two-stage procedure. We found that this was more manageable, particularly as sustaining interest in the topic over three weeks was difficult. It also allowed us to include both audit and some 'non-conventional' presentations in the programme. It meant more work for one individual (as Sackett's method involves a group discussion resulting in the best evidence to appraise), but as trainees became more familiar with using resources such as the CEBMH the time involved was reduced.

Thus, we have found that this methodology is both stimulating and useful, and believe that it has the potential to deliver better care for our patients. The major difficulties have been overcoming the inertia of changing the old methods by teaching new skills, and often the dearth of quality information to answer our questions! However, we are confident that both will change given time, and from our own experience this change will be for the better.

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Psychopathic disorder and autistic spectrum disorders

Sir: We write with respect to Council Report CR71 on *Offenders with Personality Disorders* published earlier this year (Royal College of Psychiatrists, 1999) just prior to the release of the Home Office Document *Managing Dangerous People with Severe Personality Disorder; Proposals for Policy Development* (Home Office, 1999). Both documents deal to some degree with the issue of the legal term 'psychopathic disorder' and its relationship to severe personality disorder. In addition the Home Office document introduces a new term 'dangerous severe personality disorder' (DSPD) and seeks to highlight the complexity of this area.

However, there is an important issue that has been overlooked by both documents and has fundamental implications for any future service provision. This is the significant number of individuals detained under the legal category of psychopathic disorder who have autistic spectrum disorders. Some of these individuals have been classified as having personality disorders, usually schizoid, schizotypal or anankastic in type. A number are already in a variety of different secure provisions, some in forensic psychiatric services including special hospitals. This issue was recognised by Coid (1992) in his important survey of individuals held under the category of psychopathic disorder but appears to have been overlooked in these two recent influential documents.

It is likely that the service provision for these individuals will need to be quite different from provision for antisocial or dissocial personality disorders. Autistic spectrum disorders are much more common than previously believed, but there has been little research in the areas of outcome or their long-term management, particularly in forensic settings.

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Guidelines on the management of imminent violence

Sir: The Royal College of Psychiatrists' *Guidelines for the Management of Imminent Violence* (1998) offer an evidence-based approach to dealing with the problem of violence in psychiatric settings. The guidelines imply that a prototypical violent episode is perpetrated by a patient with psychosis and is therefore manageable using a combination of psychological intervention, containment, restraint and medication.

In Bradford Community NHS Trust there were 1254 reported violent incidents for the year 1996–1997 (further details available from the

https://doi.org/10.1192/pb.23.11.692 Published online by Cambridge University Press