

care arrangements, would appear to have backfired and to have enabled an unplanned disengagement from provision of care to this important clinical group.

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Reference

1. Tantam D, Donmall M, Webster A, Strang J. Do general practitioners and general psychiatrists want to look after drug misusers? *Br J Gen Pract* 1993; **43**: 470-474.
2. Howie JGR. Asking questions. In: *Research in general practice*. 2nd edition. London: Chapman and Hall, 1989.
3. Strang J, Donmall MC, Webster A, Tantam D. Community drug teams with and without in-built medical services. *BMJ* 1991; **303**: 897.
4. Strang J, Donmall MC, Webster A, et al. *A bridge not far enough: community drug teams and doctors in the north western region 1982-86 (ISDD research monograph no.4)*. London: Institute for the Study of Drug Dependence, 1991.

Prescribing antidepressants

Sir,

I write concerning Kerr's paper, comparing antidepressant prescribing between general practitioners and psychiatrists (*June Journal*, p275). The author comments on the significant differences in reported prescribing between the two groups considered but does not discuss whether the patients seen by the two groups were comparable in demography or severity of depression. The finding that the psychiatrists generally used higher doses does not imply that general practitioners were using doses which were too low. Their compliance or otherwise with guidelines is a separate issue.

The author fails to comment on the fact that several general practitioners reported sometimes prescribing doses well beyond those recommended in the guidelines,¹ preferring to concentrate on those (admittedly a larger group of doctors) prescribing low doses. Although the table presents separate results for elderly patients the paper does not point out that recommended doses for elderly people are much lower than the 125-150 mg equivalent of

amitriptyline quoted.

General practitioners reading this paper may be left with the impression that they need to increase their prescribing of antidepressants when the data do not support such a conclusion.

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1. Paykel ES, Priest RG. Recognition and management of depression in general practice: consensus statement. *BMJ* 1992; **305**: 1198-1202.

Assessing inhaler fullness

Sir,

Rickenbach and Julious claim that previous papers on the floatation of inhaler canisters in water have been limited to the principle that a full canister will sink and an empty canister will float (*July Journal*, p.317).

In fact, in a discussion of the techniques which may be of use when assessing patient compliance with a beclomethasone dipropionate aerosol, five floatation positions have been described.¹ The positions are: fully immersed indicating a full canister; vertical but fully submerged indicating three quarters full; vertical but with the base exposed to the air indicating half full; on the side with the valve immersed indicating one quarter full; and on the side with the corner of the canister valve exposed to the air indicating empty. However, this description does not include any measurement of the canister contents.

Further reference to the technique of floating canisters in water is to be found in the 1993 National Pharmaceutical Association booklet *Asthma and the pharmacist*.³ The diagram in this publication again suggests five floatation positions are possible, but unfortunately only three of them are identical to those in the paper by Fischer and Kuhn.¹

It is well documented that many health workers involved in asthma care lack rudimentary skills in the actual use of inhalers^{3,4} and one wonders whether they will be able to describe accurately the floatation assessment method.

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References

1. Fischer RG, Kuhn JG. Beclomethasone dipropionate aerosol: patient consultation recommendations. *Drug Intell Clin Pharm* 1979; **13**: 767-772.
2. National Pharmaceutical Association. *Asthma and the pharmacist*. St Albans: NPA, 1993.
3. Interiano B, Guntupalli KK. Metered-dose inhalers. Do health care providers know what to teach? *Arch Intern Med* 1993; **153**: 81-85.
4. Kelly HW. Correct aerosol medication use and the health professionals. Who will teach the teachers? *Chest* 1993; **104**: 1648-1649.

Part-time training in general practice

Sir,

I would like to draw readers' attention to article 34 of the council directive 93/16/EEC which refers to specific training for general medical practice.¹

The European Union will require, with effect from 1 January 1995, that 'the weekly duration of part-time training may not be less than 60% of weekly full-time training', and that 'part-time training must include a certain number of full-time training periods, both for the training conducted at a hospital or clinic and for the training given in an approved medical practice or in an approved centre where doctors provide primary care. These full-time training periods shall be of sufficient number and duration as to provide adequate preparation for the effective exercise of general medical practice.'

The provisions about 60% and undertaking some full-time training are appreciably different from the requirements of the vocational training regulations and it is important that all readers who may be planning part-time training for general practice after 1 January 1995 are aware of these new requirements.

The Joint Committee on Postgraduate Training for General Practice will be considering how to implement these new requirements in the most sensitive and practical way possible.

All those interested in or considering planning part-time training for general practice are advised to seek advice from the regional advisers in general practice who have been appointed in every region in the United Kingdom.

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Reference

1. Council directive 93/16/EEC. *Official Journal of the European Communities* 1993; **36**: L165.