmol/l) but 28% had at least one raised level at some time previously; 3% had persistently raised levels (3 or more consecutive levels) with mean values ranging from 137 to 184. Only one of these had a creatinine clearance and this was normal. Of their patients, 0.7% had a raised serum creatinine (> 130 μmol/l) but none of these showed any significant reduction of creatinine clearance on lithium.

There were no symptomatic cases of lithium toxicity compared to two cases of toxicity in their study. We had three suicides of clinic patients, not involving lithium and they had the same number.

In conclusion, our audit has shown that monitoring frequency for thyroid and renal function ought to be reduced, creatinine clearances obtained for persistently raised levels, the rationale for daily divided doses of lithium reviewed and patients weighed at each visit. Otherwise, the lithium clinic provides a cost effective service, with potential implications for general practitioner budget holders and other purchasers of psychiatric services.

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Clinical audit

DEAR SIRS

I read with interest the letter from A. K. Shah (*Psychiatric Bulletin*, December 1990, **14**, 748). The form of clinical audit which he comments upon had been practised for some time in our Department of Psychiatry. For the past 18 months we have held fortnightly audit meetings, and in alternate meetings a consultant has reviewed the case notes of a patient randomly selected from another consultant's team. The review of the notes follows a standardised format and covers three areas. The first area is the structure of the records and looks at whether the appropriate paperwork is present and filed correctly. The second area looks at the content of the notes and sees whether an adequate history is taken, mental state recorded, physical examination made, investigations performed and progress notes recorded regularly. Also a discharge plan is looked at and the timing and adequacy of the discharge summary is noted. The third area is management appraisal where the objective is to see how well the case in managed.

A recent South-West region audit meeting showed that this form of case note review has been widely adopted by psychiatric departments in the South-West. Despite some problems at first, generally the experience has been a positive one. In Exeter, the main disadvantage at first was that the juniors felt somewhat paranoid as they were initially excluded from the audit meetings and it was mainly their work which was being scrutinised. This was readily addressed by the inclusion of all grades of medical staff in the audit meetings. The gains from this process have been marked. Firstly, we are now much more aware of our colleagues' working practices. Secondly, we are now more critically aware of our own standards of work and ways of improving these. Finally, it seems that this has had a generalised effect on raising morale.

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DEAR SIRS

I read with interest Dr Shah's letter (*Psychiatric Bulletin*, December 1990, **14**, 748) describing an intensive and confrontational form of clinical audit in the field of medicine for the elderly. Such methods are not new, and are certainly finding their way into psychiatric practice and education in Liverpool.

Five years ago, I was a senior house officer in geriatrics in North Wales, and attended fortnightly meetings in which consultants from another team would present a detailed audit of one or two sets of recent case notes in a similar way to that described by Dr Shah. This exercise was, indeed, frightening, not least to the junior medical staff, but had clear educational value, improving my own standards of notekeeping enormously.

These methods are now to be used on a regular basis in the case conference meetings normally presented by postgraduate psychiatry trainees in