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LETTERS TO EDITOR

Delusional dish syndromes

Sir, - I read with interest your May 1992 article (1) discussing three cases of "Delusional dish syndrome". I would like to add another case which involved delusions surrounding such a satellite-receiving antenna dish.

The patient was a 32 year old Caucasian female with a long history of paranoid schizophrenia and the attendant social sequelae. Next door, the neighbors had recently installed a satellite dish at their rural home, and the patient had stopped taking her neuroleptic medication several months before this time. She was convinced that Donald Duck, the popular Disney character, was deeply in love with her and had so informed her via the satellite connection. She began to have visual hallucinations of the irascible waterfowl, and her family became alarmed as her behaviour and attitude toward the satellite dish deteriorated. She began to spend hours hovering around it, and when she disrobed and climbed into it, masturbating (while believing that she was in fact consummating her marriage to the fictional Disney duck), the police were called and she was involuntarily committed to a state hospital, where her delusional thinking and hallucinations gradually improved on fluphenazine which was tapered to an eventual maintenance dosage of 1-2 mg/day.

The patient eventually enjoyed considerable insight into her illness, which remained in complete remission on fluphenazine, but she tended (neurotically) to avoid proximity to satellite dishes. However, she has been able to discuss this aberrant behaviour and sees the humour in it. There are definite clues as to the dynamic underpinnings involved both in her original decision to stop the medication and in why she incorporated the powerfully symbolic medium of the satellite dish connection into her system of delusional belief. I am sure, as you have intimated, that deluded individuals will increasingly focus their energies on these and other commonplace technologies.

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Primary care liaison psychiatry:- selected consultation and periodic group discussion model - evaluation of a pilot scheme.

Sir, - Since Shepherd (1) investigated psychiatric illness in general practices in London in 1966, there has been a growing awareness of the need to evaluate liaison psychiatry in general practice. We designed a general practice liaison psychiatry service, using selected out-patient consultation and

periodic group discussion between GPs and psychiatrists. The aims of this pilot project were to evaluate this service in terms of patient care, the GP/psychiatrist relationship, the attitudes of patients to psychiatric referral and cost-effectiveness. Our four - month pilot study illustrated some of the difficulties encountered in setting up and running such a service. Our experience holds useful lessons for similar future services.

The service ran from August 1989 to December 1989. Two registrars in psychiatry were available for a total of six hours per week. Consultation requests were made by the GP contacting the community base. Each GP filled out a consultation request form containing information regarding the patient and the GP's diagnosis. The psychiatrists were blind to the GP's diagnosis prior to interviewing the patient, in order to avoid bias. Following the interview with the patient (which took place in the GP's surgery) each GP received a verbal and a written report on the patient. The GP's and the psychiatrist's diagnoses were compared.

Only patients over 18 who were attending Cluain Mhuire Family Centre were eligible for inclusion in the study.

Periodic group discussion took place at the inauguration of the scheme and at the end of the four - month period. At the end of this period each GP was sent a feedback questionnaire on the scheme.

The overall response rate was low. The catchment area has 124 GPs. Of these, 38 (30%) attended the inauguration meeting. There were four consultations requested during the four-month period. 37 GPs replied to the feedback questionnaire. Three GPs attended the group discussion at the end of the four-month period.

Despite the limited uptake of the service, 31 of the 37 GPs who replied to the questionnaire said they would avail of the service in the future, as did the three GPs who attended the four-monthly discussion.

The low response rate to the project raises questions regarding the setting up of such a service, and the factors which may influence its utilisation.

The community base already provides an efficient out-patient psychiatric service for a population of 180,000. Referral to this service does not involve filling out a consultation form or making space available for consultations in the GP's practice as our service did. At the time of the scheme, GPs were busy with an influenza epidemic and were perhaps unable to give their attention to the scheme. The catchment area is relatively "over-doctored" and GPs may be able to provide time to themselves adequately assess and manage patients with psychiatric problems.

The limited utilisation rate of the scheme reveals some aspects of the GP - patient - psychiatrist relationship. Personal visiting by psychiatrists to the GPs' practices might have been a more effective advertising strategy than inviting