

I wonder whether I was alone in having such an experience but suspect not and would be grateful to hear of others' experiences and any successful strategies that may be enacted.

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Trainees' understanding of services

Sir: It is encouraging to learn of trainees' interest in learning about the past and future pressures that shape our service (Gaughran & Davies, *Psychiatric Bulletin*, February 1995, **19**, 121-122).

Sub-specialisation has occurred extensively in many medical specialities, and concern about the inadequate support of general services has been voiced often. It is essential that the right balance is struck between sub-specialisation and the general service provision, and the driving principle based on outcomes rather than rhetoric; for example, following guidance on the differing morbidity and mortality rates for vascular surgery. Resources should follow outcomes but there are many examples in psychiatry where there is pitifully poor support for a locality's service provision.

Like old age psychiatry, adolescent psychiatry developed as a body of knowledge and practice in response to poorly met needs. It might be broadly defined as 'the general psychiatry of adolescence', and, where in-patient provision exists, the assessment and treatment of psychotic illness of adolescent-onset should be a primary task. The contemporary literature clearly supports that stance and, instead of internecine quarrelling in the profession, hard decisions on resource allocation made on the basis of what can be afforded and where the best outcomes can be ensured, so that the needs of patients and their clinical services are supported to the maximum that NHS funding permits.

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Out of Darkness video

Sir: Jacqueline Atkinson writes (*Psychiatric Bulletin*, January 1995, **19**, 43) about the video *Out of Darkness* starring Diana Ross

which describes the recovery of a schizophrenic patient on clozapine. The criticisms which she levels "stress mentioned only in passing" and the presence of stereotypes and the fact that "we learn little of the chronic negative symptoms" and many similar remarks sound like she is refereeing an academic paper.

This is a simple video made for the viewing lay public with accurate technical input from one of the world's major experts on schizophrenia in general and clozapine in particular. Of course the film offers hope, and as a clinician with nearly 25 years of experience I welcome anything that offers hope in contrast with the dreadful legacy that schizophrenic patients and their families have endured in so-called civilised countries this century.

I have shown the video to many of the families of my clozapine patients and they love it. The best of luck to them, God knows they deserve it and let us not try to denigrate simple entertainment using pseudo-academia.

MICHAEL LAUNER, *Burnley Health Care NHS Trust, Burnley General Hospital, Burnley BB10 2PQ*

Sir: *Out of Darkness* (certificate 15), whatever else it does, promotes clozapine. That it also entertains means that it reaches a wider public than would a television documentary. In the month of its release (August 1994) my local video shop's two copies were borrowed 26 times (2-day hire), showing its popularity.

People are susceptible to messages about mental illness portrayed in the media (e.g. *Brookside*, *Eastenders*) (University of Glasgow Media Group 1993a, b). There is also a suggestion that, in this area, media messages may outweigh personal experience for some people. To pretend that films such as *Out of Darkness* elicit no response other than 'entertainment' is naive. It might be unrealistic to expect any media message/entertainment to be unbiased but to point out bias can be merely to refer to ones' own experience and reality, not 'pseudo-academia'. Surely by showing the film to patients' families Dr Launer is treating it as something other than 'simple entertainment' (education?, to promote discussion? to confirm the use of

clozapine?) or does he regularly show 'simple entertainment' videos to families?

I am not surprised that many of the families 'love it'; presumably when it confirms improvement and affirms hope for the future. What of those for whom clozapine has proved less successful?

I, too, welcome hope for people with schizophrenia and their families and recognise the important contribution of clozapine. I am not sure that pointing out one or two biases and a dislike of sentimentality need totally dismiss hope and wonder at the sensitivity of those who see them as such.

GLASGOW UNIVERSITY MEDIA GROUP (1993a) *Mass media representations of mental health/illness*. Report for the Health Education Board for Scotland.

— (1993b) *Media representations of mental health/illness: audience reception study*. Report for the Health Education Board for Scotland.

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Routine blood monitoring in epileptic patients with learning disability

Sir: The audit of Amaladoss & Arumainayagam concerned epilepsy in this predisposed and vulnerable group (*Psychiatric Bulletin*, 1994, **18**, 680–682). Their assertion that there is little justification for routine annual blood monitoring for epileptic patients is questionable, especially as only 75 cases were surveyed. Most clinicians are familiar with the argument that routine blood monitoring may identify unsuspected subtherapeutic or toxic drug levels in a patient with major communication difficulties. Furthermore, although routine measurements will not predict acute idiosyncratic drug reactions, subclinical biochemical or haematological deterioration may be discovered. This is especially important with valproate-associated hepatotoxicity – hepatic enzymes may be raised on routine monitoring when the hepatotoxicity can be reversed but this is unlikely to be the case by the time overt clinical signs develop. Careful clinical judgement is required to decide when to reduce or withdraw valproate in the light of borderline abnormalities (Wyllie & Wyllie, 1991). In one series, 36 of 37 cases of fatal valproate-associated hepatic failure had

learning disability, developmental delay or congenital anomalies (Dreifuss *et al.*, 1987). Therefore, although such fatalities are rare, we should be particularly vigilant in the learning disability population – especially as those with a lesional basis for their difficult to control seizures may well receive multiple antiepileptic drugs which is itself a risk factor for drug-associated hepatotoxicity. In this regard, it is debatable whether best clinical practice can be defined using small audit projects aimed at measuring current practice rather than clinical research *per se*. Similar considerations suggest that routine haematological monitoring may identify clinically unsuspected cases of significant valproate-induced thrombocytopenia as well as chronic leucopenia associated with carbamazepine or ethosuximide.

Routine blood monitoring also provides an opportunity to ensure that other appropriate tests are done, for example, thyroid function and lithium levels, in a group of patients whose access to primary care services is at times tenuous. We are currently undertaking an audit of epilepsy care in learning disability in the Oxford region. Participating consultants expressed a variety of views on the need for routine blood monitoring but the consensus opinion was in favour of annual measures of: antiepileptic drug levels, routine biochemistry and haematology and folate levels in the few taking phenytoin or phenobarbitone.

DREIFUSS, F. E., SANTILLI, N., LANGER, D. *et al.* (1987) Valproic acid hepatic fatalities a retrospective review. *Neurology*, **37**, 379–385.

WYLLIE, E. & WYLLIE, R. (1991) routine laboratory monitoring for serious adverse effects of antiepileptic medications: the controversy. *Epilepsia*, **32**(Suppl. 5), S74–S79.

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Sir: Amaladoss & Arumainayagam's audit concerned epilepsy in an in-patient mentally handicapped population (*Psychiatric Bulletin*, 1994, **18**, 680–682). We conducted a similar audit on 154 in-patients within Phoenix Trust in June 1992. We do not agree with Amaladoss & Arumainayagam that there is little justification for *any* annual blood monitoring in the mentally handicapped who are on anticonvulsant medication.