

**Editor**

Alastair F Wright, MBE, MD, FRCGP,  
FRCPsych (Hon)  
Glenrothes

**Deputy Editor**

Alec Logan, FRCGP  
Motherwell

**Senior Assistant Editor**

Lorraine Law, BSc

**Assistant Editor**

Clare Williams, BA (Hons)

**Editorial Board**

Tom Fahey, MD, MSc, MFPHM, MRCGP  
Bristol

David R Hannay, MD, PhD, FRCGP,  
FFPHM  
Newton Stewart

Michael B King, MD, PhD, MRCP,  
FRCGP, MRCPsych  
London

Ann-Louise Kinmonth, MSc, MD,  
FRCP, FRCGP  
Cambridge

Tom C O'Dowd, MD, FRCGP  
Dublin

Sir Denis J Pereira Gray, OBE, MA,  
FRCP, FRCGP  
Exeter

Surinder Singh, BM, MSc, MRCGP  
London

Blair Smith, MBChB, MEd, MRCGP  
Aberdeen

Lindsay F P Smith, MClSci, MD, MRCP,  
FRCGP  
West Coker

Ross J Taylor, MD, FRCGP  
Aberdeen

Colin Waine, OBE, FRCGP, FRCPath  
Bishop Auckland

John F Wilmot, FRCGP  
Warwick

**Statistical Adviser**

Editorial Office: 14 Princes Gate,  
London SW7 1PU (Tel: 0171-581 3232,  
Fax: 0171-584 6716).  
E-mail: [Journal@rcgp.org.uk](mailto:Journal@rcgp.org.uk)  
Internet home page:  
<http://www.rcgp.org.uk>

Published by The Royal College of  
General Practitioners, 14 Princes Gate,  
London SW7 1PU.  
Printed in Great Britain by  
Hillprint Ltd, Bishop Auckland,  
Co Durham DL14 6JQ.

## Research papers this month

### Antidepressants and the serotonin syndrome in general practice

Mackay *et al* note that, as a consequence of the greater use of agents affecting the serotonergic system, a syndrome of serotonin hyperstimulation has been recognized. The syndrome is characterized by a constellation of symptoms that include mental status changes, agitation, myoclonus, hyperreflexia, sweating, shivering, tremor, diarrhoea, lack of coordination and fever. The aim of this study was to identify cases of the serotonin syndrome among patients prescribed a new antidepressant, and to determine GPs' awareness of the syndrome. The authors conclude that an improved awareness of the syndrome is needed within general practice and that there is a need to distinguish relatively minor serotonergic symptoms from those of a severe, life-threatening syndrome.

### Patients' reasons for not presenting emotional problems in consultations

Patients often do not mention emotional problems in consultations, which is a major factor in GPs' difficulties in identifying psychological morbidity. In this study, Cape and McCulloch interviewed a sample of patients with high GHQ scores to investigate their reasons for not reporting psychological problems in GP consultations. Their results show that an understanding of patients' reasons for not disclosing psychological problems may assist in identifying subgroups of patients with different management needs and facilitate the targeting of GPs' time and therapeutic efforts to patients who would most benefit.

### Non-attendance at psychiatric outpatient clinics

Killaspy *et al* ask the question: 'What should happen when an outpatient fails to attend a psychiatric clinic?' Guidelines from the GMSC suggest that GPs have no further responsibility for the patient once a referral to a psychiatrist has been made. The aim of this study was to investigate the communication between GPs, patients, and psychiatrists at referral and following attendance or non-attendance at outpatient appointments. The authors conclude that communication between GPs and psychiatrists about new patients seems adequate; however, there are important deficits in communication from psychiatrists to GPs about follow-up patients, especially non-attenders who are often more severely ill and difficult to engage.

### Morbidity, deprivation, and antidepressant prescribing in general practice

Mackenzie *et al* note that, although the link between depression, unemployment, and measures of deprivation and morbidity has been previously documented, the relationship between general practice prescribing of antidepressants, morbidity, and the social demography of general practice populations is poorly understood. Using a forward stepwise regression procedure, data were analysed to consider whether morbidity and the social demography of general practice populations influenced the prescribing costs of individual practices. From the results the authors conclude that demonstrating an association between morbidity and prescribing rates for depression may prove helpful in setting prescribing budgets.

### Factors explaining the use of psychiatric services by general practices

In this study, Melzer *et al* used cross-sectional data from computerized records on all patients who had been in contact with any mental health service staff in order to determine the effect of population, general practice, and mental health service factors on the use of specialist mental health services by general practices. The results show that variation between practices in the use of mental health services was relatively limited, especially when compared with the use of other secondary medical and surgical services. The authors conclude that this study underlines the importance of examining population, practice, and specialist service factors in explaining variations in the use of secondary care by general practices.

