



columns

antipsychotic accords with an audit we conducted in which 49% of patients with behavioural and psychological symptoms of dementia received such treatment. These patients were living in care homes and were referred by general practitioners. We disagree that this represents a 'concerning trend of "medicalising" such symptoms. These patients are probably at the severe end of a spectrum so it is not surprising that many require antipsychotics. We feel that many patients do benefit from these drugs. Even CATIE-AD (Schneider *et al*, 2006) report effectiveness of antipsychotics but suggest restriction to patients with minimal side-effects and where benefit is observed.

We disagree with the assumption that findings can be generalised across the country; 50% of patients in the report

received typical antipsychotics compared with only 12% in our audit. We note that the National Institute for Health and Clinical Excellence does not distinguish between antipsychotic subtypes (National Institute for Health and Clinical Excellence, 2006) and we wonder if this reflects the growing realisation, referred to by Soyinka & Lawley, that cerebrovascular risk might be shared by all antipsychotics, not just the atypicals.

We have a designated community psychiatric nursing service for care homes, which improves quality of care with targeted antipsychotic use and prompt follow-up and liaison. All patients in our audit had a clear indication for treatment and 94% were reviewed within 3 months. We should use antipsychotic drugs when required to alleviate patient suffering and

agree that documented review of patients on antipsychotic drugs is important.

SCHNEIDER, L. S., TARIOT, P. N., DAGERMAN, K. S., *et al* (2006) Effectiveness of atypical antipsychotic drugs in patients with Alzheimer's disease. *New England Journal of Medicine*, **355**, 1525–1538.

NATIONAL INSTITUTE FOR HEALTH AND CLINICAL EXCELLENCE (2006) *Dementia. Supporting People with Dementia and Their Carers in Health and Social Care*. NICE. <http://www.nice.org.uk/CG042>

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doi: 10.1192/pb.31.9.357b

## the college

### Election of President – Notice to Fellows and Members

Fellows and Members are reminded of their rights under the Bye-Laws and Regulations.

#### Bye-Laws Section XI

1. The President shall be elected annually in accordance with the procedure described by the Regulations.

#### Regulation XI. Election of the President

1. The procedure for electing the President shall be as follows.

- (1) As soon as may be practicable after the first day of June in any year the Central Executive Committee shall hold a nomination meeting and shall at such meeting nominate not less than one candidate and not more than three candidates.
- (2) Between the first day of June in any year and the date which is four clear weeks after the nomination meeting of the Central Executive Committee, written nominations accompanied in each case by the nominee's written consent to stand for election may be lodged with the Registrar, provided that each such nomination is supported in writing by not less than twelve Members of the College who are not members of the Central Executive Committee.

- (3) An election by ballot shall be held in accordance with the provisions of the Regulations.

The nominating meeting of the Central Executive Committee will be held on 12 September 2007 and the last date for receiving nominations under Regulation XI (2) above will therefore be 10 October 2007.

Professor Sheila Hollins is in her third year of office as President and is therefore not eligible for re-election.

Nomination forms are available from Sue Duncan (email: [sduncan@rcpsych.ac.uk](mailto:sduncan@rcpsych.ac.uk))

doi: 10.1192/pb.31.9.358