LETTERS

Note to authors of letters: Please note that all letters submitted for publication should be typed with *double spacing*. Failure to comply with this may lead to delay in publication.

Folic acid in pregnancy

Sir,

In December 1992 the Chief Medical Officer issued recommendations on folic acid supplements for pregnant women and women planning pregnancy to help prevent neural tube defects.[1] A disappointingly low level of awareness of these re-commendations has been found among women attending hospital antenatal clinics.[2,3] There is little information available about awareness among non-pregnant women. As an estimated 50% of pregnancies are unplanned[4] and many women plan a pregnancy without first seeking medical advice, it seems useful to address the extent of knowledge in this group.

A study was carried out in 1994 in a general practice in west London examining the extent of awareness of the folic acid recommendations among women of childbearing age. A notice in the waiting room asked all women aged 16 to 45 years attending the practice during a three-month period to complete a questionnaire on the use of folic acid and vitamin and mineral supplements in pregnancy.

Completed questionnaires were received from 107 women (mean age 31 years), of whom 95% were Caucasian, 3% Asian and 2% Afro-Caribbean. Fifty one women (48%) were aware of the need for folic acid in pregnancy, 82% of whom correctly stated that supplements should be taken before conception. Three of the nine women planning a pregnancy were aware of the need for folic acid, seven of the 14 women who were currently pregnant had taken folic acid before conception and eight of the nine women who had been pregnant in the previous year were aware of the folic acid recommendations.

Fifty one women (48%) stated that supplements other than folic acid should be taken routinely (iron was listed by 48 women and five vitamins were listed by one woman). Thirty four of the women (32%) were aware of possible harm caused by excessive consumption of vitamin A.[5]

Women's magazines were the most commonly quoted sources of information about folic acid and vitamin and mineral supplements in pregnancy, mentioned by 16 women (15%). Other sources of information were: newspapers (15 women), verbal information from a general practitioner (14), television or radio (13), written information from a general practice surgery (five), midwife (five), friends (three), written information from a hospital (two) and health books (one woman). Four women (two medical students, a doctor and a health visitor) had received information as part of their professional training.

The study showed that women were more likely to be informed for second and subsequent pregnancies rather than their first pregnancy. They therefore do not benefit from reducing the risk of neural tube defects in their first pregnancy. There appeared to be confusion about which vitamin and mineral supplements should be taken in pregnancy.

It is difficult to envisage any dramatic increase in the extent of awareness of folic acid among non-pregnant women as a result of only medical contact. Pre-conceptual counselling in the primary care setting is the ideal, but it is likely that not all women will seek advice. The public health campaign which targeted general practice surgeries was criticized for its low profile and its somewhat confusing image.[6] Women's magazines were the most commonly quoted sources of information both in this survey and in a study in Leeds.[2] Perhaps more use could be made of this source of influence. It may be worth studying the cost-effectiveness of this type of intervention compared with the more usual Department of Health poster and leaflet campaigns.

ELIZABETH PHULL
STEPHEN L HIRST

Chiswick Health Centre
Fishers Lane
Chiswick
London W4 1RX

References

1. Chief Medical Officer. *Folic acid and the prevention of neural tube defects.* London: Department of Health, 1992.
2. Sutcliffe M, Schorah CJ, Perry A, Wild J. Prevention of neural tube defects. *Lancet* 1993; **342:** 1174.
3. Clark NA, Fisk NM. Minimal compliance with the Department of Health recommendations for routine folate prophylaxis to prevent neural tube defects. *Br J Obstet Gynaecol* 1994; **101:** 709-710.
4. Scott J, Weir DG, Kirke PN. Prevention of neural tube defects with folic acid a success but... *QJM* 1994; **87:** 705-707.
5. Chief Medical Officer. *Vitamin A and pregnancy.* London: Department of Health, 1993.
6. Middlemiss P. Folate message is missing its mark. *GP* 1994; 28 January: 50-51.

Management of opiate dependence

Sir,

The editorial by Wilson and colleagues (September *Journal,* p.454) has outlined the appropriate management of opiate dependence. Acknowledgement of such management was long overdue.

It is a fact of modern medicine that it behoves all physicians to be aware of opiate dependence in their patients and to deal with it as they would any disease. To treat an opiate-dependent patient with contempt achieves nothing but exacerbation of the problem. Substance dependence meets all the epidemiological criteria that entitle any disorder to be classified as a disease. Why, therefore, should physicians not treat the condition? Admittedly, many drug-dependent patients exhibit manipulative and antisocial behaviour, but if managed correctly this type of conduct can be easily overcome or, alternatively, the patient can be dismissed from the practice. All physicians set limits of their services and expect patients to reciprocate. The same rules apply for drug-dependent patients.

A considerable number of physicians view the management or treatment of opiate dependence with distaste.[1] Little do