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Effecting change in frequent non-attenders

Sir,

In 1992, 4.9% of appointments were defaulted in our 12 000 patient practice. A pilot study was therefore carried out over a 12 month period to try to improve the default rate of the frequent non-attenders by sending them a letter asking them to cancel appointments if they were unable to attend. A frequent non-attender was defined as someone missing three or more appointments within a 12 month period.

Over a six month period, frequent non-attenders were identified and randomized to receive a letter or no letter (controls). Patients were excluded where appropriate, for example those suffering from a terminal illness. Doctors were blind to the allocation. Details of all appointments were recorded on the practice computer. Cancelled appointments were not included in the analysis. The numbers of missed and kept appointments were recorded for the six months before the letter was sent out and up to nine months afterwards. Results are reported as geometric means with 95% confidence intervals. Analysis was by the Mann-Whitney test and a two sample *t*-test on the transformed results ($\log_{10}$).

Eighteen patients received a letter and there were 19 controls. All the patients reached six months follow up and 30 reached nine months (15 in letter group, 15 controls). No patient left the practice. There was no significant difference between the groups in mean age (letter group 30.1 years and control group 26.8 years) or sex. In the six months before the letter the mean number of booked appointments in the letter group was 6.0 (95% CI 4.8 to 7.4) and in the control group 5.8 (95% CI, 4.4 to 7.6). Half of these appointments were missed (letter group mean 2.9 (95% CI 2.3 to 3.6), controls 2.8 (95% CI 2.3 to 3.5)). These differences between the groups were non-significant.

In the six months after the letter was sent defaulted appointments were reduced by over a half in the letter group (mean 0.5, 95% CI 0.2 to 0.8) compared with controls (mean 1.2, 95% CI 0.7 to 1.8, $P<0.05$). The difference was still significant at nine months (letter group mean 0.6, 95% CI 0.2 to 1.2, versus controls 1.7, 95% CI 0.9 to 2.7, $P<0.05$). The letter group made fewer appointments over the nine month follow-up period than controls (mean 4.5, 95% CI 2.9 to 6.8, versus 6.3, 95% CI 3.6 to 10.4, difference not significant) and their default rate was less (mean of 19% of appointments missed (95% CI 4% to 36%) compared with mean of 25% (95% CI 13% to 39%)); this difference was non-significant.

Cosgrove[1] reported that defaulting patients had a higher consultation rate than average and were also more likely to default again. The results of this study show that frequent non-attenders also seem to have a high consultation rate (approximately six a year, practice average 3.4), and thus appear to be high users and abusers of the appointment system. It is interesting to note that the control group also reduced their default rate over the study period. This may be explained by the fact that to be included in the study they had had to have failed to attend for at least three appointments in a 12 month period. This is obviously an unusually high level of activity and it is likely that they would tend towards the mean in the following six months.

This study suggests that the default rate of frequent non-attenders can be reduced by sending a simple letter, the effect lasting at least nine months. The subsequent number of booked appointments may also be reduced. However, this is a small study, and a larger study is under way.

M J B WILKINSON

205 Shard End Crescent
Shard End
Birmingham B34 7RE

Reference

1. Cosgrove MP. Defaulters in general practice: reasons for default and patterns of attendance. *Br J Gen Pract* 1990; **40:** 50-52.

Depression among cancer patients

Sir,

There has been increasing interest in the psychological well being of patients who have received radiotherapy for malignant disease. Several studies have shown raised levels of depression in patients who have undergone radiotherapy[1-4] and that symptoms of depression were not detected.

Many cancer patients are in regular contact with their general practitioner, but it is often difficult to ascertain which patients are suffering from symptoms of depression and which are sad and anxious about their illness.

In 1992–93 a small study was conducted in a radiotherapy outpatient clinic at Leicester Royal Infirmary using the hospital anxiety depression scale,[5] which is a self completed questionnaire. It consists of 14 statements, seven relating to anxiety and seven to depression and the subscales can be used independently. A score of nine or more on the depression subscale is indicative of a patient having symptoms of depression.

Eighty eight consecutive adult patients who had completed a course of radiotherapy were asked to take part. Two declined and one was excluded as her eyesight was not adequate for her to complete the scale unaided. Patients who had received a course of palliative radiotherapy were excluded, as were those who had received radiotherapy to the cranium and those who had suffered from a mental illness in the past or were currently receiving antidepressive medication.

Of the 85 who participated 28 (33%) scored nine or more on the depression subscale. The patients ranged in age from 23 to 75 years. Eleven of the 28 were men. Of 31 men sampled 35% had symptoms of depression compared with 31% of the 54 women.

The majority of these patients (25/28) had regular monthly contact with their general practitioner and this study highlights the need for general practitioners to be aware of the increased psychological morbidity in this group of patients. The use of a self assessment scale such as the hospital anxiety depression scale may be useful in the general practice setting as a method for screening these patients.

MARI LLOYD-WILLIAMS

22 Laundon Way
Groby
Leicester LE6 OYG