



the columns

correspondence

Trainee's workload and support in out-patient clinics: Keele survey

A postal survey of psychiatric trainees ($n=52$) based on the Keele rotational scheme in the West Midlands deanery was conducted using a 19-item questionnaire to establish the extent to which the workload and support for trainees comply with the College guidelines (Royal College of Psychiatrists, 2003). Thirty-two trainees (61%) responded, of which 14 (43%) always discussed patients seen in out-patient clinics with their consultant during weekly supervision which should be used for educational rather than clinical purposes. However, 28 (87%) trainees indicated that they had no formal training in writing letters to general practitioners and 21 (65%) had not received any supervision. Although the College guidelines specify that trainees should not be expected to perform duties beyond their competence without adequate supervision, about 50% accepted that they sometimes deal with too complex cases for their level of experience without sufficient help. Alarming, 9 (28%) trainees indicated that supervision for new patient clinics was rarely available, out of which 5 (15%) trainees had less than 1 year's experience in psychiatry which raises concern. This survey illustrates the importance of adequate supervision in out-patient clinic settings and emphasises the need for trainees to use weekly supervision to enhance their clinical skills and theoretical knowledge to enable them to discharge their duties effectively.

More needs to be done to change the allocation of complex patients with no supervision to trainees with limited level of experience.

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Adult ADHD: the new kid on the block has grown up

Knowledge, practices and attitudes towards adult attention-deficit hyperactivity disorder (ADHD) were studied using a semi-structured questionnaire. There were 38 respondents (58% response rate, including 16 consultants) to the anonymous survey of 74 clinicians attending a training day in Stoke-on-Trent.

Four clinicians (10%) had actual experience dealing with adult ADHD and two of these had occasional transfer meetings with children and adolescent mental health services (CAMHS). Overall, 50% of respondents felt confident enough to diagnose adult ADHD in spite of having no actual experience and 63% felt confident enough to prescribe medication for adult ADHD.

Two clinicians were sceptical about the validity of the diagnosis and another consultant referred to the need for further evidence of treatment efficacy. Although 24% of clinicians felt life-coaching alone would suffice, 50% favoured a treatment combination of psychostimulants and life-coaching. The majority identified a need for further training. Almost everyone indicated a service gap at the time of transition from CAMHS to adult psychiatry.

Our survey highlights a mismatch between clinicians' perceived confidence and their actual experience in diagnosis and treatment of adult ADHD (Nutt *et al*, 2007). Expert opinion suggests adult ADHD is underdiagnosed and mistaken for other conditions (Asherson, 2004). Prevalence rates of adult ADHD is estimated at around 4%, which is four times higher than that of schizophrenia and, despite that, in our survey most clinicians (90%) did not have any actual adult ADHD patient contact. This raises the question of whether respondents' high confidence in diagnosing and prescribing is misguided and whether they indeed have the knowledge and skills to manage adult ADHD.

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Audit of a perinatal psychiatric clinic

Maternal mental health is an important topic because of the high risk of relapse of women with mental illnesses after delivery, poorer obstetric outcomes (Lewis & Drife, 2004) and the complex clinical issues that arise in prescribing for pregnant or breastfeeding women. The National Institute for Health and Clinical Excellence (NICE) has recently published guidelines on antenatal and postnatal mental health (National Institute for Health and Clinical Excellence, 2007).

As part of our liaison psychiatry service, we instituted an out-patient clinic exclusively for pregnant women and new mothers with common mental health problems. Close links were developed with the maternity unit and referrals accepted from two specialist mental health midwives and a consultant obstetrician with a special interest in the field. Referral criteria included women with anxiety or depression who required advice around psychotropic use during pregnancy or the puerperium.

An audit of the clinic was conducted using audit criteria suggested in the 2007 NICE guidelines. Overall, 51 patients were referred over the first 7 months. A total of 27 (53%) patients were on a psychotropic prior to referral to our clinic. Of these, 19 (70%) were taking medications