

The bad publicity which lithium medication has accrued is more a reflection of bad practice than a problem with the medication. The British National Formulary (BNF) and monthly index of medical specialties (MIMS) have unwittingly contributed to the confusion by retaining out of date information. For example, the kidney scare of the '70s has now been discounted (Waller & Edwards, 1989). Yet the BNF still lists kidney changes as a side effect of therapeutic use quite separately to polyuria. It is not clear what kidney changes are referred to. MIMS states that "treatment should be initiated in hospital". Such alarmist reactions are outdated and do not reflect current specialist opinion.

We have published a guide to prescribing which should facilitate safe practice and confidence building (Srinivasan *et al.*, 1992).

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References

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Prescription charges and recurrent depression

DEAR SIRS

Following the publication of Dr Vincenti's letter (*Psychiatric Bulletin*, July 1992, **16**, 444) suggesting that sufferers from recurrent depression should be exempted from prescription charges, this matter was considered recently by the College's Executive and Finance Committee. Under the present system, individuals suffering from certain chronic medical conditions are entitled to receive free NHS prescriptions, although this does not extend to include patients suffering from long-term mental illnesses.

The British Medical Association's General Medical Services Committee has undertaken a review of the arrangements for prescription charges in response to many complaints both from patients and from the profession that the present system is inequitable and anomalous. The College's Executive and Finance Committee shares the view expressed by the British Medical Association that the present level of charge may act as a disincentive to some patients in obtaining necessary medical treatment. However,

the Committee also accepts the view that any extension of the present exemptions would be likely to introduce further anomalies, and raise disproportionately the burden on those paying charges. For this reason we would support the British Medical Association's position that the present system be revised, and the overall burden of charges be spread more equitably. The British Medical Association is currently considering making an approach to the Department of Health on this issue, and I would propose that this be supported by the College.

Professor A. C. P. SIMS
President

Attendance at multidisciplinary case meetings

DEAR SIRS

Your anonymous correspondent (*Psychiatric Bulletin* July 1992, **16**, 445) highlights an area that we have long considered cause for concern. His finding, that on his own unit, over three-quarters of multidisciplinary care meetings proceeded in the absence of at least one ward or community key-worker does not surprise us. In fact it accords perfectly with experiences we gained during our rotational training as registrars. We have also made the further observation that there appears to be an inverse relationship between multidisciplinary staff attendance at so-called "staff groups" and attendance at case meetings where the welfare of actual patients is supposedly advanced. Psychiatrists are of course far from perfect, but we do seem to indicate that we take our responsibilities for the welfare of our patients seriously by at least attending care meetings, be they ward or management rounds or case conferences. We can only hope to inspire members of other disciplines by our shining example in this respect or at least shame them by raising the issue at the next meeting of the navel-gazing unit staff group!

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Sporting phobias

DEAR SIRS

I am deeply grateful to Dr Barrett for his brave and self-revelatory piece (*Psychiatric Bulletin*, July 1992, **16**, 454). As a long-term sufferer from the same syndrome, with intermittent remissions occasioned by examination neurosis, marital disharmony, and "child care and the growth of love" (à la Bowlby) I too have grappled with this disorder. Treatment is difficult, but one should perhaps accept the positive side.