(alprazolam) and the very long (six month) period of administration. In the clinical situation, some people are incapacitated by their symptoms that seem resistant to all other forms of pharmacological or psychological intervention, and it would seem reasonable to consider using benzodiazepines in these cases as adjunctive therapy to antidepressants.

We would support the use of clonidine, but there have also been reports of rebound hypertension on withdrawal of this drug and we would raise the point that clonidine is considerably more toxic than benzodiazepines or the new selective serotonin reuptake inhibitors in overdose.

What we would like to emphasise is that the condition has been poorly researched and, at the present time, no drugs are licensed for this conditions. This does not mean, however, that antidepressants should not be tried. These patients are often severely ill and warrant treatment.

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Continuing Professional Development Update

We are now at the stage of consolidation and review in planning the Continuing Professional Development (CPD) programme for psychiatrists. There is still a considerable amount of work to be done before we can claim that our CPD programme has won acceptance from the great majority of clinical psychiatrists. As most of you who subscribe to *Advances in Psychiatric Treatment* will be registered for CPD, might I ask that you actively promote CPD among reluctant colleagues? Other medical colleges are developing continuing medical education (their form of CPD) with considerable enthusiasm. All anticipate fierce public criticism of any branch of medicine that shies away from developing an agreed process of self-regulation for career-grade clinicians. The medico-legal implications are so obvious that I need not dwell on them. Non-consultant career-grade colleagues often express surprise that CPD is meant to be taken up by all clinicians. They may be poorly informed about the nature of CPD, particularly if they do not have any kind of formal link with our College. Are all members of your clinical team fully informed and well advised? Could you please help by impressing on them the importance of getting involved with CPD? If there are practical problems, we are keen to be flexible with regard to individual programmes. Your Deputy Regional Adviser (CPD) or Pauline Taggart at the College CPD Unit will help. Things are moving on apace, and we psychiatrists should lose no time in establishing an agreed CPD programme of self-regulation; otherwise, the process of regulation (dare I say, possibly through regular examinations) could be taken out of our hands.

Professor H. G. Morgan
Director of CPD

Erratum

Eiser, C. (1997) Effects of chronic illness on children and their families. *Advances in Psychiatric Treatment*, **3**, 204–210. On page 207, the second sentence under the sub-heading 'Family and ethnic issues' should read: "In diabetes, good blood sugar control is associated with good family functioning, that is children tend to have better diabetes control when the family functions well together, compared with children from families characterised by greater conflict."

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