PHQ-9 scores to primary care physicians at diagnosis and follow-up led to significantly increased rates of remission and response, clearly showing benefit to patients.[3] They failed to point out that changes in management in the intervention arm of the trial were actually more numerous too. More patients received antidepressant treatment at baseline, and antidepressant regimen changes over the following 6 months among partial or non-responders were all more numerous in the intervention arm.[4] Although these differences in treatment changes were not statistically significant, they were all in the direction expected if feedback of PHQ-9 scores was influencing treatment,[4] suggesting the trial was under-powered to detect small but clinically significant differences in care in those cases where treatment changes were indicated.

Research in specialist practice, specifically excluded from Shaw and colleagues' review, has even more convincingly demonstrated the benefits of monitoring depression treatment with symptom questionnaires. Systematic reviews and meta-analyses in specialist psychological and psychiatric care have shown that outcomes can be improved with an effect size of between 0.1–0.3 standard deviations, being most beneficial when patients are involved in rating their own problems and receive feedback on progress, in addition to feedback to the practitioner.[5]

Now that the use of symptom questionnaires is an optional component of the QOF incentivised initial and follow-up assessments in depression, it will be interesting to see whether practices continue to use them, given the evidence that patients like them,[6] and that they can help improve patient outcomes in depression.[3]

Tony Kendrick,

Professor of Primary Care, Primary Care and Population Sciences, Aldermoor Health Centre, Southampton, SO16 5ST. E-mail: ark1@soton.ac.uk

Paul Little,

Professor of Primary Care Research, Primary Care and Population Sciences, Aldermoor Health Centre, Southampton.

REFERENCES

1. Shaw EJ, Sutcliffe D, Lacey T, Stokes T. Assessing depression severity using the UK Quality and Outcomes Framework depression indicators: a systematic review. *Br J Gen Pract* 2013; DOI:10.3399/bjgp13X667169.
2. Moore M, Ali S, Stuart B, *et al.* Depression management in primary care: an observational study of management changes related to PHQ-9 score for depression monitoring. *Br J Gen Pract* 2012; DOI: 10.3399/bjgp12X649151.
3. Yeung AS, Jing Y, Brenneman SK, *et al.* Clinical Outcomes in Measurement based Treatment (COMET): a trial of depression monitoring and feedback to primary care physicians. *Depress Anxiety* 2012; **29(10):** 865–873.
4. Chang TE, Jing Y, Yeung AS, *et al.* Effect of communicating depression severity on physician prescribing patterns: findings from the Clinical Outcomes in Measurement-based Treatment (COMET) trial. *Gen Hosp Psychiatry* 2012; **34(2):** 105–112.
5. Knaup C, Koesters M, Schoefer D, *et al.* Effect of feedback of treatment outcome in specialist mental healthcare: meta-analysis. *Br J Psychiatry* 2009, **195(1):** 15–22.
6. Dowrick C, Leydon GM, McBride A, *et al.* Patients' and doctors' views on depression severity questionnaires incentivised in UK quality and outcomes framework: qualitative study. *BMJ* 2009; **338(7697):** 1–9.

DOI: 10.3399/bjgp13X670624

Poetry for new doctors: in memory of Dr Pat Manson

I'm a GP in Hawick, and was a colleague and friend of Dr Pat Manson, GP trainer of 23 young doctors, who tragically died last April. I have thought for some time that it would be useful and valuable to produce a little book of poetry for new doctors at the beginning of their emotionally demanding work. It would fit easily into their pockets and be a source of comfort and support. When they are often at risk of being overwhelmed by the vast amount of protocols and clinical data, this little book would serve to nourish their humanity.

I had discussed this idea with Pat and, as was his way, he was positive and encouraging about it. He was creative and loved poetry. He was passionate about teaching and motivating young doctors and he cared deeply about his patients but, as his *BMJ* obituary said, '*The wellbeing and care of his patients was the cornerstone of his professional life and he gave his time unstintingly, often to his own personal detriment … Ultimately he was overwhelmed by his own exacting standards and sadly took his own life*'.

When he died, Lesley, Pat's widow, and I felt that the booklet would be a fitting tribute to him and I approached the Scottish Poetry Library. They are keen to help produce it and we hope to give it to every new Scottish graduate this and next year. As a charity, they are contributing their experience and knowledge of poetry. Estimated production costs are £5000 for 1 year's graduates and £8000 for 2 years.

Would you like to be part of his project and help produce a poetry booklet dedicated to Pat and to the work that he loved and which he did so very kindly and well?

You can donate via this justgiving site: http://www.justgiving.com/Scottish-Poetry-Library-Poetry-for-New-Doctors, or by sending a cheque payable to Scottish Poetry Library: Poetry for New Doctors, 5 Crichton's Close, Canongate, Edinburgh, EH8 8DT.

Lesley Morrison,

E-mail: lesley@ljmorrison.fsnet.co.uk

DOI: 10.3399/bjgp13X670633

Correction

In the September 2012 article: Sheron N, Moore M, Ansett S, *et al.* Developing a 'traffic light' test with potential for rational early diagnosis of liver fibrosis and cirrhosis in the community. *Br J Gen Pract* 2012; DOI: 10.3399/bjgp12X654588, the algorithm "predicted probability (p) = exp(HA * 0.015 + P3NP * 0.447 + (PLT * –0.005) – 0.611)/(1 + exp(HA * 0.015 + P3NP * 0.447 + (PLT * –0.005) – 0.661))" should have stated "predicted probability (p) = exp(HA * 0.015 + P3NP * 0.447 – PLT * 0.005 + –0.611) / (1 + exp(HA * 0.015 + P3NP * 0.447 – PLT * 0.005 + –0.611))". The online version has been corrected.

DOI: 10.3399/bjgp13X670912