

continue medication by arranging full blood counts to be done locally. Our main concern at present is the large bore of the needles supplied in the blood testing kits. Patients frequently comment on this and we wonder if full blood counts could not be done using a more humane size of needle. In view of the high cost of the monitoring service, we also wonder if patients established on the drug might eventually move to having their blood monitored by local haematological services (our local service have said they would be willing to do so).

In summary we have found that although the routine of the "Monday queue" of patients waiting to have their blood taken can be an annoying interruption to work routine, trainees have a central role in the management of a group of patients who by definition have previously proved very difficult to treat.

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#### Reference

LIEBERMAN, J., SALTZ, B., JOHNS, C. *et al* (1991) The effects of clozapine on tardive dyskinesia. *British Journal of Psychiatry*, **158**, 503–510.

### *The Hospital Anxiety and Depression Scale*

DEAR SIRS

The study by Meakin (*British Journal of Psychiatry*, February 1992, **160**, 212–216) draws attention to use of this brief self-assessment scale which was introduced for the purpose of screening for emotional disorder in patients with somatic disorders and for differentiating between the concepts of depression and anxiety in such disorders. It is also useful in community studies and as a monitor for progress in treatment of emotional disorder in psychiatric practice. It was provided free of charge by Upjohn but that service was withdrawn and it is now available in a convenient printed format with scoring device and chart for record of progress. The printing has been undertaken by Leeds University. A small charge is necessary for bulk supply but a sample of the material and other information will be sent free of charge. A stamped addressed A4 envelope should be sent.

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### *Senior registrar in psychotherapy*

DEAR SIRS

Dr Ryle raises many controversial issues about different theoretical models in relation to appro-

priate senior registrar training in psychotherapy (*Psychiatric Bulletin*, January 1992, **16**, 34–35). These are to be discussed fully within the College as the Dean acknowledges in a postscript.

I would like to comment on the rather flattened view taken of aspects of psychoanalytic training, reducing them to literal terms so that their real value is in danger of being missed. The time involved is intensive but what occurs during that time is given no real credence. My own experience from the effects of psychotherapy at the beginning and later analysis is that the time taken has the indirect effect of making time in other areas in the long run, often years later.

He refers to 'trimming' the consultant contract but is this fair when the advantages of part-time posts are tried and tested? Half-time effectively means three-quarters if commitments are to be fulfilled, so the NHS benefits, while if analysts are to apply their skills fully then there has to be time available outside the contract to practise psychoanalysis. Within the NHS then, once a week psychotherapy is available for as many patients as possible and one of the attractions about the Portman Clinic is the treatment case load each consultant can carry.

To accommodate this complementary practice, a common pattern would be the appointment of a previously full-time senior registrar to a part-time consultant post just at the point when, late on in the analytic training, the demands in terms of time become maximal (taking a second training case).

Finally, if lack of exercise is a problem, I can recommend getting a bike.

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### *Prediction of non-attenders*

DEAR SIRS

I enjoyed Dr Woods article 'Can psychiatrists predict which new referrals will fail to attend?' (*Psychiatric Bulletin*, January 1992, **16**, 18–19).

If I understand his figures correctly, the average mean score for all doctors was 3.2 out of a possible 20. This would seem to suggest that the psychiatrists are able to detect non-attenders at a rate less than chance! Thus their predictions would seem to be negatively correlated with attendance.

As far as I am aware, there have been no studies specifically looking at the impact of using a straightforward screening device to evaluate motivation for patients attending an out-patient clinic.

In my own practice, the introduction of a screening device for both adult and child assessments has effectively reduced non-attendances rates dramatically. Following the completion of some background developmental history and behavioural profiles for