Patients who Change Practices

Sir,

It is difficult to discern Dr J. C. Bignall's aim in his reply (October *Journal*, p. 640) to my letter (August *Journal*, p. 516). Certainly it is a curious and inappropriate response. Maybe his apparent disapproval of my suggestion was born of an earnest appreciation of the idiosyncratic Mr Illich's work but this, of itself, is no commendation.

Dr Bignall's imaginative analysis of my motives, implied in his concluding sentence, fails to embrace the true substance of the points at issue. The function of medical audit is to determine the wellbeing or otherwise of the structure, function or outcome of the health care system. The 'desertion' of a client cannot be viewed other than as a failure on the part of the health care functionary—albeit the failure may be that of not being so superplastic a personality as to find ready acceptance by everyone. As such it is a suitable subject for audit if a form could be devised that was sympathetic and diplomatic.

I would not hesitate to recommend a patient to transfer to a colleague if the patient found me less acceptable than another or insufficiently skilful, as then the prospect of there being a constructive exchange between us would be diminished.

The quality of dependence of doctors upon patients (and vice versa), to which I think Dr Bignall alludes, namely that which finds expression in a constructive empathic relationship, is likely to lead to 'wounding' if breached by either party, and is indispensable in effective whole primary care. Alternatively Dr Bignall may be alluding to economic dependence of doctor upon patient which seems unavoidable given our current arrangements on pay.

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Lithium Therapy—Side Effects and Hazards

Sir,

The increasing use of lithium therapy for patients in the community and often principally by general practitioners, necessitates vigilance and awareness of possible complications and prompts us to report a recent case. Side-effects can include neurological changes (including forgetfulness and increased incidence of epilepsy), gastrointestinal upset, subthyroidism, weight gain, ECG changes, exacerbation of psoriasis and renal dysfunction. The wisdom of including serum creatinine assessment is indicated by two recent cases (one diabetic) where beyond-normal creatinine levels were detected while electrolyte and urea levels were within normal limits.

Our patient, now age 31 years, was educationally subnormal, epileptic and slightly spastic from birth. He had marked mood swings and required intermittent hospitalization until lithium therapy was started in 1975. His improvement was dramatic and sustained—his attitude and behaviour became quieter and more integrated, his mood swings settled, his total medication was reduced and electroconvulsive therapy was required no longer.

Recently, he and other members of his family developed diarrhoea and vomiting. His wellmeaning parents probably furthered a vicious circle by trying to maintain his lithium intake, for he became seriously ill and intensive hospital care probably saved his life. Several days after his last dose of lithium, the serum lithium level was 2.27 mmol per l (desired therapeutic range 0.4 to 0.8 mmol per l), the serum creatinine level was 215 mmol per l (normal range 60 to 120 mmol per l), the plasma urea was 21.2 mmol per l (normal range 2.5 to 7.5 mmol per l) and the sodium, potassium and chloride levels were all below normal. These levels and his physical state took two weeks to return to normal.

Since many patients on long-term lithium therapy have diminished renal responses to antidiuretic hormone and insufficient concentrating ability, this experience indicates that the prompt cessation of lithium therapy and urgent admission to hospital should be considered for illnesses associated with dehydration, or in hotter climes.

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POSTGRADUATE EDUCATION

Medical Writing and Research

Dr Kevan Thorley of Ashley Heath, Shropshire, has written this account of a three-day course held at the College last October.

THE aim of the course was to give participants an understanding of the design, execution and reporting of research projects in general practice. The teaching took the form of group work followed by plenary sessions. The topics covered were *defining aims and objectives, data collection and analysis* including choice of method and population and *sources of bias*. The final sessions considered *the evaluation of written reports*.

From the beginning, emphasis was placed on the need to define aims and objectives clearly, and this was reiterated throughout the course.

The formal teaching provided us with a very clear basis for designing our own studies. Many of us found the group work equally valuable. Discussion with colleagues and the exchange of constructive criticism is something every research worker needs. The range of ideas for studies devised by members was remarkable. Each participant presented a protocol for discussion, and these covered many aspects of general practice from the clinical to the epidemiological. Among the many topics were a study of home visiting, a trial of electromagnetic resonance in the treatment of osteoarthritis, and a ten-year prospective study of glue ear.

General practitioners involved in research suffer from the isolation which seems inherent, though perhaps unnecessary, in general practice. Some College faculties appoint research advisers, but it was apparent that most participants had no contact with their local faculty for research purposes, although most were actively involved