### Newer antidepressants: a comparison of tolerability in general practice

An increasing number of antidepressants have been released on the market in recent years, and these are being prescribed more frequently in general practice. Using the technique of prescription-event monitoring, Mackay *et al* compared the tolerability and safety profile of six, newly marketed antidepressants used in general practice. The results show that frequently reported events were similar for all six drugs, but there were clinically and statistically significant differences for less frequently reported events. The adjusted mortality rate was identical between the six drugs. The authors conclude that this study provides valuable comparative data for six antidepressants widely used in general practice.

### Urinary symptoms and incontinence in women

Swithinbank *et al* note that the prevalence of urinary symptoms that impact on quality-of-life will be important in determining resource allocation in primary care groups. Using a postal survey, the authors aimed to determine the prevalence of urinary symptoms and their perceived impact in a community population of women. They conclude that incontinence and other urinary symptoms are more common than previously thought. These symptoms are not always perceived as bothersome or as having a social or hygienic impact, and, therefore, many

© *British Journal of General Practice*, 1999, **49**, 865-869.

## INFORMATION FOR AUTHORS AND READERS

Papers submitted for publication should not have been published before or be currently submitted to any other publisher. They should be typed, on one side of the paper only, in double spacing and with generous margins. A4 is the preferred paper size. The first page should contain the title only. To assist in sending out papers blind to referees, the name(s) of author(s) (maximum of eight), degrees, position, town of residence, address for correspondence and acknowledgements should be on a sheet separate from the main text.

Original articles should normally be no longer than 2500 words, arranged in the usual order of summary, introduction, method, results, discussion and references. Letters to the editor should be brief — 400 words maximum — and should be typed in double spacing.

Illustrations should be used only when data cannot be expressed clearly in any other way. Graphs and other line drawings need not be submitted as finished artwork — rough drawings are sufficient, provided they are clear and adequately annotated.

Metric units, SI units and the 24-hour clock are preferred. Numerals up to nine should be spelt, 10 and over as figures. One decimal place should be given for percentages where baselines are 100 or greater. Use the approved names of drugs, though proprietary names may follow in brackets. Avoid abbreviations.

References should be in the Vancouver style as used in the Journal. Their accuracy must be checked before submission. The figures, tables, legends and references should be on separate sheets of paper. If a questionnaire has been used in the study, a copy of it should be enclosed.

Four copies of each article should be submitted and the author should keep a copy. Rejected manuscripts will be discarded after three months. Two copies of revised articles are sufficient. A covering letter should make it clear that the final manuscript has been seen and approved by all the authors.

All articles and letters are subject to editing.

Papers are refereed before a decision is made.

Published keywords are produced using the RCGP's own thesaurus.

More detailed instructions are published in the January issue.

### Correspondence and enquiries

All correspondence should be addressed to: The Editor, British Journal of General Practice, Royal College of General Practitioners, 14 Princes Gate, Hyde Park, London SW7 1PU. Telephone (office hours): 0171-581 3232. Fax (24 hours): 0171-584 6716. E-mail: journal@rcgp.org.uk.

### Copyright

Authors of all articles assign copyright to the Journal. However, authors may use minor parts (up to 15%) of their own work after publication without seeking written permission provided they acknowledge the original source. The Journal would, however, be grateful to receive notice of when and where such material has been reproduced. Authors may not reproduce substantial parts of their own material without written consent. However, requests to reproduce material are welcomed and consent is usually given. Individuals may photocopy articles for educational purposes without obtaining permission up to a maximum of 25 copies in total over any period of time. Permission should be sought from the editor to reproduce an article for any other purpose.

### Advertising enquiries

Display and classified advertising enquiries should be addressed to: Advertising Sales Executive, Royal College of General Practitioners, 14 Princes Gate, Hyde Park, London SW7 1PU. Telephone: 0171-581 3232. Fax: 0171-225 3047.

### Circulation and subscriptions

The British Journal of General Practice is published monthly and is circulated to all Fellows, Members and Associates of the Royal College of General Practitioners, and to private subscribers. The 1998 subscription is £130 post free (£147 outside the European Union, £19.50 airmail supplement). Non-members' subscription enquiries should be made to: World Wide Subscription Service Ltd, Unit 4, Gibbs Reed Farm, Ticehurst, East Sussex TN5 7HE. Telephone: 01580 200657, Fax: 01580 200616. Members' enquiries should be made to: The Royal College of General Practitioners, 14 Princes Gate, Hyde Park, London SW7 1PU. Telephone: 0171-581 3232.

### Notice to readers

Opinions expressed in the British Journal of General Practice and the supplements should not be taken to represent the policy of the Royal College of General Practitioners unless this is specifically stated.